American Association for Respiratory Care

Board of Directors Meeting

Tampa Marriott Waterside Hotel and Marina
Tampa, FL

November 3-4, 2011

Index

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive and Finance Committee Meetings – November 2, 2011
Board of Directors Meeting – November 3-4, 2011

Wednesday, November 2

3:00-7:00 pm Executive Committee Meeting (Committee Members only) ***Il Terrazzo Private Dining Room***

7:00-8:00 pm AARC Finance Committee Meeting (BOD and HOD members are encouraged to attend) ***Grand Ballroom, Salons G & H***

Thursday, November 3

8:00 am-5:00 pm **AARC Board of Directors Meeting** – ***Grand Ballroom, Salons G & H***

8:00 am Call to Order
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Disclosures/Conflict of Interest Statements
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5:00 pm RECESS

Friday, November 4

8:00 am-5:00 pm **Board of Directors Meeting – *Grand Ballroom, Salons G & H***

8:00 am Call to Order

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- American Heart Association pg. 240 (R)
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12:00 – 1:30 pm LUNCH BREAK

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2:30pm **NEW BUSINESS pg. 295**

4:30 pm **ANNOUNCEMENTS**

TREASURER'S MOTION

ADJOURNMENT

(R) = Recommendation
(A) = Attachment

Recommendations

(as of October 21, 2011)

AARC Board of Directors Meeting

November 3-4, 2011 • Tampa, FL

Executive Office

Recommendation 11-3-1.1 "That AARC's Board of Directors restricts $250,000 of AARC's reserves for the purpose of development of evidence-based clinical practice guidelines."

House of Delegates

Recommendation 11-3-6.1 "That the AARC Board of Directors support non Delegate Committee Members to serve on the House ad hoc committee to redesign the annual educational competition at the International Conference to be offered beginning in 2013 and on the ad hoc committee to plan the transitional "Sputum Bowl" type program for the 2012 International Conference. These additional committee members should include present and or formal program committee members, AARC staff and other creative individuals to help in design of the best possible program to serve our members."

Recommendation 11-3-6.2 "That the AARC President & Board of Directors consider forming an AARC Committee and subcommittee to transition the current House Committees into."

Bylaws Committee

Recommendation11-3-9.1 "The committee has reviewed the Bylaws submission for Hawaii and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.2 "The committee has approved the Bylaws submission for Illinois and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.3 "The committee has approved the Bylaws submission for Missouri and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.4 "The committee has reviewed the Bylaws submission for Oklahoma and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.5 "The committee has reviewed the Bylaws submission for New Jersey and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.6 "The committee has reviewed the Bylaws submission for Vermont/New Hampshire and recommends that the AARC Board of Directors approves them as submitted."

Recommendation 11-3-9.7 "The committee has reviewed the Bylaws submission for Michigan and does not recommend these Bylaws for approval at this time."

Continuing Care-Rehabilitation Section

Recommendation 11-3-51.1 "Continued liaison work with AACVPR, ACCP and NAMDRC to monitor and discuss with CMS changes in PR reimbursement."

Surface to Air Transport Section

Recommendation 11-3-59.1 "To evaluate the potential of offering Surface and Air Transport Section membership to the active duty members of the Air Force Critical Care Air Transport Team (CCATT). This would be in keeping with the great support the AARC gives to active military. Their inclusion of the military transport professionals would be a great resource to the section as well as give them exposure to the civilian side of medical transport."

Billing Codes Committee

Recommendation 11-3-18.1 "That the current goals for the Billing Codes Committee be revised/updated as follows:

1. Recommend new AMA CPT respiratory care and pulmonary function related codes as needed and assist with coding proposals
2. Act as repository for current respiratory care and pulmonary function codes.
3. Serve as coding resource for members.
4. Monitor the Billing Codes list serve postings.
5. Review and update the AARC's coding sources such as Coding Resources on aarc.org and the Uniform reporting Manual."

Position Statement Committee

Recommendation 11-3-26.1 "Approve and publish the revised position statement on 'Competency Requirements for the Provision of Respiratory Therapy Services'." (see Attachment #1)

Recommendation 11-3-26.2 "Approve and publish the revised position statement on 'Hazardous Materials Exposure'." (see Attachment #2)

Recommendation 11-3-26.3 "Approve and publish the revised position statement on 'Pre-Hospital Ventilator Management Competency'." (see Attachment #4)

Recommendation 11-3-26.4 "Approve the current 'Pulmonary Rehabilitation' with no revisions." (see Attachment #5)

American Association of Cardiovascular & Pulmonary Rehabilitation

Recommendation 11-3-62.1 "Recommend continued work with AACVPR in regards to monitoring and communicating with CMS changes in PR reimbursement changes."

American Heart Association

Recommendation 11-3-64.1 "Be it resolved, that the AARC Board of Directors contact the AHA to offer the support of a Respiratory Therapist on the PALS and ACLS subcommittees."

Hyperbaric Roundtable

Recommendation 11-3-43.1 "Continue to present HBO as an alternative career path to respiratory therapists."

Ad Hoc Committee to Recommend Bylaws Changes

Recommendation 11-3-30.1 "That the BOD accept the policy attached for action to be taken when Chartered Affiliate Bylaws are in conflict with the AARC Bylaws."

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

Vail, CO, July 21, 2011

Minutes

Attendance

Karen Stewart, MSc, RRT, FAARC, President
Tim Myers, BS, RRT-NPS, Past President
Susan Rinaldo-Gallo, MEd, RRT, FAARC, VP/Internal Affairs
George Gaebler, MSEd, RRT, FAARC, VP/External Affairs
Linda Van Scoder, EdD, RRT, FAARC, Secretary/Treasurer
Bill Cohagen, BA, RRT, RCP, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Fred Hill, Jr., MA, RRT-NPS
Denise Johnson, BS, RRT
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Greg Spratt, BS, RRT, CPFT
Cynthia White, BA, RRT-NPS, AE-C

Consultants

Tom Lamphere, RRT, RPFT, Past HOD Speaker
Dianne Lewis, MS, RRT, FAARC, President's Council President
Colleen Schabacker, BA, RRT, FAARC, Parliamentarian

Absent

Camden McLaughlin, BS, RRT, FAARC (Excused)
Joseph Sokolowski, MD, BOMA Chair (Excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, MBA, RRT, FAARC, Chief Operating Officer
Doug Laher, RRT, MBA, Associate Executive Director
Ray Masferrer, RRT, FAARC, Managing Editor, RESPIRATORY CARE
Steve Nelson, RRT, FAARC, Associate Executive Director
Cheryl West, State Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Miriam O'Day, Federal Government Affairs Director
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Karen Stewart called the meeting of the AARC Board of Directors to order at 8:04a.m. MDT, Thursday, July 21, 2011. Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

DISCLOSURE
President Karen Stewart reminded members of the importance of disclosure and potential for conflict of interest.

WELCOME AND INTRODUCTIONS
Members introduced themselves and stated their disclosures as follows:

Linda Van Scoder – COBGRTE Steering Committee
Tom Lamphere – PSRC Executive Director
Susan Rinaldo-Gallo – Masimo
Fred Hill – USA Cardiorespiratory Care Program Advisory Committee, Chair of AL State Board of Respiratory Therapy
Debbie Fox – Kansas Society for Respiratory Care
Frank Salvatore – Sullivan Community College (NY) Advisory Committee
Bill Cohagen – AZ Board of Respiratory Care Examiners
Bill Dubbs – Board of Directors Health Professions Network
Lynda Goodfellow – Teleflex Medical, COBGRTE Steering Committee
Denise Johnson – Bylaws Committee MSRC
Greg Spratt – Director of Clinical Marketing Oridion Capnography
Sam Giordano – ARCF, US COPD Coalition, COPD Foundation
Miriam O'Day – Consultant representing AIF/AIA/COPDF/USCC
Steve Nelson – ARCF Board of Trustees

APPROVAL OF MINUTES
George Gaebler moved "To approve the minutes of the April 8, 2011 meeting of the AARC Board of Directors."
Motion Carried

George Gaebler moved "To approve the minutes of the April 9, 2011 meeting of the AARC Board of Directors."
Motion Carried

E-MOTION RATIFICATION
Karen Stewart moved "To ratify the E-Motions discussed over the Board AARConnect since April 2011 as follows:

EM 11-2-15.1 "That the AARC host the 2012 AARC Summer Forum in Santa Fe, NM."
Frank Salvatore moved to ratify the E-Motion
Motion Carried

EM 11-2-17.1 "Move that the Board ratify the appointment of Pat Ingle and Chuck Menders to the Benchmarking Committee."
Frank Salvatore moved to ratify the E-Motion
Motion Carried

GENERAL REPORTS

President
President Stewart gave highlights of her written report.

Executive Director/Office

Sam Giordano presented the Executive Office report.

Tom Kallstrom discussed outstanding affiliate checks; over $10,000 has yet to be cashed from state affiliates.

The Executive Office conducted a survey of the bulletins and discovered that only 22% of our members read the bulletins. AARConnect is the number one choice among members for electronic communication.

COPD Toolkit is going into beta testing. Ten centers have been identified who will do the testing.

Co-marketing – 34 states have signed the revenue sharing agreement and 31 have signed the co-marketing agreement. Last year we distributed over $10,000 to affiliates.

Drive4COPD – going into a second year of this campaign.

Sam Giordano informed the Board that Dr. Sokolowski and Dr. Kelly are looking for respiratory therapist volunteers to go to Haiti.

Ray Masferrer discussed the Respiratory Care Journal and Journal Conferences. Upcoming Journal Conference in September is entitled "The Chronically Critically Ill" in St. Petersburg.

President Stewart shared a letter from a recipient of disaster relief funds. The disaster relief policy will be reviewed at the Board meeting on July 22, 2011.

Government & Regulatory Affairs

State Government Affairs

Cheryl West provided an update on state legislative and regulatory issues. Oregon has passed a polysomnography licensure law that included an explicit RT exemption. RTs in Oregon will be involved in developing the regulations that will implement the new law. The Maryland/DC Society also is working diligently to revise the current polysom law to insert a RT exemption. Many states are seeking ways to economize, including combining licensure boards and expanding roles of para professionals into new clinical areas. State Societies were cautioned to closely monitor efforts that might impinge on the RT scope of practice or undermine the intent of licensure laws to protect the public.

Federal Government Affairs

Legislative Director Miriam O'Day provided an update on our legislative issues pending before Congress. Congress is focused at this time on the debt ceiling debate and no other legislative business is being addressed. We continue to seek co-sponsors for our legislation HR 941 and are working with Congressman Pitts (D-PA) to set a meeting with the CBO to review the previous and erroneous cost estimate.

Regulatory Director Anne Marie Hummel also provided an update on Medicare regulations. The Medicare DME Competitive Bid Program next phase has been delayed for 18 months but CMS intends to move forward with the next round, albeit somewhat delayed. CMS has also issued proposed regulations that would significantly decrease the 2012 payments for the outpatient pulmonary rehabilitation benefit. AARC is working with its sister Pulmonary Rehab

organizations (AACVPR, ATS, NAMDRC) to submit comments to CMS opposing the reduction in payments.

President's Council
Dianne Lewis stated that Trudy Watson is working on the AARC Virtual Museum and recently visited the AARC Executive Office.

RECESS
President Stewart recessed the meeting of the AARC Board of Directors at 9:37am MDT Thursday, July 21, 2011.

RECONVENE
President Stewart reconvened the meeting of the AARC Board of Directors at 9:59am MDT Thursday, July 21 2011.

STANDING COMMITTEES REPORTS

Bylaws Committee

Recommendation 11-2-9.1 "That the AARC BOD accepts and approves the Delaware Society for Respiratory Care Bylaws."

Susan Rinaldo Gallo moved to accept the recommendation to approve the Delaware Society for Respiratory Care Bylaws as submitted.
Motion carried

Recommendation 11-2-9.2 "That the AARC BOD accepts and approves the Kansas Society for Respiratory Care Bylaws."

Susan Rinaldo Gallo moved to accept the recommendation to approve the Kansas Society for Respiratory Care Bylaws as submitted.

Motion carried
Debbie Fox abstained.

Recommendation 11-2-9.3 "That the AARC BOD accepts and approves the Kentucky Society for Respiratory Care Bylaws."

Susan Rinaldo Gallo moved to accept the recommendation to approve the Kentucky Society for Respiratory Care Bylaws as submitted.
Motion Carried

Recommendation 11-2-9.4 "That the AARC BOD accepts and approves the South Dakota Society for Respiratory Care Bylaws."

Susan Rinaldo Gallo moved to accept the recommendation to approve the South Dakota Society for Respiratory Care Bylaws as submitted.
Motion Carried

Elections Committee
Recommendation 11-2-10.1 "That the AARC BOD revise Policy CT.003 (Elections Committee Nomination Process) to reflect current practice."

Linda Van Scoder moved to table the recommendation.
Motion to Table Carried

Recommendation 11-2-10.2 "That the AARC BOD revise the Elections Committee Handbook to reflect current practice."

Tim Myers moved to accept for information only. The Executive Office will revise the handbook and policy. (See Attachment "A")
Motion carried

FINANCE COMMITTEE
Approval of Capital purchase April-June 2011
A software program to enhance Convention Exhibitor badge input was purchased for $4,330.

George Gaebler moved to accept the approval for $4,330 for exhibitor badge program.
Motion carried

Disaster Relief
Tim Myers moved to accept President Stewart's approval to contribute $5,000 to the disaster relief fund from AARC.
Motion carried

STRATEGIC PLANNING
This committee has been "put on hold" due to the 2015 committee. However, it is time to redevelop the strategic planning committee and Tim Myers will be contacting the committee members in the next month.

Susan Rinaldo Gallo moved to accept the standing committee reports as submitted.
Motion carried

HOUSE OF DELEGATES
Recommendation 11-2-6.1 "That a survey be developed by the House of Delegates and AARC and conducted to assess AARC members' opinions about their AARC membership and their State Affiliate's performance."

Denise Johnson moved to accept the recommendation.
Motion to refer

Linda Van Scoder moved to refer to the membership committee and House of Delegates for development.
Motion carried

George Gaebler moved "To accept the General Reports as presented."
Motion Carried

President Stewart appointed Mike Runge as Sleep Section Chair to serve until the end of 2012.

Linda Van Scoder moved to ratify the appointment.
Motion Carried

SPECIALTY SECTION REPORTS

Education Section
Recommendation 11-2-53.1 "That President Stewart form, effective 8/1/11, a Committee on Associate Degree Respiratory Therapy Education (coARDTE) and that the current CoBGRTE Steering Committee, along with the newly formed CoARTE, be recognized as formal standing committee of the AARC Education Section."

Susan Rinaldo Gallo moved to accept the recommendation.

Linda Van Scoder moved to amend "formal standing" to "special sub-committees".

Susan Rinaldo Gallo moved to accept the amended motion.

President Stewart will work with Lynda Goodfellow to ratify members and vote will be thru E-Vote.
Motion carried as amended

Homecare Section
Recommendation 11-2-54.1 "That the AARC BOD establish a grant ($50,000 ARCF) to promote, design, and support 3-5 studies exploring the benefits of RT-led programs for reducing hospital readmissions due to cardiopulmonary diagnoses of pneumonia, heart failure, and COPD; establish a subcommittee with members from AARC Executive Team, ARCF, Home Care, and Management Sections to develop and administrate the program."

Susan Rinaldo Gallo moved to accept the recommendation.

Gregg Spratt withdrew this recommendation and replaced with the following:
"That the AARC Board of Directors establish an exploratory committee with members from the AARC Executive Team, ARCF, Homecare, and Management Sections to develop a research proposal to design and fund 3-5 studies exploring the benefits of RT-led programs for reducing hospital readmissions due to cardiopulmonary diagnoses of pneumonia, heart failure, and COPD."

Gregg Spratt moved to accept.
Motion carried

Surface and Air Transport
Recommendation 11-2-59.1 "That the AARC BOD support the Surface and Air Transport Section in helping the University of Costa Rica Children's Hospital train their RTs for neonatal/pediatric transport."

Susan Rinaldo Gallo moved to accept.

George Gaebler moved to refer back to Surface and Air Transport for clarification.
Motion to refer carried

Susan Rinaldo Gallo moved to accept the Specialty Section reports as presented.
Motion carried

SPECIAL COMMITTEE REPORTS

Clinical Practice Guidelines
A discussion arose about the heavy workload of this committee. George Gaebler suggested that this would need to be a paid position in order to get the work completed.

President Stewart will consider the CPG concerns in her 2012 budget.

Membership
Tom Lamphere gave highlights of his written report. President Stewart asked Tom Lamphere to send his membership dashboard report to state presidents.

Position Statement
Recommendation 11-2-26.1 "Approve and publish the revised position statement on 'Verbal Orders'. This statement is submitted for your review as Attachment #1. Text to be deleted appears with strikethrough and text to be added appears with underline."

Susan Rinaldo Gallo moved to accept.

Linda Van Scoder moved to amend "verbal" to "verbal/telephone".
Amended Motion carried

Recommendation 11-2-26.2 "Approve and publish the revised position statement on 'Tobacco and Health'. This statement is submitted for your review as Attachment #2. Text to be deleted appears with strikethrough and text to be added appears with underline."

Susan Rinaldo Gallo moved to accept.
Motion carried

Recommendation 11-2-26.3 "Approve and publish the revised position statement on 'Health Promotion and Disease Prevention'. Text to be deleted appears with strikethrough and text to be added appears with underline."

Linda Van Scoder made a friendly amendment to correct "LTACH" and "RT's".

Susan Rinaldo Gallo moved to accept the recommendation and friendly amendment.
Motion carried

Recommendation 11-2-26.4 "Approve the current 'Inhaled Medication Administration Schedules' with no revisions."

Linda Van Scoder amended to change QID to 4 times a day and BID to 2 times a day.

Susan Rinaldo Gallo moved to accept the recommendation and amendment.
Amended motion carried

(See Attachment "B" for all revised Position Statements.)

Susan Rinaldo Gallo made a motion to accept the Special Committee reports as submitted.
Motion carried

OATH OF OFFICE

Past President Tim Myers administered the oath of office to Mike Runge.

RECESS

Karen Stewart called a recess of the AARC Board of Directors at 12:08pm MDT, Thursday, July 21, 2011.

JOINT SESSION

President Stewart convened Joint Session at 1:30pm MDT, Thursday, July 21, 2011.
Secretary/Treasurer Linda Van Scoder called the roll and declared a quorum.

International Committee Report

John Hiser gave highlights of his written report as well as his recent trip to China. This year there were twenty seven International Fellowship applications from eighteen different countries and eight new countries. Thirteen City Hosts applied. Four International Fellows were selected and two alternates:

Croatia – Darko Kristovic – Cleveland, OH and Baltimore, MD
China – Sheng-yu Wang – Rochester, MN and Tucson, AZ
United Arab Emirates – Edita Almonte – Brooklyn, NY and Minneapolis, MN
Egypt – Shaheen Malak – Cincinnati, OH and Falls Church, VA

Alternates:
Czech Republic – Karel Roubik
India – Anitha Nileshwar

Several states gave donations for the International Fellowship program.

ARCF Report

ARCF Chair, Michael Amato, reported that two new Trustees were added to the ARCF – Tim Myers and Toni Rodriguez. He also informed the audience that the Foundation wants to support higher education and, therefore, needs donations. Chair Amato challenged the House of Delegates to create a fundraiser and donate the funds to the ARCF.

Elections Committee Report

Suzanne Bollig, Elections Committee Chair, advised of the following slate of candidates:

Transport Section Chair-elect

1. Billy Hutchison

2. Nicole Dunn

Continuing Care Section Chair-elect
1. Gerilynn Conners
2. Robert Krach

Long Term Care Section Chair
1. Gene Gantt
2. Lorraine Bertuola

President-elect
1. George Gaebler
2. Colleen Schabacker

Directors-at-Large
1. Claire Aloan
2. Lynda Goodfellow
3. Thomas Malinowski
4. Doug McIntyre

Secretary/Treasurer Report
Linda Van Scoder reported that membership dues are above budget from last year, product sales and education services are below budget but ahead of YTD '10. Regarding investments, we had $328k in realized gains and $297k in unrealized gains. The bottom line shows us to be better than predicted for both revenue and expenses.

Linda Van Scoder moved to convene to Executive Session at 2:06pm MDT.

Executive Session adjourned at 2:20pm MDT and Regular Joint Session resumed.

Regulatory Affairs
Anne Marie Hummel gave highlights of her written report.

Legislative Update
Miriam O'Day gave highlights of her written report.

State Government Affairs
Cheryl West gave highlights of her written report.

Drive4COPD
Tom Kallstrom gave an overview of the current Drive4COPD activities. The new Adopt-a-Company project coaches and encourages other members to get involved. Three captains have been named to lead the project:

Chuck Menders – plan events
Shawna Strickland – students
Curt Merriman – digital communications

Bill Lamb moved to adjourn the Joint Session of the Board of Directors.
Motion carried

President Stewart adjourned the Joint Session of the Board of Directors at 3:09pm MDT, Thursday, July 21, 2011.

REGULAR SESSION RECONVENED

Karen Stewart reconvened the meeting of the AARC Board of Directors at 3:22pm MDT, Thursday, July 21, 2011.

Ad Hoc Committee to Recommend Bylaws Changes

The Ad Hoc Committee has reviewed the current AARC Bylaws extensively and proposes changes as follows:

1. Implement a physician membership category
2. Should the acid test be included in the Bylaws on how we approve the Chartered Affiliates Bylaws
3. BOMA - narrow down the representatives for organizations; should the AARC Board of Directors appoint BOMA members
    a. Current Bylaws state that BOMA must approve all medical matters, should be deleted
    b. Current Bylaws state that BOMA can have meetings when they deem necessary, should be deleted
4. Composition of Elections Committee should change to specify that the past president is a member.
5. Criteria for Board members needs to be updated – disclose all conflicts of interest including chartered affiliates
6. Composition of the Board – propose 17 voting member board – 6/6 split (6 sections chairs/6 directors at large), must have 1000 members in a section to qualify for a Board seat

A discussion ensued about the BOMA composition. Many Board members agreed to cap BOMA at 12 representatives. A further discussion will take place on day two of the Board meeting.

SPECIAL REPRESENTATIVES REPORTS

American Heart Association

Tim Myers noted on bullet point #3, which states "Lots of discussion regarding Respiratory Therapy Departments being the change agents and data collectors for all inpatient CPR" of the American Heart Association report, that AARC should contact them, especially since they are in Dallas.

George Gaebler moved to accept the Special Representatives Reports as submitted.
Motion Carried

ROUNDTABLE REPORTS

Military

Recommendation 11-2-45.1 "We recommend that the AARC create a fund that will allow corporations and individuals to donate money that can be used to support travel to the AARC convention for respiratory therapist in the military services that are active duty."

Susan Rinaldo Gallo moved to refer to Executive Office to investigate and report back at the November Board meeting.
Motion carried

Susan Rinaldo Gallo moved to accept the Roundtable Reports as submitted.
Motion carried

Karen Stewart distributed letters to the Board from the California Society for Respiratory Care concerning Associate Degree vs. Baccalaureate and the National Sputum Bowl.

RECESS

President Karen Stewart recessed the meeting of the AARC Board of Directors at 4:30p.m. MDT, Thursday, July 21, 2011.

Attachment “A”

Elections Committee – Nominations Process
Policy No.: CT.003

American Association for Respiratory Care
Policy Statement

Policy No.: CT.003

SECTION: Committees

SUBJECT: **Elections Committee – Nominations Process**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 22, 2011

DATE REVISED: July 22, 2011

REFERENCES: AARC Bylaws, CT.005, and Delegate Handbook

Policy Statement:
The process used to prepare a slate of candidates for Association offices and to conduct elections shall be in accordance with the following revision from AARC's July 2011 BOD meeting.

Policy Amplification:

1. An official nomination form must be submitted for each nominee.

2. Each nominee shall be notified of the location on-line where they can find the requirements of the Elections Committee in order to continue in the elections process with full instructions and the submission deadline date.

3. All candidates shall submit information (e.g., answers to questions. **Biographical form**) required of all nominees with a defined date of return to the Executive Office for preparation and publication in the appropriate publication to provide the general membership with additional information about the candidates.

4. An AARC Officer or Director shall not hold a paid or voluntary position of authority for or in any AARC Chartered Affiliate during his/her term of office as an AARC Officer or Director. Candidates holding such positions must submit in writing a plan for resolution of any conflict of interest prior to Election Committee consideration of candidates.

5. Questions will be derived from HOD/BOD input, and organized/compiled by the Elections Committee. Nominees will respond via mail, e-mail or fax to the Executive Office according to established timelines.

6. The administrator/supervisor of each nominated individual must submit written certifying support for the candidate's nomination and time commitment for AARC responsibilities.

7. The Elections Committee members, under the guidance of the Committee chair, will review the compiled data; assess qualifications, rank, etc. Once the data is compiled, it will be sent to each committee member, followed by a telephone conference, and the

committee will decide upon a slate of candidates.

8. All nominated individuals shall be notified in writing the outcome of their nomination.

9. All deliberations within the Elections Committee for preparation of the slate of candidates shall be performed in Executive Session and may not be discussed beyond the committee. Any committee member breaching confidentiality of the aforementioned deliberations shall be referred to the AARC Judicial Committee for appropriate action.

10. The Elections Committee Chair shall submit the elections slate in writing to the Board of Directors and the House of Delegates no later than June 1. This deadline for submission of nominees may be extended as necessary.

11. Voting will be by an online process with the order of candidate names randomly listed.

12. The Elections Committee Chair shall receive and review the layouts of the general election ballots and the biographical forms.

13. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the-President and/or President-elect which would include all personal contact information for these individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.

14. Past speakers of the House of Delegates are eligible for nomination for Association officer positions to include Secretary-Treasurer, Vice President for Internal Affairs, Vice President for External Affairs and President-elect, provided that they will have completed their full term of office as speaker-elect, speaker and immediate past speaker sometime prior to the year for which they would serve as an Association officer.

15. Write-in candidates for Directors and Officers of the Board of Directors of the AARC must meet the minimum eligibility requirements for the office for which they have received votes.

16. The Elections Committee shall have the ability to extend the established nomination period by 20 days if a full slate of candidates for each position has not been obtained.

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DEFINITIONS:

ATTACHMENTS: Biographical Form Guidelines (See Appendix)

Attachment "B"

Position Statements:
Verbal/Telephone Orders
Tobacco and Health
Health Promotion and Disease Prevention
Inhaled Medication Administration Schedules

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Verbal/Telephone Orders

Registered and Certified Respiratory Therapists, subject to local health care institution policy and state licensure acts, may record the verbal/telephone orders of Licensed Independent Practitioners (LIP) for drugs, devices, and treatments directly related to the provision of a patient's care.

Effective 3/90
Revised 07/11

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Tobacco and Health

The American Association for Respiratory Care (AARC) is a professional organization dedicated to the protection of health through public education and the provision of the highest standards of respiratory care. By virtue of their education and health care experience, respiratory therapists are professionals who have a clear understanding of the nature of cardiopulmonary disease and are in a position to act as advocates for healthy hearts and lungs. The AARC is an advocate for both tobacco cessation and tobacco prevention programs.

The AARC recognizes its responsibility to the public by taking a strong position against cigarette smoking and the use of tobacco in any form, and the inhalation of any toxic substance. In view of the evidence, which confirms the health-threatening consequences of using these products in both active and passive forms, the AARC is committed to the elimination of smoking and the use of any tobacco products and the inhalation of any toxic substance.

The AARC acknowledges and supports the rights of non-smokers and pledges continuing sponsorship and support of initiatives, programs, and legislation to reduce and eliminate smoking. The AARC extends its concern beyond the smoking of tobacco to the use of smokeless tobacco. These products are linked to diseases of not only the heart and lungs, but also to the gastrointestinal tract, mouth, and nose. There is also evidence that these products, when applied to the mucous membranes, diffuse into the circulation and can also cause ill effects in remote organs of the body.

Effective: 1991
Revised: 07/11

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Health Promotion and Disease Prevention

The AARC acknowledges that professional respiratory therapists (RTs) in both the civilian and uniformed/military services are integral members of the health care team around the world. They serve in acute care hospitals, long term acute care hospitals (LTACH), long-term facilities, home care settings, pulmonary function laboratories, pulmonology practices, rehabilitation programs, critical care transport, managed care organizations and a diversity of other environments where respiratory care is practiced.

The AARC recognizes that the highest quality professional education and training of the respiratory therapist is the best method of instilling the ability to improve the patient's quality and longevity of life through their practices. Such knowledge and skills must be incorporated into formal education and training of RTs in Commission on Accreditation for Respiratory Care (CoARC) accredited programs, and must emphasize expanding roles for RTs in Disease Management, Health Coaching, Case Management, Clinical Consulting, Patient Education, COPD Education and Asthma Education in particular. Advanced formal education, to the baccalaureate level and beyond, permits RTs to participate at a higher and more independent level in health promotion and disease prevention.

The AARC recognizes the RT’s responsibility to take a leadership role in pulmonary disease teaching, smoking cessation programs, second-hand smoke awareness, pulmonary screening for the public, air pollution awareness, allergy and sulfite warnings. RTs must also demonstrate initiative in research in those and other areas where efforts could promote improved health and disease prevention. Furthermore, the RT is in a unique position to provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public, in both civilian and uniformed service environments.

The AARC recognizes the need to:

1. Provide and promote consumer education related to the prevention and control of pulmonary disease;
2. Establish a strong working relationship with other health agencies, educational institutions, Federal and state government, businesses, military and other community organizations for better understanding and prevention of pulmonary disease:
3. Work with CoARC and training programs to prepare practitioners for crucial expanding roles in Disease Management, Health Coaching, Case Management, Clinical Consulting and COPD/ASTHMA Patient Education;
4. Encourage RTs across the country to advance their education to the baccalaureate level and beyond, thereby enhancing their ability to perform in higher level professional roles;
5. Promote the application of Evidence-Based Medicine in all aspects of health promotion and disease prevention;
6. Monitor all such activities for appropriateness and effectiveness

Furthermore, the AARC supports efforts to develop personal and professional wellness models and action plans on health promotion and disease prevention. The AARC seeks to inspire RTs to demonstrate their standing as experts in pulmonary disease etiology, pathology and treatment, and to lead the way nationally in health promotion and pulmonary education.

Effective 1985
Revised 2000
Revised 2005

Revised 2011

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Inhaled Medication Administration Schedules

Inhaled medication administration incorporates a unique methodology and has a recognized time standard between nine and twenty minutes depending on the delivery device used for administration. It is the position of the AARC that medical facilities need to establish written policies and procedures for the safe and timely administration of inhaled medications that are appropriate for the facility and approved by the medical staff. These policies may differ from standard medication administration schedules and time frames, but must be implemented so that medications are administered as prescribed—i.e. Q 1 hour, QID 4 X per day, BID 2 X per day, etc. If a facility establishes an alternative schedule for the safe and effective delivery of inhaled medications, the AARC recommends that the inhaled medication delivery schedule window not exceed 60 minutes before or after the scheduled medication delivery due time for medications prescribed at an interval greater than or equal to four hours.

Effective 8/08

Reviewed 7/2011

Revised 7/2011

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

July 22, 2011- Vail, CO

Minutes

Attendance

Karen Stewart, MSc, RRT, FAARC, President
Tim Myers, BS, RRT-NPS, Past President
Susan Rinaldo-Gallo, MEd, RRT, FAARC, VP/Internal Affairs
George Gaebler, MSEd, RRT, FAARC, VP/External Affairs
Linda Van Scoder, EdD, RRT, FAARC, Secretary-Treasurer
Bill Cohagen, BA, RRT, RCP, FAARC
Debbie Fox, MBA, RRT-NPS
Lynda Goodfellow, EdD, RRT, FAARC
Fred Hill, Jr., MA, RRT-NPS
Denise Johnson, BS, RRT
Keith Lamb, RRT
Doug McIntyre, MS, RRT, FAARC
Mike Runge, BS, RRT, FAARC
Frank Salvatore, MBA, RRT, FAARC
Greg Spratt, BS, RRT, CPFT
Cynthia White, BA, RRT-NPS, AE-C

Consultant

Tom Lamphere, RRT, RPFT, HOD Past Speaker
Dianne Lewis, MS, RRT, FAARC, President's Council President
Colleen Schabacker, BA, RRT, FAARC, Parliamentarian

Absent

Camden McLaughlin, BS, RRT, FAARC (excused)
Joseph Sokolowski, MD, BOMA Chair (excused)

Staff

Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, MBA, RRT, FAARC, Chief Operating Officer
Doug Laher, MBA, RRT, Associate Executive Director
Ray Masferrer, RRT, FAARC, Managing Editor, RESPIRATORY CARE
Bill Dubbs, MHA, MEd, RRT, Director of Education & Management
Cheryl West, MHA, Government Affairs Director
Anne Marie Hummel, Regulatory Affairs Director
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Karen Stewart called the meeting of the AARC Board of Directors to order at 8:29a.m. MDT, July 22, 2011. Secretary-Treasurer Linda Van Scoder called the roll and declared a quorum.

As a new Board member, Mike Runge gave disclosure, he had none.

AD HOC COMMITTEE REPORTS

Ad Hoc Committee to Recommend Bylaws Changes

This Ad Hoc Committee will give recommendations to the Bylaws Committee as follows - Add Physician Member category; look at Elections Committee composition; inclusion/exclusion of officers and directors of the Board; should the acid test be written into the Bylaws; BOMA - delete statement that BOMA must approve all medical matters, number of BOMA reps, set a cap, composition, and who appoints them; composition of Board of Directors, cap of 17 be set.

A discussion arose about the composition of the Board.

Ad Hoc Committee to Review Age Membership Discount

Tom Lamphere gave highlights of his report. He researched other associations that offered an age-related discount.

FM 11-2-28.1 George Gaebler moved "to create an 'age-related membership discount' at age 65 plus 20 years of continuous AARC membership".

Motion carried

Tim Myers moved to refer to the Executive Office for investigation of pricing and feasibility.

Motion to refer carried

Frank Salvatore moved to accept the Ad Hoc Committee Reports as submitted.

Motion carried

RECESS

President Stewart called a recess of the AARC Board of Directors meeting at 10:10am MDT on Friday, July 22, 2011.

President Stewart gave a presentation at the House of Delegates meeting and Past President Tim Myers took over in her absence.

RECONVENE

Past President Tim Myers reconvened the meeting of the AARC Board of Directors at 10:49am MDT on Friday, July 22, 2011.

OTHER REPORTS

ARCF – First Giving will now process online donations to the Foundation

CoARC – President Stewart will follow up regarding Bylaws changes letter from the spring
NBRC – customer service concerns

Bill Cohagen moved to accept the agency updates as submitted.
Motion carried

HOUSE RESOLUTIONS

Recommendation 11-2-6.2 "Resolve that the AARC copy the States Delegates on all routine correspondences to Affiliate Board members including but not limited to follow up on revenue sharing checks which have not been cashed." (see Attachment "B", revised Policy No. HOD.001)
Linda Van Scoder moved to accept the recommendation.
Motion carried
Doug McIntyre abstained.

Resolution 20-11-02 "Resolve that the AARC BOD re-evaluate the decision to discontinue the National Sputum Bowl. Furthermore this evaluation should include but not be limited to, exploring a change in program format along with all logistical and financial avenues in order to allow continuation of this honored tradition."
Linda Van Scoder moved to accept the recommendation.
Motion carried
Frank Salvatore moved to accept for information only while allowing the new HOD Ad Hoc Committee to report back in November.
Motion carried

Resolution 00-11-03 "Be it resolved that the AARC formulate and distribute a position statement regarding the rising of free standing emergency rooms (FSER) and the need for Respiratory Therapist to be an integral part of the ER Team."
Linda Van Scoder moved to accept the recommendation.
Motion carried
Linda Van Scoder moved to accept for information only and refer to position statement committee for consideration and development of an ambulatory respiratory care services position statement.
Motion carried

Resolution 05-11-04 "Be it resolved that the AARC strongly consider a full time executive office position to act as a Chartered Affiliate Liaison dedicated to working on a daily basis to support all chartered affiliates with strategic planning, business plan development, contract assistance training/development of board members, website assistance, and committee mentorship to improve efficiency and effectiveness, financial management/monitoring, and membership recruitment/retention."
DEFEATED IN HOUSE

President Stewart returned from the House of Delegates and resumed her role at the Board of Directors meeting.

BYLAWS THAT ARE IN CONFLICT

George Gaebler suggested suspending or revoking the charter of any affiliate and giving conditions of participation when their Bylaws are in conflict with the AARC Bylaws.

On the last page of "1996-1998 AARC Restructuring Taskforce Overview of Actions that led up To Bylaws Changes" add, "Suspension of chartered affiliate status will occur until Bylaws are accepted by the AARC Board of Directors." (See attachment "A")

This suspension will begin once the Bylaws committee rejects the state's Bylaws. The Committee will notify the Board of Directors of the rejection and then the Executive Committee will review and proceed with suspension/revocation.

Charge to Bylaws Committee – report which state's Bylaws have been accepted or rejected to the Board of Directors.

President Stewart requested that the Ad Hoc Committee to Recommend Bylaws develops a policy for state bylaws that are in conflict with the AARC Bylaws.

President Stewart created an Ad Hoc Committee on Section and Roundtable Membership with Lynda Goodfellow and Mike Runge as co-chairs and members Keith Lamb, Bill Cohagen, Cyndi White, and Greg Spratt.
Linda Van Scoder moved to ratify this committee – President Stewart will create charges.
Motion carried

Chair Replacements
President Stewart appointed Susan Rinaldo Gallo as chair of Billing Codes Committee.
Frank Salvatore moved to ratify the appointment.
Motion carried

POLICY REVIEW

Policy No. BA.004 – Board of Medical Advisors – Travel Expenses
George Gaebler moved to accept changes.
Motion carried

Policy No. SS.001 – Specialty Sections – Specialty Section Operations
Policy No. SS.008 – Specialty Sections – Publications
Frank Salvatore moved to accept Specialty Sections Operations and Specialty Sections Publications to reflect new revision date.
Motion carried

Policy No. FM.016 - Travel Expense Reimbursement
George Gaebler made a motion to un-table the motion.

Motion carried
George Gaebler moved to approve the policy as amended.
Motion carried

Policy No. BOD.024 – AARC Disaster Relief Fund
Frank Salvatore moved to amend the policy to state that a member be in "good standing for 90 days before the disaster to be eligible to receive funds."
Motion withdrawn
Bill Cohagen moved to change the wording to be in "good standing prior to the onset".
Amended Motion carried

Policy No. CT.003 – Elections Committee – Nominations Process
George Gaebler moved to approve changes submitted. (See Attachment "A" of July 21 minutes)
Motion carried

(See Attachment "B" for the revised aforementioned policies.)

Miscellaneous
Karen Stewart thanked Trudy Watson for her work as AARC historian.

Treasurers Motion
Linda Van Scoder moved "That expenses incurred at this meeting be reimbursed according to AARC policy."

Motion Carried

MOTION TO ADJOURN
Linda Van Scoder moved "To adjourn the meeting of the AARC Board of Directors."

Motion Carried

ADJOURNMENT
President Karen Stewart adjourned the meeting of the AARC Board of Directors at 12:48pm MDT, Friday, July 22, 2011.

Attachment “A”

1996-1998 AARC Restructuring Taskforce Overview
Of Actions That Led Up To Bylaws Changes

1996-1998 AARC Restructuring Taskforce Overview of Actions that led up To Bylaws Changes

Taskforce made up of 3 Members from HOD (M. Runge, S. Mishoe and G. Gaebler) chosen by Speaker, Michael Thompson, 3 Members chosen by BOD P Dunne, J Walton and I think C. Partee) Chosen by Charlie Brooks, The three Ps, (C. Brooks, T Watson and K. George and AARC Historian (B. Weilacher.

Had several retreats where AARC hired BOD Structure Consultant Specialist, Had involvement of AARC Legal and others from AARC Office as needed.

Base assumptions were:

- **That the BOD Makeup at the time didn't really represent the member ship especially at grass roots.**
- **BOD was not made up as most Professional or non-profits Boards were.**
- **Too many committees and especially that many should not be Standing Committees and listed as such in Bylaws.**
- **HOD had more responsibility eg. Approve Budget) than they should have according to normal business/law practice**
- **The BOD was somewhat inbred as all at large BOD members seemed to come from the HOD only.**

After several retreats it became obvious that:

- **Section Members should have a voice from the grass roots in the trenches so to speak.**
- **The number of At Large BOD Members was set at 9 because there were 9 sections with potential to have BOD seats.**
- **Number of directors needed would be divisible by 3, so terms would rotate off and on in equal numbers each year.**
- **Committee Structure would change and only appropriate committees would be standing as determined by bylaws.**
- **Executive Committee would change including two VPs and Secretary/Treasurer and 3 Ps.**
- **Presidents Council Rep. and Past-Speaker would be non-voting because they were not elected by the membership to the BOD.**

Consideration that was heavily debated but removed before Bylaws were changed included:

- **Board of directors Officers elected by the BOD only.**

The amount of communication, debate and education provided to the BOD and HOD was immense. We had focus group activities in the HOD each meeting in

1996 and 1997 when I was the Speaker-Elect and then Speaker. Major sticking point issues were:

- **Number of section members needed to have a BOD seat with concern about numbers electing a BOD member.**
- **The BOD electing the Officers for AARC**
- **The issue of power related to fiduciary responsibility BOD vs HOD was big deal.**
- **The debate was very heated at times**

Attachment: An article written for the Section Newsletters about Transition to the new Bylaws

Section Membership: Each Voice Is Important

by George Gaebler, MS.Ed., RRT,Director,Respiratory Care and Cardiovascular Service Line; Administrator, University Hospital,
Syracuse, NY

As a past member of the AARC Taskforce for Organizational Restructuring, past speaker of the AARC House of Delegates, and current AARC Transition Committee member, I thought I might offer some thought-provoking insights about the role of the AARC Specialty Sections with respect to the Bylaws changes enacted by the Board of Directors (BOD). The ratification of these very significant Bylaws changes in late 1998 brings us to a point where membership in the Specialty Sections should be desired by all members of the AARC. One of our major objectives in restructuring the BOD membership was to streamline the connection of the profession to its members. The Bylaws now stipulate that the BOD shall "include "a Section Director from each Specialty Section of at least 1000 active members of the Association." While the Bylaws are a living document, responsive to change by the membership, this new provision indicates a new commitment on the part of Association leaders to include greater diversity of opinion in the decision making process at the highest level of the organization. The new role of the section chairs places them at the apex of communications, where they can serve as a defined, direct voice for the specialty practitioners of any section meeting the 1000 member requirement. Never before have specialty section practitioners from the grassroots within respiratory care practice had such a clearly defined voice at the AARC Board level. This allows any specialty practitioner a clear path for communications directly to the BOD, unencumbered by the affiliate communications pathways that may unintentionally filter a message so that it loses significance or relevance to the original perspective of the section member. Likewise, it provides the Board with a clear message, direct from specialty practice grassroots members, about issues confronting them in their everyday practice. I am sure many AARC members and non-members alike have asked themselves how their voices can be heard, especially concerning their area of practice. Joining one or more of the AARC Specialty Sections is the solution, thanks to this new allowance in the AARC Bylaws. The future growth and direction of the profession depends on consistent input and feedback from AARC members. The Specialty Sections provide the best opportunity for that feedback. You could think of the sections as "mini-associations" representing specially focused practitioners across the breadth of the Association. Your membership in the section provides the opportunity to directly impact the activities and direction of the profession in a way never possible before this change occurred. Indeed, a simplified and multi-directional membership voice in the Association was a baseline assumption by the Taskforce for Organizational Restructuring. I invite all of you to seek out section membership in your chosen area of practice, pull others in to augment your collective voice, and help the profession move in the

direction needed for the future. The emphasis on clinical activities in the Specialty Sections prompts the BOD to pause and listen to members who live the profession, teach the profession, and care for the profession. After all, our profession belongs to the folks in the trenches, and the future depends on your involvement and insight. All of the sections probably include members who were part of the HOD and BOD process that brought the Specialty Sections to prominence. I challenge them to step up and lead the transition process.

TALKING POINTS FOR SUMMER MEETING 2011

- Should the AARC BOD be smaller or does that potentially disenfranchise some groups as the profession grows for the future.
- It appears that the committee is leaning toward diminishing the number of at-large and section BOD seats to 6 each.
- If the number is changed should the number of section members to have a BOD seat change? Example: if the number stays at 1000 and 7 sections achieve that number in the future should we build automatic trigger in the Bylaws that the number now becomes 1100 or 1200? Or just the six largest as long as they are over 1000?
- Build in a physician membership category using associate membership requirements and D.O. or M.D.
- Whether we want the BOMA and/or Presidents Council chairs to have non-voting seats on the BOD.
- We need to address the job load for the 2 VP positions. We would be in favor of eliminating the Internal and External designations and letting the president decide how to divvy up the work load.
- We need to clean up the language on BOD ratification of committee appointments. We ran into an issue with this during the recent Elections committee screw up. The HOD controls most of those seats. Can the BOD really exert authority over who they choose? Entire committee feels past president should permanent member
- Should the acid test for affiliates Bylaws being in conflict be in the AARC Bylaws?
- Members of the AARC BOD should not be voting members of Affiliate BODs, Chartered Affiliate Staff. Credentialing or accreditation bodies are already addressed in Bylaws

Affiliate Bylaws in Conflict with AARC Bylaws (Policy)

a. Affiliate bylaws will only be reviewed for compliance with AARC Bylaws. Errors in grammar, spelling, or internal inconsistencies will be the responsibility of the Chartered Affiliate. The Bylaws Committee may make recommendations regarding grammar, spelling, or internal inconsistencies but will not delay the approval process over such issues.

b. Affiliate Bylaws will be considered in conflict with the AARC bylaws if non-AARC members are allowed to vote and/or hold a voting position on the Affiliate's Board of Directors.

c. Affiliate Bylaws will be considered in conflict if Active members of the **AARC** are not automatically Active members of the **Charted Affiliate**.

d. If an affiliates Bylaws are in conflict with the AARC Bylaws the Bylaws Committee will notify the Affiliate that The AARC Board of Directors has not accepted the Affiliates Bylaws because they are in conflict .....Reason stated..... Therefore the Affiliate will lose voting powers in the House of Delegates

until the Bylaws are revised and accepted by the AARC Board of Directors. Suspension of chartered affiliate status will occur until Bylaws are accepted by the AARC Board of Directors.

If after a period of one year the Affiliates Bylaws are still not in compliance, the AARC Board will take action to begin to withhold Affiliate revenue sharing starting at one quarter of revenue sharing every six months.

This would be a three year process whereby revenue would dwindle to zero after three years of non-compliance.

Revised 7/2011

Attachment “B”

Policy No. HOD.001 – House of Delegates Correspondence
Policy No. BA.004 – Board of Medical Advisors – Travel Expenses
Policy No. SS.001 – Specialty Sections – Specialty Section Operations
Policy No. SS.008 – Specialty Sections – Publications
Policy No. FM.016 – Travel Expense Reimbursement
Policy No. BOD.024 – AARC Disaster Relief Fund

American Association for Respiratory Care
Policy Statement

SECTION: House of Delegates

SUBJECT: **Correspondence**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2009

DATE REVISED: July 2011

REFERENCES:

Policy Statement:
Correspondence and other information relevant to the function of the House of Delegates shall be appropriately routed.

Policy Amplification:

1. All correspondence pertinent to the function of the House of Delegates shall be sent to the Speaker of the House of Delegates.

    A. The Speaker shall cause correspondence to be distributed appropriately to members of the House of Delegates.

2. All HOD Officers shall receive correspondence directed to the BOD and Board agenda books as approved by the President.

3. Newly elected House Officers shall receive a copy of the Association's Policy and Procedure Manual.

4. The AARC will copy the States Delegates on all routine correspondences to Affiliate Board members including, but not limited to, follow up on revenue sharing checks which have not been cashed.

DEFINITIONS:

ATTACHMENTS: AARC Conflict of Interest Statement (See Appendix)

AARC Tobacco Free Pledge (See Appendix)

American Association for Respiratory Care
Policy Statement

SECTION: Board of Medical Advisors

SUBJECT: **Travel Expenses**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: July 2005

REFERENCES: AARC Policy FM.016 "Travel Expenses Reimbursement"

Policy Statement:
Travel expenses for members of the Board of Medical Advisors shall be shared by the Association and the physician sponsoring organization.

Policy Amplification:

1. The physician sponsoring organization should be responsible for travel expenses incurred by attendance at Board of Medical Advisors meetings held other than in conjunction with the International Congress.

2. The Association should be responsible for travel expenses incurred by attendance at the Board of Medical Advisors meeting held in conjunction with the International Congress.

3. The Association shall be responsible for travel expenses incurred by the Chairperson of the Board of Medical Advisors ~~attendance~~ at all ~~the spring~~ Board of Medical Advisors meetings.

4. The Association shall be responsible for travel expenses incurred by the immediate Past Chair of the Board of Medical Advisors if this person is not a representative of a sponsoring organization.

5. All travel expenses shall be reimbursed according to Association policy and procedure.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Specialty Sections

SUBJECT: **Specialty Section Operations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: July 2008

REFERENCES:

Policy Statement:
The Section Chairperson is responsible for accomplishing the Section's goals and charges.

Policy Amplification:
The Section Chairperson is responsible for overseeing the following activities. A section Chairperson may seek the assistance of other section members to help with any projects.

1. Section Publications
    A. Solicit information pertinent to Section members and publishing four (4) Section Newsletters each year.

    B. Solicit information for inclusion in the monthly e-mail newsletters.

2. Section Program
    A. Assist the Association Program Committee as appropriate, with the preparation of a specialty program for the International Congress and Summer Forum.

    B. Make recommendations to the Association Program Committee and the Board of Directors regarding educational programs pertinent to the specialty area that may be considered for presentation to the Association membership.

3. Section Recognition
    A. Recognize exemplary contributions to, or participation in Section activities by, Section members via the Specialty Section Practitioner of the Year Award Program.

4. Each Specialty Section may have other project groups as necessary to complete additional specific charges from the President.

5. All Specialty Section members engaged in these functions shall be selected by the Specialty Section Chairperson from among the Section's members; however, it is the section chairperson's responsibility to ensure the work is complete.

6. Committees
If a group of section members will work together on an on-going basis then, in accordance with AARC Bylaws, the Section Chairperson must request that the AARC President appoint them to a committee. The activities of such duly appointed section committees, along with the names of the committee members, shall appear in the section's activity reports to the Board of Directors. The Section Chairperson shall publish a list of Specialty Section committees in the Section publications to encourage Section member participation.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Specialty Sections

SUBJECT: **Publications**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: March 2008

REFERENCES:

Policy Statement:
Specialty Sections shall publish the activities, goals, objectives and projects pertinent to its membership.

Policy Amplification:

1. Each Specialty Section shall publish four (4) quarterly bulletins annually.

2. The President shall direct the Section to provide copy for publication for other Association Publications or other appropriate publications as requested by Section Membership Association Membership, Board of Directors, House of Delegates, and the Executive Office.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Fiscal Management

SUBJECT: **Travel Expense Reimbursement**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2011

DATE REVISED: December 2008

REFERENCES: TR: 0397- 1997

Policy Statement:
Expenses incurred for all official Association travel shall be reported, recorded, and reimbursed in accordance with Association policy.

Policy Amplification:

1. Association policy for Travel Expense Reimbursement shall apply to all Association employees and authorized Association members.

    A. Travel expense reimbursement shall not be provided for representatives to external organizations unless approved in advance by the President with subsequent review by the Finance Committee and ratification by the Board of Directors.

2. All persons requesting reimbursement for expenses incurred for Association business shall report those expenses:

    A. Using an approved Expense Voucher with valid receipts attached

    B. Within thirty (30) days of when expenses are incurred

3. Reimbursement for travel shall be as follows, with the provision of valid receipts:

    A. Travel arranged through High Point Travel three weeks in advance of departure date.
    OR
    Round-trip, coach class airfare or lowest day airfare available. Because the AARC strives to get the lowest airfares in order to maximize our travel dollars, all air travel must be booked no later than three weeks from the anticipated date of departure. Please forward airline travel itineraries to the AARC Executive Office before booking your flight.

    B. Airport parking and ground transportation

C. Other methods of transportation (rail, automobile, bus, road tolls, parking), singularly or in any combination, shall be reimbursed at a total rate not to exceed the lowest day airfare available.

D. Automobile travel shall be paid at the current Internal Revenue Service (IRS) rate that is in effect at the time of the annual budget process (usually October of each year).

4. Reimbursement for lodging shall be as follows, with the provision of valid receipts:

A. Lowest possible rate for those nights required for Association business.

5. Reimbursement for registration fees shall be as follows, with the provision of valid receipts:

A. When necessary, advertised registration or admittance fees to programs attended on Association business shall be reimbursed at the fee stated on the program announcement.

6. Per diem shall be $40 (effective 1/1/09) per day for those days required for Association business:

A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, phone calls)

B. Personal expenses incurred while on official Association travel (e.g., entertainment, telephone, or laundry) shall not be eligible for reimbursement from the Association, other than coverage with per diem.

7. Advance payment of per diem shall be made in compliance with Association travel reporting requirements and only with advance written approval from:

A. The President for the voluntary sector of the Association
B. The Executive Director for Association employees
C. Exceptions to the above requirements for advance per diem shall be:

1. Regularly scheduled Board of Directors' meetings
2. Regularly scheduled Executive and Finance Committee meetings
3. Travel for official Association representation to external organizations

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of $25.00 or more, to include the following:

A. Business class airfare
B. Ground transportation
C. Lodging
D. Meals
E. Telephone and facsimile

9. Expenses incurred by the President incidental to executing the duties and responsibilities of that office shall be:

    A. Paid by the Association
    B. Monitored by the Finance Committee
    C. Subject to review by the independent auditors

10. All individuals traveling at Association expense shall notify the Executive Office in advance of the intended travel.

    A. The Executive Office may act as the Association's travel agent and schedule advance transportation and lodging.

    B. The Executive Office may direct individuals to purchase tickets on their own.

    C. The Executive Office may review and approve the travel plans made by the individuals

11. All public transportation (e.g., airfare, bus fare) not purchased through the Association's designated travel agency shall be reimbursed at a fee up to, but not exceeding, the fee that would have been charged by the Association's travel agency.

12. Board meeting expenses

    A. Travel, lodging and meal expenses for the Spring and Summer meetings will be reimbursed for all officers and directors using the criteria established above.
    B. At the Fall meeting held in conjunction with the annual AARC convention, the following special policies will apply to directors that are either incoming or outgoing that year:
        i. Incoming director required to attend New board meeting only (usually last day of convention)
            1. Airfare reimbursed according to the policy point 3 above.
            2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for two nights only.
        ii. Outgoing directors
            1. Airfare reimbursed according to the policy point 3 above.

2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for up to a maximum of three nights.

C. Convention registration---While all directors and officers are encouraged to seek payment for such from their employer, the AARC will pay for such registration as follows:
   i. Current and outgoing directors---full registration
   ii. Incoming directors—not entitled to registration reimbursement.

DEFINITIONS: "Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **AARC Disaster Relief Fund**

EFFECTIVE DATE:

DATE REVIEWED: ~~September 2005~~ July 22, 2011

DATE REVISED: December 2010

REFERENCES:

Policy Statement*:* The AARC president may activate the Disaster Relief fund for AARC members in the event of a federally declared disaster.

Policy Amplification:

1. In the event of a federally and state declared disaster the President will notify the appropriate State Affiliate President(s) notifying them of Disaster Relief Fund activation.
2. The Executive Office will provide Disaster Relief Forms to the State Affiliate President(s) as well as requesting AARC members.
3. The Application review process will be conducted as follows:

    a. Members of good standing in the AARC ~~at the time~~ prior to the onset of the disaster are eligible for a grant.
    b. The member fills out an application for assistance and sends that form directly to the AARC; where membership status is verified.
    c. The AARC President will send the member's application to the appropriate State Affiliate President for verification that the member is in an affected area and sustained property loss or damage.
    d. The State Affiliate President submits their approval or disproval of the application to the AARC Executive Office in writing. The Executive Office will inform the member of the status of their application (i.e. cut a check or decline the application with documentation of reasons for the action).

4. Members of good standing in the AARC ~~at the time~~ prior to the onset of the disaster are eligible for a grant. Funds will be allocated based on criteria set by the AARC President at the time of the disaster until all designated funds have been expended.

    a. Funding will also include payment of membership dues.

5. The AARC President will authorize a call to all AARC Members for donations to the Disaster Relief Fund at any time it is deemed appropriate and/or necessary.

6. Records relating to the disbursement of Disaster Relief Funds will be available to any AARC member upon written request of their State Affiliate President.

7. The AARC President may consider activating the fund upon request of an affiliate president in the event of a state or local governmentally proclaimed state of emergency or disaster.

DEFINITIONS:

ATTACHMENTS:

E-Motions

Since Last Board Meeting in July 2011

11-3-53.1 Susan Rinaldo Gallo moved "To ratify the appointments to the Education Section subcommittees:

Bachelor's/Graduate Respiratory Therapy Education (BGRTE):
Chair – Tom Barnes
Vice-Chair for Research – Bob Joyner
Vice-Chair for Communication – David Shelledy
Secretary/Treasurer – Tim Op't Holt
Member at Large – Georginna Sergakis

Associate Degree Respiratory Education (ADRTE)
Chair – Peggy James
Vice-Chair – Carl Eckrode
Secretary – Charity Bowling
Member at Large – Kerry George
Member at Large – Cindy Fouts"

Results – August 29, 2011
Yes – 14
Did not vote – 2

The motion carried

General Reports

President's Report

This has been an exciting year and hopefully it will continue to the next year. The following are areas that I would like to emphasize in this report.

- Work around 2105 continues with a gap analysis of the attributes has been completed and two sub committees have been appointed to complete a gap analysis of the competencies recommended to those in today's eduction programs. Stakeholder input continues to occur with both myself and Past Prestident, Tim Myers presenting activity of the group at state meetings. Inaddition I have met with the National Network of Healthcare Programs in Two Year Colleges and the Association of Schools of Allied Health Professions.
- We continue with the work around Drive for COPD and are continuing to screen the adult population.
- The AARC particpated with a joint education session at European Respiratory Society on Mechanical Ventialtion and the same program will take place at the International Congress in Tampa, Florida.
- Work continues in Washington, D.C. regarding the Respiratory Care Medicare Initiative. In addition, the AARC has been active in providing comments to CMS regarding issues that impact the care of our patients.
- I was able to attend the Saudia Society of Respiratory Care meeting in Dammam, Saudi Arabia. This was a wonderful meeting and while I was there I was invited to attend the first Gulf Coast meeting regarding respiratory care which brought to gether therapists and physicians of the region.
- Other international activity continues with increased interest from Taiwan and China. Both are interested in forming chapters of AARC.
- Membership remains strong with an increase in membership of 4.5% over last year.
- Education offering continue to increase, the newest offering is the COPD educator course.

We have made progress in all of the goal areas and will continue that work in 2012.

The 2011/2012 Goals

1. Continue to promote the patient and their family's needs by being the advocate for those patients with respiratory disorders.
2. Continue to develop and execute strategies that will increase membership and participation in the AARC both nationally and internationally.
3. Promote patient access to respiratory therapists as medically necessary in all care settings through appropriate vehicles at local, regional and national venues.
4. Continue to advance our international respiratory community presence through activities designed to address issues affecting educational, medical and professional trends in the global respiratory care community and to advance advocacy for the patient.

5. Evaluate the transitional needs to meet the competencies necessary to develop the "Respiratory Therapist for 2015 and Beyond" based on the expected needs of respiratory care patients, the profession and the evolving health care system.
6. Promote the access of high quality continuing education to development and enhance the skill base of current practitioners to meet the future needs of our profession.
7. Maintain and expand relevant communication and alliances with key allies and organizations within our communities of interest.
8. Expand efforts to obtain research funding.
9. Increase and enhance activities to increase public awareness of respiratory therapists and their role in the treatment of respiratory disorders.

Respectfully Sumbitted:

Karen J. Stewart, MSc, RRT, FAARC

Executive Office Report

Sam P. Giordano, MBA, RRT, FAARC
Executive Director

Membership:

As of October 1, 2011 our member numbers are 52,650. We had projected for a membership of 55,000 and we are hoping to meet our projection for the year. We will have a more current number to report at the board meeting.

In an effort to increase and retain members we reached out to members with video messages recorded by President Stewart as well as all section chairs. The message was to inform them about the many benefits of membership. Another effort was to recruit students once they graduated in the spring (and are no longer student members) to maintain membership. We reached out to them in a series of video messages as well as emails and direct mailings promoting the benefits of maintaining membership with the AARC. In addition to this we have promoted international membership.

As mentioned at the Summer Meeting we have restructured membership dues and are now able to provide details. The change will directly reflect options chosen by our members in their decision to receive our two publications (RESPIRATORY CARE and AARC Times) as either print or electronic version. In January we will be offering on line vs. paper magazines. Dues will remain at $90/year for those who wish to continue to receive both copies in paper. For those who opt for receiving just one magazine in paper the dues will be $84.50/year. For members who wish to receive no paper copy their dues will be $78.50/year. All members will have electronic access to both magazines despite the level they choose. This change will not impact the membership benefits that all members receive and revenue sharing to the Charted Affiliates will remain the same.

Advocacy and Public Awareness:

Drive4COPD - AARC continues its partnership with COPD Awareness Campaign. 2011 marks the second year of participation. We will continue the partnership throughout 2012.

This year this goal was to align respiratory therapists with local companies in an effort to place them as a liaison. Our goal of aligning with 80 companies was surpassed in early September. One of the goals of this local linkage is to educate the public (employees) about COPD and pulmonary health. This enhances public awareness of both COPD and our profession. We continue to utilize the COPD screener in this effort as well.

Finally, as with any public initiative, we are able to interface respiratory therapists to our broadest public base, healthy consumers.

Given the competition for the public's attention we must undertake public awareness efforts such as this one on a perennial basis. Campaigns like Drive4COPD provide a much needed vehicle to increase therapists/public interface. This is key to assuring successful recruitment efforts into the future.

We are combining our annual public health event at the Congress with the FL COPD coalition, COPD Foundation, and Florida Society for Respiratory Care. This public education, COPD screening, and Spirometry will take place at the Marriott Hotel on National Screen Off Day, which is November 4th. This happens to be the day before the Congress starts. We invite you to join us from noon to 4:00 p.m. at the Marriott Hotel.

AARP

The AARC again was represented by a team of Respiratory Therapists at the AARP Conference in LA in September. As part of this annual event the AARC had an exhibit where we provided lung health education to attendees. We also did over 350 Drive4COPD screeners and 200 Peak Flow/spirometries.

ALARM SURVEY

In August The Healthcare Technology Foundation approached the AARC with the request that we ask our members to take part in an alarm survey. This survey was sponsored by AAMI (Advancing Safety in Medical Technology), the American College of Clinical Engineering (ACCE), and Philips Healthcare. We reached out to members who as a result made a significant contribution to the results. Most of the respondents worked in acute care hospitals, and consisted of nurses, biomedical equipment technicians, and clinical engineers. Nearly half of the respondents were respiratory therapists. Frequent false alarms were identified by 33.3% of the respondents as the most important issue, followed by inadequate staff to respond to alarms (14.5 %,) and difficulty in hearing alarms when they occur (11.5%) A copy of this survey can be accessed at http://www.aami.org/news/2011/100411.alarm.survey.html

US COPD Coalition

As you may recall AARC was one of the founding partners of the US COPD Coalition. The US COPD Coalition and partners will hold the Second National COPD Conference in Washington, DC on December 2-3rd. All members will be encouraged to attend. This conference will bring together individuals with COPD, healthcare professionals, government agencies, and patient advocacy organizations to collectively look back, assess where we are and a plan moving forward. To learn more about the meeting go to http://www.uscopdcoalition.org/p-42

Peak Performance USA (PPUSA)

Peak Performance USA is an outreach program developed by the AARC that is designed to position the respiratory therapist as liaison between hospital and elementary schools. Its purpose is to teach students, teachers, administration, and parents about asthma, the signs and management. PPUSA has reached an estimated 45,000 children with asthma. It has been implemented in 850 schools in 34 states. Its webpage (which can be found on our main page) has been visited over 33,000 times with over 202,000 page views since launch. Of special note we

have received over 4,000 visits that link to our career page, which describes the profession of respiratory therapy.

Joint Commission

The AARC continues to participate in the Joint Commission Standards Field Review process. We do this by coordinating a response specifically reaching out to appropriate membership sections. So far this year we responded to these 5 reviews relevant to respiratory therapy:

- Long term care credentialing and privileging (1-17-11)
- NPSGs (VAP and CAUTI (01-27-11)
- Performance Expectations for ORYX Accountability Measures (2-22-11)
- Influenza Vaccine of Staff and Licensed Independent Practitioners (5-17-11)
- EPs Relevant to Pediatric Care for Hospital Accreditation Program (8-18-11)

Hospital Care Collaborative (HCC)

The next meeting of the HCC will be hosted by the AARC on October 18th 2011 at the AARC Executive Office. We will be able to report the outcome of this meeting in Tampa.

Uniform Reporting Manual (URM)

The survey instrument to be used in the revision of the 2012 URM is now in the final phases. As a reminder, this enhanced URM will focus on acute care hospitals and diagnostic laboratories. New this time will be PFT, blood gases, echo/non-invasive cardiology, sleep, pulmonary rehabilitation and hyperbaric. When the statistical analysis of the time standards is completed they can be inserted. The survey will be launched by the end of November. This will allow the availability of the manual in the spring of 2012. Please encourage participation in this survey. This survey continues to be recognized as the gold standard in respiratory therapy procedural time standards.

Benchmarking

As of October there were 148 facilities participating in the benchmarking service worldwide. Our persistent monthly follow-up continues to yield a higher percentage of subscribers with current data. Members of the benchmarking committee continue to personally contact new subscribers within one week after they have gained access to the system and offer personal assistance to facilities that are within 4 months of their expiration date and have not entered at least one quarter of data. We continue to encourage subscriber engagement by holding monthly teleconferences. The 30-minute format includes a section to address issues and an "open mic" discussion. This is a special meeting that is held for subscribers in order to answer questions about the current program following the mini symposium at the congress. Benchmarking will also be part of selected presentations at the Congress.

Conventions and Meetings

Following a successful Summer Forum 2011 in which the Executive Office and Program Committee received favorable feedback from attendees regarding the destination (Vail, CO), and program content.

Some of the highlights at the AARC Congress 2011 in Tampa, FL (Nov. 5-8, 2011) include:

- Grace Anne Dorney Koppel (COPD patient, patient advocate) is scheduled to deliver the keynote address.
- AARC Congress 2011 will have a strong international presence this year with speakers, abstract presenters, and attendees from around the globe. An international exchange program has been arranged with ERS in which 2 European, and 2 American speakers will compare and contrast invasive/non-invasive ventilation management strategies.
- Two post-graduate pre-courses have also been scheduled:
    - Hospital Readmission Symposium: Content experts from multiple care venues to discuss the importance of 30-day readmissions, and what RTs can do to decrease avoidable readmissions. Speakers from CMS and Blue Cross highlight symposium.
- Mechanical Ventilation 2011 Course will be presented at the Congress. Internationally recognized experts will present and will interact with attendees during this one-day program.
- Over 300 individual presentations are scheduled with more than 175 speakers from around the world.
- A record 20 Open Forum categories are scheduled totaling more than 270 poster presentations.
- Pre-registration attendance is on budget.
- 4 breakfast symposia have been scheduled.
- There will be two federal agencies present in the Exhibit Hall (HHS, and PHS) recruiting RTs for DMAT and SCAT teams and Medical Reserve Corps.
- Hospital Readmission post-graduate course includes speakers from CMS and Blue Cross discussing the role of RTs to reduce avoidable hospital readmissions.

RESPIRATORY CARE JOURNAL

Original research submissions continue to increase at a record number, which in turn results in an increase in the number of rejections. The 2011 volume will be another successful year in the quality and quantity of materials published.

In 2010 we achieved an Impact Factor (a measure of the frequency with which the "average article" has been cited in indexed journals in a given period of time; that is, the number of times articles published over a two-year period divided by the number of articles, reviews, proceedings or notes) of 1.53, a slight increase over the 2009 number.

2011 has been an outstanding year for the journal:

Digital Object Identifier (DOI) –A typical use of a DOI is to give a scholarly paper or article a unique identifying number that anyone can use to obtain information about the publication's location on a digital network. We now have DOIs with all articles published in RESPIRATORY CARE.

Website -The number of podcast downloads through September was 131,000 in English, 34,264 Spanish, and 9,410 Mandarin. The digital version continues to function well. The new HTML format with cross-linking to references is especially designed for folks who want instant access

to the papers cited in Journal articles; with this format, each of the references is actually a hypertext link that will take you right to the articles being referenced. This year we also began "ePub ahead of print" whereas readers are able to access papers approved for publication before they appear in the printed edition.

CRCE Through the Journal – In January we began offering CRCE Through the Journal monthly and free to AARC members only. At the end of the year we will analyze the usage of this service, compare it to previous years, and determine if any adjustments need to be made.

Journal Conferences – Since our last report, in September the journal presented the 49th conference on the chronically critically ill patient. The 50th Journal Conference will be held next April and, appropriately, the subject will be, what was a catalyst in the creation of our profession, oxygen.

Clinical Practice Guidelines (CPGs)

AARC's Clinical Practice Guidelines project was initiated approximately 20 years ago. Since that time the Association has published over 30 CPGs. Many of the guidelines are considered expert panel guidelines while more recent guidelines are considered evidence-based guidelines. In recent years we have worked with the CPG Steering Committee in an effort to increase the pace of:

1. Reviewing and revising guidelines and
2. Developing evidence-based guidelines.

It is imperative that AARC increase its effort to both transition all expert panel guidelines, which have not been reviewed or revised in several years, to evidence-based guidelines. The Association also must develop new evidence-based CPGs.

As we transition towards all guidelines being evidence-based, the required research and development have resulted in a slower rate of guideline revision or development. This is largely due to the need to conduct a comprehensive search of the scientific literature relevant to each guideline, grade the evidence provided from this search and then, based on the evidence grades, convene expert panels specific to each guideline that leverage the evidence and support expert panel recommendations for revisions or new guideline development.

There are several research and academic centers that provide comprehensive scientific literature searches but significant expense will be incurred if we are to utilize this resource.

We, therefore, plan to change our approach so that we can outsource the search for evidence but also retain our ability to appoint Ad Hoc expert panels to use the results of the search and complete the guidelines.

Of course, this new and improved approach is expensive but will most certainly lead to faster and more credible guideline development and revision. We are planning to begin the new approach at the beginning of next year.

As new guidelines or revisions are developed they will be, of course, published in our science

journal, RESPIRATORY CARE.

Education

We have developed two new courses: the Alpha-1 course (Emerging Roles for the Respiratory Therapist in Alpha-1 Antitrypsin Deficiency) and VAP course (Empowering the Respiratory Therapists to be the VAP Expert) were both recorded in Dallas in September. Both courses will be released and available for our members as a distance learning offering in January 2012. The Alpha one course was developed with the Respiratory Therapist in mind especially with their role in the diagnosis of Alpha-1 in pulmonary function laboratories. The VAP course challenges the respiratory therapist to be the local expert within their hospital. The course helps prepare them for this role. This is an education on demand product that will offer CRCE as well.

Earlier this year ARCF Trustees voted to transfer responsibility for administering the Indoor Asthma Trigger Course to the AARC. This assures this popular course will continue to be made available to respiratory therapists and is free to members.

Chartered affiliates that sign the revenue sharing agreement in 2012 will be able to take advantage of our co-marketing program. In 2012 we are adding additional opportunities for chartered affiliates to increase revenue in once they sign our co-marketing agreement.

Asthma/COPD Course

The Asthma/COPD course continues to attract interest, which, is primarily respiratory therapists and nurses. We were invited to present the course again in 2012 at the Gulf Thoracic Society in Dubai in Riyadh, Saudi Arabia in early 2012.

Office Spirometry

In September the program was presented to AAFP (targeting Family Practice Physicians) at their fall meeting in Orlando. We found a great deal of interest but will wait to measure impact. Two pharmaceutical companies have utilized the validation program this fall. This program is another product that we are now offering to our state affiliates as a co-marketing opportunity in 2012.

Web Casts

In 2011 we scheduled 20 webcasts. A growing number of members are taking advantage of this member only opportunity to learn CRCE. We continue to attract a large number of members to our live webcasts of this popular program. We average 350 members who view each live presentation. It is noteworthy that an additional 7,000 members have viewed an archived presentation. We have completed 15 of our 20 webcasts in 2011. Planning for the 2012-webcast series is in its phase. We are reaching out to our sections and roundtables regarding new topics to be covered.

Professors Rounds

Eight titles and faculty have been selected for the 2012 Professors Rounds Series. Six of the eight-featured professors will be first time presenters. As a special bonus for those who purchase the entire set will also receive an additional presentation by Michael Fiore, MD the nations

foremost smoking cessation expert (without charge). We encourage subscribers to invite members of their medical staff to the viewings in their departments.

PROJECTS

A Guide to Aerosol Delivery Devices for the Nurses, Physicians, Pharmacists and other Health Care Professionals

This document will be released at the International Congress as a pdf download. We encourage you to check this out and share with your colleagues.

The other two aerosol guides (Patient and Respiratory Therapist) continue to be utilized and downloaded. The Respiratory Therapist guide has been translated in 5 languages. Given the increased availability of new medications and devices we will soon need to do a third addition of the guide.

These documents position the respiratory therapist as aerosol delivery experts. We are looked upon as the experts. This is a continuing process that will require more updates and revisions moving forward.

Patient Safety Checklist

Patient safety oxygenation checklists for adults/pediatric patients, and neonatal/newborn patients are now complete. Both checklists have been beta tested. Formal release with free downloads through the AARC website is scheduled to take place before the end of the year.

The third and final component of the patient safety checklist project is currently underway. This adult ventilation checklist will focus on triaging the spontaneously breathing patients prior to discharge from the ICU, and will identify those patients at high risk for recidivism. This checklist is scheduled for completion in early 2012

Co-Marketing Opportunities with our Chartered Affiliates

As mentioned previously we had added three new co-marketing opportunities in addition to COPD Educator and Asthma Prep Courses. Since the beginning of the year, 32 of the Chartered Affiliates are qualified to sign the agreement for co-marketing. The state leadership has been made aware about this opportunity for the states to bring in 10% of the registration fees that are collected.

In the coming year we will work with our co-marketing partners to increase sales which will bring in more money to the chartered affiliates as well as the AARC.

COPD Toolkit

Educational content of the toolkit have been identified and completed. A flip chart has been completed and is currently going through review and approval process with funding sponsor. Hospitals/individuals have been identified to serve as beta-testers, and will receive toolkit and its contents once approval for flipchart has been secured. Data will be collected from patients and

RTs to determine whether standardized education with the COPD toolkit was of benefit to patients, their understanding of the disease, and ability to self manage the disease. This will be available in 2012.

Public Relations

We track citations in the trade and consumer press on a daily basis. Virtually every day we are able to identify articles that mention respiratory therapists in a variety of contexts. These range from clinical issues to community outreach events. This represents a geometric increase compared to five years ago. Since the Summer Forum there were a total of 307 mentions.

AARConnect Communications from 1/1/2011 to 10/11/2011

Specialty Sections

Discussion	New Threads	Reply to Discussion	Total Messages
Adult Acute Care **(members 1848)**	0193	0356	0549
Continuing Care/Rehab **(members 483)**	0098	0140	0238
Diagnostics **(member 755)**	0124	0283	0407
Education **(members 1261)**	0143	0353	0496
Home-Care **(members 918)**	0076	0175	0251
Long-Term Care **(members 667)**	0022	0017	0039
Management **(members 1805)**	0832	2064	2896
Neonatal-Pediatrics **(members 2022)**	0258	0545	0803
Sleep **(members 1003)**	0061	0074	0134
Surface & Air Transport **(members 395**)	0144	0459	0603

Roundtables

Discussion	New Threads	Reply to Discussion	Total Messages
Asthma Disease Management **(members 164)**	0009	0007	0016
Disaster Response **(members 68)**	0035	0005	0040
Geriatrics **(members 49)**	0002	0001	0003
Hyperbarics **(members 38)**	0013	0014	0027
Informatics **(members 77)**	0007	0005	0012
International Medical Missions **(members 58)**	0009	0011	0020
Military **(members 26)**	0002	0007	0009
Neurorespiratory **(members 55)**	0009	0013	0022
Research **(members 77)**	0013	0015	0028

Simulation **(members 110)**	0017	0026	0043
Tobacco-Free Lifestyle **(members 84)**	0025	0021	0046

Other Communities

Discussion	New Threads	Reply to Discussion	Total Messages
Leadership Book Club	0079	0112	0191
Bylaws	0024	0083	0107
Coding	0018	0025	0043
Resolutions Committee	0012	0011	0023
Board of Directors	0040	0054	0094
House of Delegates	0089	0060	0149
Help Line	0367	0874	1241

IT Upgrade

The IT upgrade continues. All but 2 of the old servers have been shut down. One is a server that controls our security system. We have virtualized all of the other servers and are running on 2 physical servers.

The upgrade of our main database went smoothly except for some new features that were in conflict with our old security algorithms. As we get results, we have had to spend more time making changes to authentication processes, including, most notably, the login procedure for the online Board reporting service. YTD we have expensed $23,000 for the upgrade.

Other Items of Interest

The United Nations General Assembly has adopted a resolution addressing "Prevention and control of non-communicable diseases" (see attachment "UN Res 2010 Non Commum"). This is wonderful news since it helps put asthma and COPD on the radar screens of all member nations. We hope that this will facilitate our legislative and regulatory public policy agenda. AARC's International Council for Respiratory Care will discuss the resolution and identify ways to actualize recommendations through the Council.

Summary of Activities

This past year has and continues to be challenging for all of us as our nation's healthcare delivery system undergoes dramatic change. The outlook, of course, is to continue to evolve the system, increased awareness of lung diseases and the value of RTs continues to be vital to our success on behalf of our patients. The AARC Executive Office Staff have once again done an outstanding job implementing projects, activities, and recommendations while broadening our exposure to the public at large and our patients. We look forward to working with all of you next year as we continue our mutual efforts to prepare our members to succeed as health reform and our patient's needs dictate. Please remember that the forgoing represent highlights of Executive Office activities. If there is an item that we failed to address or a need for more information of what we have addressed, please do not hesitate to contact me at your earliest convenience. We look forward to seeing all of you in Tampa. Thank you.

Executive Office Referrals from July 2011 BOD Meeting

Recommendation 11-2-6.2 "Resolve that the AARC copy the State Delegates in all routine correspondences to Affiliate Board members including, but not limited to, follow up on revenue sharing checked which have not been cashed."

We have developed in house procedures which will assure that all delegates are copied on routine communications between AARC and Chartered Affiliate presidents. This will include such business items as revenue sharing and check distribution.

Recommendation 11-2-45.1 "We recommend that the AARC create a fund that will allow corporations and individuals to donate money that can be used to support travel to the AARC convention for respiratory therapists in the military services that are active duty."

We contacted the various military departments for guidance on the above recommendation. We were advised by a government attorney that this type of donation would be considered a gift to the military member. Please see attachment "Army travel expenses 1353 travel point paper". Below are email responses from two different military branches:

> *Mr. Giordano, the Office of the General Counsel, Department of the Army, has received a letter from AARC to us, dated August 25, 2011, signed by Karen J.Stewart, that requests advice and guidance concerning a separate, segregated fund to help defray the non-local transportation expenses of respiratory therapists who are members of the AARC, and who also happen to be active Army personnel. As this matter concerns respiratory therapists, we have determined that the proper Army activity to answer this letter is the legal office for U.S. Army Medical Command (MEDCOM). Thus, we have forwarded it to the Office of The Judge Advocate General (OTJAG) for further transmission to MEDCOM. I trust that you will hear from MEDCOM within a reasonable time.*
>
> *Paul D. Hancq*
> *Associate Deputy General Counsel (Ethics & Fiscal)*
> *Office of the General Counsel*
> *Department of the Army*
>
> *Mr. Giordano:*
> *I am an Associate General Counsel at the Secretary of the Air Force's Office of the General Counsel. I am in receipt of your letter of August 25, 2011 that was signed by your President, Karen Stewart. In that letter, you asked our office to provide you advice on providing travel expenses to Air Force members who are also members of AARC.*
>
> *While I do not believe it appropriate for me, in my role as a government attorney, to advise you, a non-Federal entity, in setting up your program, I will inform you of the advice I would give those Air Force recipients of your travel. You donation would be considered a gift to the Air Force member, and by extension to the Air Force. Those gifts are governed by the Joint Ethics Regulation (DoD 5500.7-R), Air Force Instruction 51-*

601 and 31 U.S.C 1353. Each Air Force member may accept the gift of travel under certain circumstances and they must report it on a semiannual basis. I have attached a talking paper which explains to the Air Force member the steps he or she must take to accept the gift of travel.

I hope this talking paper assists you (but is does not constitute legal advice from an attorney or ethics counselor). If you have any question you may call me at (703) 614-0496.

Craig Mullen

W. CRAIG MULLEN, GS-13
Associate General Counsel
Air Force Ethics Office
SAF/GCA
(703) 614-0496
walter.mullen@pentagon.af.mil

Executive Office Recommendation

Recommendation 11-3-1.1 "That AARC's Board of Directors restricts $250,000 of AARC's reserves for the purpose of development of evidence-based clinical practice guidelines."

Justification:
This restricted fund will be utilized to support the new approach to accelerate review, revision, and development of evidence- based clinical practice guidelines. This approach allows us to commission scientific literature searches through outsourcing while retaining our proven concept of utilizing content experts to finalize evidence-based CPGs. The fund would be administered in the same fashion as AARC's $1,000,000 restricted fund which we have had in place for over 15 years. You may recall that fund of which approximately half a million dollars has been expended. The fund sponsors research that leads to the documentation of the value (or lack thereof) of respiratory therapists in a variety of clinical roles. A first round of funding has been included in the budget for 2012.

State Government Affairs Activity Report
November 2011

Cheryl A. West, MHA
Director Government Affairs

Throughout 2011, the overarching concerns for state governments were focused on budget and finance concerns. Next year, we anticipate there will be no reason this focus will change. We predict legislatures and state administrations will be looking intently for new sources of revenue, that is, not expanding new services or benefits and possibly implementing laws or rules to restrict current benefits and services. This budget driven agenda will require that state respiratory societies stay ever vigilant in monitoring potential policy changes that may, intentional or not, diminish of the role of respiratory therapists.

We urge societies to make sure that their legislative or government affairs committees have the full complement of members and the communications networks (emails, phone trees, etc.) to reach your members, and your contacts of supportive physicians, patients and consumers are up to date. Preparation is half the battle in assuring that the profession of respiratory therapy can respond to any issue in a timely manner.

Below is a review of the issues that have occurred since the July State Government Affairs Report.

State Legislation

As mentioned in every State Update Report, there can be many bills introduced that either specifically address the respiratory therapy profession or include the respiratory profession as part of legislation that impacts numerous licensed health care professions. While the majority of legislation introduced is not enacted, reviewing all legislation whether it passes or not provides insight into the issues and concerns that legislators, special interests and advocates view as important.

RT Legislation of Interest

Most legislatures have adjourned for the year. The following bills have been introduced or finalized since the Summer Meeting.

New Hampshire- a bill was introduced that would allow individuals to hold themselves out as a member of a profession (such as a physical therapist, architect, respiratory therapist, etc.) as long as the individual did not state they were a **licensed** physical therapist, architect, respiratory therapist, etc.. While the bill lists a great number of professions affected by this legislation, including RTs, interestingly enough the list does not include nurses (or physicians for that matter). While this legislation has had intense opposition and has not nor probably will not pass,

it illustrates the point that states are seeking ways to decrease administrative costs and utilize other personnel in lieu of licensed health care professionals.

Maine-(Enacted) a bill that would require certain practitioners to report suspected elder abuse. Among the listed health professionals are respiratory therapists.

Connecticut- (Enacted) a bill to provide an exemption for nuclear technologists to administer oxygen to hospital patients as they are transported within the facility for testing.

Illinois-(Enacted) the state will provide $200,000 to fund the Mobile C.A.R.E. Foundation to develop and staff a program to address asthma problems in minority populations.

Utah- (Enacted) provides exceptions to professional state licensure requirements for veterans and active duty spouses. The list of professions includes RTs.

Louisiana- (Enacted) The Dept. of Health and Hospitals annually must submit a report to the legislature on the Coordinated Care Network Medicaid Initiative; the report would include a comparison of Health Outcomes among the Coordinated Care Networks. One of the outcomes is adult asthma admission rates.

California- A Resolution (not enacted) that encourages the Department of Health to partner with private entities to improve education regarding COPD. The measure would also designate November 2011, as Chronic Obstructive Pulmonary Disease Awareness Month in California. A Resolution that was enacted is declaring November COPD Awareness Month. Also in **California** a new law permits landlords to prohibit smoking of tobacco products on their property or their premises.

New York A very extensive bill (not yet enacted) that deals with a number of respiratory health related issues. It is worth noting the variety of issues this one bill touches on:

"Establishing the asthma prevention and education program; amending the public health law, in relation to in-utero exposure to tobacco smoke prevention; amending the public health law, in relation to reporting on the incidence of asthma; amending the public health law, in relation to including certain respiratory diseases within disease management demonstration programs; amending the public health law, in relation to the reduction of emphysema, chronic bronchitis and other chronic respiratory diseases in children; amending the public health law, in relation to smoking restrictions in certain outdoor areas; amending the education law, in relation to requiring all teachers to be trained in identifying and responding to asthma emergencies; amending the real property law, in relation to residential rental property smoking policies and amending the education law, in relation to the use of inhalers and nebulizers."

Respiratory Therapy Rules/Regulations

A change in the rules and regulations for the profession of respiratory therapy may have just as much impact on how respiratory therapists practice as does amending the licensure laws for RT. Since the last report, these are the most recent changes.

Delaware- RC Licensure Board clarifies that no unlicensed personnel may perform clinical assessments or provide patient care during the course of performing their job duties.

Florida- Revises the rules for licensure by endorsement

Ohio- Makes grammatical amendments to rules for ECMO coverage and reimbursement services.

North Carolina- Clarifies the requirement that a licensee must maintain the respiratory care credentials issued by the National Board for Respiratory Care in order to maintain their license.

New Hampshire- Adds requirements to the renewal form and determinations required for sanctions, and adds a requirement for retention of professional education documentation.

Nebraska-Amends rules concerning licensure for respiratory care and the impaired practitioner programs.

Other Issues of Interest

Hospital Acquired Infections*
There is a noticeable increase in state legislation that would reduce Medicaid and other state payments to hospitals with a high incidence of acquired infections (included in nearly all bills is ventilator acquired pneumonia (VAP). For the most part, due to opposition from the hospital industry payment reduction legislation does not pass. However, several states do enact legislation that require hospitals to track and report on these events, again also including VAP.

Oklahoma & North Carolina- Legislation that would not pay hospitals for acquired conditions, including VAP.

Hawaii- Hospitals must report both medical errors and hospital acquired infections.

Rhode Island & West Virginia- Would require hospitals to report incidents of "medical harm".

Kentucky- A bill stating that hospitals must increase their efforts to prevent acquired infections, includes VAP.

Mississippi & Utah- Bills that would require hospitals to track acquired infections includes, VAP.

*Please note that the federal government, which provides a portion (and for some states a significant portion) of a states Medicaid payments has finalized a new rule that will reduce or prohibit the federal portion of its Medicaid payments to providers, primarily hospitals for

services resulting from certain preventable healthcare-acquired illnesses and injuries (HACs). CMS initially proposed to include VAP on the list of HACs. The inclusion of VAP on the list was met by strong opposition of providers and interested parties (including extensive comments by AARC). The final CMS regs did not include VAP on the list at least at this time. Full implementation of these payment reductions will not take place until the summer of 2012.

Challenges from Other Professions, Occupations & Disciplines

We continue to monitor legislative and regulatory activities by other professions, occupations and disciplines. Seemingly small changes such as who may provide a service, qualifications to provide a service, what is permitted to be provided as a service and where services may be provided, can greatly impact and potentially diminish the respiratory therapy legal scope of practice.

As noted in the previous Reports, state governments are actively supporting legislation that expands the roles of less costly para-professionals or other occupations to provide services that were once the legal domain of more highly educated and licensed practitioners.

Medication Aides/Assistants

As discussed in Reports from earlier this year, states seem particularly interested in expanding the roles and places of service where medication aides may administer medications. It must be noted, that for each state that has either introduced or passed legislation the legislation does require this occupation to be certified, which provides some assurance as to the competency of the individual. This year **West Virginia, Montana, North Carolina, North Dakota, Texas, Vermont** (referenced as "medication nursing assistants") and **Oklahoma** all enacted certified medication aide/assistant laws. **Massachusetts, Mississippi, Georgia** had some variation on legislation that addressed medication aides.

Paramedics

The July Report detailed the new law in Minnesota that authorized the services of a Community Paramedic. The chief concern had been that there was no standardized educational programs nor standardized competency exams available for this expanded clinical role of the traditional paramedic. As noted previously, this new scope includes treating patients in the home, nursing home, clinics and assistive living centers, and would also include the "monitoring of patients with chronic conditions". While refinements and more stringent requirements were inserted into the final version of the legislation, nevertheless, the bill was enacted into law. I would anticipate that in the near future, other states will seriously consider permitting the legal authorization of a Community Paramedic.

Sleep Disorder/Polysomnography State Activities

In 2011 there were a number of state legislatures that enacted legislation that would regulate personnel providing sleep disorder or polysomnography services. As a recap the following occurred:

Oregon
A polysom licensure law was enacted. The new law creates a combined Respiratory Therapy and Polysomnography Licensure Board under the auspices of the State Licensing Agency. The new law contains the appropriate specific and explicit respiratory therapist exemption. Regulations defining education, training and testing among other issues were being written this fall with input from the RTs.

Maryland
As noted previously, the Maryland Polysomnography licensure law, enacted prior to the availability of the American Academy of Sleep Medicine-(AASM- the sleep physicians) 80 hour OJT training course, requires polysom personnel to be graduates of CAAHEP accredited programs. Being unable to meet this education standard, mandatory licensure has been delayed by the legislature several times.

The original law did not include a specific exemption for RTs, but rather a general exemption for other licensed health professionals who are practicing within their own scope of practice. It was the opinion of the Polysomnography Licensure Board, confirmed by states attorney, that if the RT were to provide any service or procedure listed in the Polysomnography scope of practice but not specifically listed within the RT scope of practice the RT would require a polysom license. This is precisely why it is so important to insert an explicit exemption for respiratory therapists in any polysom licensure law or regulation.

The MD/DC Respiratory Care Society was able, via legislation, to delay implementation of mandatory polysom licensure until 2013. However unless the legislature inserts an exemption for RTs, the same issue of RTs being required to pay for additional training in order to pay for and take an additional credential exam in order for them to pay for and maintain an additional license still stands. The Society continues to work diligently to address this issue legislatively.

Connecticut
In 2010 initial efforts for polysom licensure commenced. The CT Sleep Society and the CT RT Society worked cordially to develop legislation for sleep licensure. An explicit RT exemption was included in the draft language. This past year saw little forward movement on the legislation, until late this summer. The CT Sleep Society presented the CSRC with a revised bill, that as it was stated "had been reviewed by the AASM, with just a few minor changes". One of the "minor" changes was the stripping out of the RT exemption. The CSRC has strenuously opposed this so called minor changes. After the CSRC protested the removal of the RT exemption, yet another version was drafted reinstating the RT exemption. It is anticipated that the licensure bill will be introduced in 2012.

New York
After several years attempting to pass a polysom licensure law, the sleep interests in the state abandoned its efforts for full licensure. In place of a licensure bill, a law was enacted that "authorized" the practice of polysomnography. The law permits the Commissioner of Education (the Department where a number of licensed professions, including RT, are regulated) "to establish regulations for training, experience, testing and charging an "authorization" fee to practitioners. The NYSRC was informed by state regulators that many of the provisions of the

"original" but not passed polysom licensure legislation would be incorporated into the authorization rules, including a full exemption for respiratory therapists.

This coming year will no doubt see a continuation in legislative licensure activity for sleep disorder personnel in any number of states. It cannot be emphasized strongly enough that where this activity will occur, the state respiratory care societies must be fully engaged in order to assure that the integrity of the respiratory therapy license is not diminished nor unsupported and extremely costly requirements are placed on the licensed respiratory therapist.

Conclusion:
While most state legislatures have adjourned for the year, the regulatory side of the equation never goes out of session. An increased monitoring of what is happening to other professions and para-professionals, be it legislation or regulation is a necessity.

I will provide a verbal update at the November meeting.

In addition to answering email and phone requests for information from members, other practitioners, patients, state and government officials and the general public, we receive specific requests for input, research and assistance from state society leadership. These responses take the form of developing various documents/letters/written arguments etc. on a number of issues key to their states. Serving and assisting the state societies is a key component of the Government Affairs Department mission.

Below is a brief recap of some of the 2011 requests we received and responded to this year.

Provide the Alaska Society with documents that can be used to justify and support the need for RT licensure in the state. January

At North Dakota Society request wrote a letter opposing a bill that would divert $ from ND Smoking Cessation programs into University of ND Medical Center Programs. January

Assisted Oregon Society with counterpoints to unsupportable provisions in a polysom licensure bill. February

Assisted Maryland/DC Society with points to raise and supporting arguments to give for revisions to a polysom licensure law that would avert RT having to obtain an additional license in MD. February

Researched and provided background information for Minnesota RT Licensure Bd/Cmte. on how other state RT Licensure laws address HBO therapy and RTs April

We developed a letter requested by NC Society leadership on AARC's unofficial position on RTs doing TB testing. Letter to confirm a ruling permitting this from the NC RC Licensure Bd. May

Assisted Hawaii Licensing Agency (DCCA) in reviewing the proposed HI RT licensure application forms. May

Worked with Minnesota Society to develop a list of concerns to be raised regarding the provisions of the community paramedic bill, including a focus on a lack of uniform education and testing standards. May

Assisted the Connecticut Society with review of sleep licensure legislation May

Assisted MD/DC Society with transport issue, drafted letter for Society to consider sending to MD Licensure. Bd. requesting a transport exemption. June

Provided input to the New York Society as to how or if to support another iteration of a polysom regulation bill. June

Analyzed a proposed New Hampshire bill that would make RT (and other allied health professions) licensure voluntary. Provided a document to rebut the so called merits of this proposal. July

At request of North Carolina Society/Lic Bd wrote a AARC letter explaining the AARC's Uniform Rept. Manual. Purpose will be for NC RC Lic. bd. to try to prevent RT staffing cuts based on consultants recommendations. July

Provided the arguments to be used by OR Society when regs are written regarding acceptable tests for polysom licensure. Tests must be accredited by outside third parties and not by the creators of the exams. July

Provided information to the Delaware Society on what state RT laws provide exemption for RT on transport teams crossing state lines. July

Reviewed latest draft of CT polysom licensure law, pointing out the changes that negatively impact the RTs, discussed with CT President and lobbyist, provided a document that sets the arguments as to why RTs should be exempt from polysom lic. law. Aug

Wrote and sent AARC letter to NH legislators opposing bill that would permit individuals to call themselves a professional (RT included) as long as they did not state they were a licensed professional. Letter sent at request of NH Society. Aug

Assisted Michigan Society in setting out the points needed to be presented to the legislators/regulators as they debate rescinding licensure requirements (for a number of professions including RT) and utilizing only a professional credential. October

Federal Government Affairs
Activity Report – November 2011

Cheryl A. West, MHA, Director Government Affairs
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The Congress

Congress has spent the better part of 2011 in rancorous debate over the federal deficit and debt. An 11th hour agreement, i.e., the Budget Control Act, (BCA) was passed just prior to when the debt ceiling agreement was reached. As part of the agreement to raise the debt ceiling, a Joint Select Committee on Deficit Reduction was created. This "Super Committee" must recommend by Nov. 23 an additional $1.2-1.5 trillion in deficit reductions. If the committee reaches an agreement by Nov. 23, Congress must vote on the panel's recommendations by Dec. 23, and the President could request an additional increase in the debt ceiling by an equal amount if the recommendations are approved.

The President could also raise the debt ceiling if Congress passes a balanced-budget amendment to the Constitution. If Congress fails to act on the committee's proposal or send a balanced budget amendment to the states before the end of the year, the BCA would automatically trigger across-the-board cuts totaling $1.2 trillion in mandatory and discretionary spending beginning in 2013. Medicaid would not be subject to the cuts, but Medicare provider payments would face a cut of no more than 2% over nine years (2013-2021). The President would then be authorized to request an additional increase in the debt ceiling.

There will be no advocacy agenda or special interest supported policy or law that will not be impacted by the above deficit actions, and that includes our respiratory therapy Hill agenda.

As this report is written is remains unclear what cuts in discretionary and entitlement programs will be recommended or whether or not Congress will enact them.

Legislation

The Medicare Respiratory Therapy Initiative -- HR 941

While Congress may not be moving legislation forward, that does not mean that members of Congress or their staffs are not still meeting with advocacy groups about legislation of concern. The wheels of Congress and legislation still turn. And the AARC's advocacy efforts remain focused on HR 941, the Medicare Respiratory Therapy Initiative. We were disappointed to learn that our primary champion Congressman Mike Ross (D-AR) has announced that he will retire at the end of the 112th Congress (January 2013). There has been speculation, although he has not announced that he will run for Governor of Arkansas. With his departure from Congress he has made a commitment to AARC to do his very best to move our legislation. However, AARC

continues to face the challenge presented by the Congressional Budget Office (CBO) cost estimate and the score that it received in the last session of Congress. We have continued to work with the Members who are supportive to request that the score be re-evaluated and seek an explanation from CBO on the assumptions it used to arrive at the unsupported high score. Once we have ascertained the reasons why, we will determine if changes to the bill's language are warranted to reduce the cost.

While we continue to encourage all respiratory therapists to write to their members of Congress to seek co-sponsorship of the House bill or support in the Senate, we have also engaged in targeted activities. We thank the State Societies from Colorado, Michigan, Pennsylvania and Washington for activating specific letter writing campaigns aimed at key members of Congress from their state. AARC has also been spending PAC funds to send Miriam O'Day to small events with Republican Leadership in the House to request that the CBO score be redone.

The following Members have lent their support as co-sponsors of HR 491:

Rep Tammy Baldwin [D-WI]
Rep Leonard Boswel [D-IA]
Rep Mark Critz [D-PA]
Rep Peter DeFazio [D-OR]
Rep Raul Grijalva [D-AZ]
Rep Eddie Johnson[D-TX]
Rep Tim Murphy [R-PA]
Rep Steven Rothman [D-NJ]
Rep Dale Kildee [D-MI]
Rep Tom Latham [R-IA]
Rep David Loebsack [D-IA]
Rep Zoe Lofgren [D-CA]
Rep Ben Lujan [D-NM]
Rep Michael Michaud [D-ME]
Rep Chellie Pingree [D-ME]

Virtual Lobby Week

The AARC launched a Virtual Lobby Week effort last March just prior to our Washington, DC Hill Lobby Day. During this week we asked RTs and patients to email Congress requesting support for HR 941. We were quite successful with over 10,000 messages going to the Hill. We intend to repeat the success of a Virtual Lobby Week again this spring just before PACT representatives and patient volunteers come to Washington for our Lobby Day.

The AARC's 2012 Capitol Hill Lobby Day will be March 5th and 6th. This will mark our 13th year where respiratory therapist PACT volunteers will be coming to Washington, DC. We thank in advance both the State Societies for underwriting the travel costs of sending PACT reps from their states to DC as well as a grateful thank you to those respiratory therapists who take time away from their home, work and community to advocate for the profession and the pulmonary patients.

Medicare Competitive Bid Legislation

As with other health legislation, the bill to repeal the Medicare Competitive Bid Program (CBP) while continuing to gain support in the House, has not come any closer to being enacted than other health and Medicare legislation has this year. In the meantime the CBP is coming up on its first year anniversary of implementation in the 9 selected regions of the country. As you recall, the AARC has sent a letter of support for HR 1041 the bill that would repeal the CBP to the

primary sponsors of the legislation. While industry leaders continue to support abolishment of the program, AAHomecare the trade association representing the HME Industry, has developed an alternative framework that they believe supports Congressional intent to "create an HME reimbursement system based on true market pricing" while at the same time saving money and providing quality service to Medicare beneficiaries. CMS reports on their website that to-date they have only received 45 beneficiary complaints about the program. How this will play out in the legislative arena is unknown at this time.

Create a Coordinated Federal Response to COPD and National Action Plan

AARC is a long-time partner of the US COPD Coalition (USCC) and continues to work with its members to introduce legislation that will address COPD. USCC has enlisted Senator Dick Durbin (D-IL) to serve as the Senate Co-Chair of the COPD Congressional Caucus with Senator Mike Crapo (R-ID). The USCC also successfully placed appropriations language in the Senate Labor Health and Human Services bill directing the National Heart, Lung, and Blood Institute to convene a meeting focused on the creation of a National Action Plan to address COPD. The USCC policy committee recommended this strategy shift to the Executive Committee in the spring as the result of extensive budget cuts to the CDC. In October, the USCC will host a Congressional Briefing on the disease featuring NASCAR driver Danica Patrick.

Based on the results of a workgroup convened by the CDC and USCC in the Spring of 2010, the CDC finally published the long awaited Public Health Strategic Framework for COPD Prevention at: http://www.cdc.gov/copd/pdfs/Framework_for_COPD_Prevention.pdf.

Four goals were identified by the workgroup in the following public health areas: (1) surveillance and evaluation - improve the collection, analysis, dissemination, and reporting of COPD-related public health data; (2) public health research and prevention strategies - improve understanding of COPD development, prevention, and treatment; (3) programs and policies: increase effective collaboration among stakeholders with COPD-related interests; and (4) communication: heighten awareness of COPD among a broad spectrum of stakeholders and decision makers.

Coalition Activities

Part of the overall AARC legislative strategy in Washington, DC is to participate in a variety of like-minded coalitions. Coalitions are a key way individual associations and organizations can band together on one particular issue that all are interested or concerned about. This shows strength in numbers as well as being efficient. The AARC not only carefully scrutinizes the "lead" association or organization that takes point on developing documents, but we analyze every issue we are asked to support to make sure that the issue is in keeping with the overall AARC legislative mission.

Below is a list of the coalitions we have worked with in 2011. With the exception of the Tobacco Partners, most of the Coalitions listed below are focused on funding support for research and data collection. As noted in the July Report, the overarching goal of all these coalitions this year has been to hold funding to the current levels. Given the impending recommendations of the Select Committee on Deficit Reduction or barring acceptance of the recommendations, by

Congress thus triggering automatic cuts, holding the line on current funding will be an uphill battle.

Our coalition partners include the following:

- Coalition for Biomedical Research
- Coalition for Public Health Funding
- Tobacco Partners
- Supporters of Health Care Workforce
- Friends of the National Center for Health Statistics
- Asthma and Allergy Foundation Coalition

Regulations and Other Issues of Interest

The upcoming year will see implementation of a number of new hospital and physician quality reporting measures, Accountable Care Organizations, and value-based purchasing. New outcome measures being proposed for physicians focus on COPD and Sleep Apnea. Bids for Round 2 of competitive bidding will also begin next winter.

Most of CMS' final payment rules are expected to be published in November near the time of our annual meeting. A key issue of concern to AARC is whether CMS will revise its proposed payment rate for outpatient pulmonary rehabilitation based on flaws in the data that were highlighted in a recent meeting with CMS staff.

Outpatient Pulmonary Rehabilitation

The calendar year (CY) 2012 proposed payment rate for outpatient hospital pulmonary rehabilitation programs is $38, a substantial reduction from last year's $63 rate. The change is due largely to an analysis of claims data for the new code established specifically for PR (G0424) that was not available when CMS first developed their payment methodology. Back in 2010 when the program become effective, CMS used proxy data from the G-0237-39 codes including the costs of other ancillary services. AARC and other pulmonary organizations met with CMS to discuss a series of problems we believe exist in the data CMS used for the new rate. Our recommendation is to go back to the proxy data they used in the past since the history of the G-0237-39 codes is well-established. We hope to have more information by the time of the November meeting.

Physician Quality Reporting Measures

For CY 2012, CMS proposes to add 10 new measures groups as part of the Physician Quality Reporting System. Among these new groups are COPD and Sleep Apnea. Asthma is already part of the reporting system. Eligible professionals and certain physician group practices will be able to receive an incentive payment for satisfactory reporting.

The COPD group includes measures for flu and pneumonia vaccinations, tobacco screening and cessation intervention, spirometry evaluation, and bronchodilator therapy. The Sleep Apnea

group includes assessment of sleep symptoms, severity assessment at initial diagnosis, and prescription for, and assessment of and adherence to positive airway pressure therapy. AARC supports these new measures and indicated to CMS in formal comments that our Medicare Respiratory Therapy initiative will put respiratory therapists in a key position to help physicians improve patient outcomes.

Value-Based Measures to be Considered for Physicians

The Affordable Care Act requires the establishment of a payment modifier that would reward physicians based on the quality of care they provide compared to the cost of that care. CMS is proposing to use a value-based modifier approach similar to the types of value-based purchasing initiatives already under way in other settings. The AARC supports the inclusion of value modifiers for COPD, asthma and smoking cessation and submitted formal comments to CMS. We believe respiratory therapists can play a significant role in assisting physicians in meeting these quality measures and improving the quality of care while at the same time reducing costs. This will be especially important as we continue to work toward passage of our Medicare Respiratory Therapy Initiative.

New COPD Outcomes Measures for Hospital Reporting

CMS is proposing to add two hospital-level quality reporting measures related to COPD; namely, 30-day all-cause mortality and 30-day all-cause readmission following hospitalization for acute COPD exacerbations. An outside contractor will be evaluating the proposed measures and making recommendations to CMS. The impetus for this initiative is to have future public reporting related to COPD. We expect this will be part of the Hospital Compare website where Medicare beneficiaries can look to see how well hospitals in their area are doing on certain quality outcomes.

New Payment Incentives for Medicare Providers

Value-Based Purchasing
We have reported previously on the hospital value-based purchasing initiative which will reward hospitals with higher payments if they perform well on certain quality measures based on clinical outcomes and patient experience. As a reminder, the final rules were published earlier this year but do not take effect until October 1, 2012. The baseline period runs from July 1 through March 31, 2012. It expected that this concept will be implemented in other settings over time.

Accountable Care Organizations (ACOs)
The concept of Accountable Care Organizations (ACOs) as a coordinated care initiative with a network of providers and suppliers, much like a managed care program, has been discussed in previous Board and House reports and meetings. CMS published proposed rules earlier this year but as of this writing they have not been finalized, although they could be out by the time of our November meeting. There has been considerable concern/opposition from providers, especially the hospital industry, about the structure of the savings models. CMS has pledged to take their comments into serious consideration and make changes when the final rule is published. An update will be provided at our November meeting if the regulations are published by then.

AARC submitted comments to CMS on the value respiratory therapists can bring to this new program. By law, the program must be in place by January 1, 2012.

Competitive Bidding

CMS announced in mid-August its plans for Round 2 of competitive bidding, noting that Round 1 yielded 35% savings to the Medicare program and only resulted in 0.9 percent of calls to the Medicare call center during the first quarter with only 45 complaints. According to CMS, there was no change in beneficiary health status as a result of the program. Round 2 expands the program to 91 metropolitan statistical areas which basically cover all 50 states. The bidding schedule, including education programs and registration, will be announced this fall with bids expected to begin in the winter of 2012. ABT and Associates, an independent research firm hired by CMS to evaluate the impact of competitive bidding on both DME suppliers and Medicare beneficiaries included AARC in its interviews of relevant stakeholders.

Conclusion

Regardless of the direction Congress will take the AARC will continue our efforts to advance our agenda on Capitol Hill and educate Members and staff about the respiratory therapy profession. We will also maintain our vigilance on the regulatory side responding to both challenges and opportunities.

A verbal update on these or other issues will be provided at the November meeting.

The AARC's Federal Government Affairs team has two components -- Federal regulatory issues overseen by Anne Marie Hummel, and Federal legislative issues under the direction of Miriam O'Day.

Opportunities and requests for AARC participation in Washington, DC legislative, regulatory or coalition events and meetings occur often. We are also asked to join coalition letter writing campaigns and support issues of mutual concern. Some of the more notable of these 2011events and participation issues are listed below.

February

- Submitted comments on the draft guidelines developed by the Institute for Safe Medication Practices (ISMP) regarding the timely administration of scheduled medications.

- AARC signs on to coalition letter to Congress that urges Congress to pass the Reagan-Udall Foundation appropriations that funds the scientific infrastructure of the FDA for the development of new treatments.

March

- Coalition for Health Funding sign-on letter includes 100 organizations supporting funding for CDC, health profession education and other discretionary Federal programs.

- AARC sent letter to Congressman Thompson and Congressman Altmire in support of HR 1041 legislation to repeal Competitive Bid Program under Medicare.

April

- Coalition sign-on letter that encourages funding for Federal programs that support environmental health programs including asthma programs.

- Coalition sign-on letter that specifically supports CDC funding for the National Health Statistics Division of the CDC.

- AARC letter to Congressman Stearns and Congressman Lewis in support to support HR 168 VA bill to raise awareness diagnosis and research on COPD

- Signed on to Asthma and Allergy Foundation Coalition letter to support CDC Asthma Program funding.

- Signed on to Tobacco Partners letter to oppose H.R. 1217, that would repeal the Prevention and Public Health Fund in the Patient Protection and Affordable Care Act and rescind any unobligated funds.

- Signed on to Health Professions Network letter to Congress requesting no cuts to funding of the Health Resources and Services Administration –HRSA grants to education programs, including Title VII for which RT education programs are eligible.

- Received letter of support (per AARC request) from both the Cystic Fibrosis Foundation and the Cystic Fibrosis Institute for HR 941, the Medicare RT Initiative.

- Miriam attended fundraiser for Congressman Mike Ross (R-AR) main sponsor of our Medicare RT legislation.

May

- Wrote extensive YLH article to remind patients where they can access information for drug assistance.

June

- Extensive research into albuterol HFAs, regarding a question from a RT member running free clinics where patients can no longer access a previously inexpensive drug from Walmart called "ReliOn Ventolin HFA".

- For above issue re albuterol, wrote to the 4 manufacturers of HFA MDIs to request better drug assistance programs for those unable to purchase brand name HFAs.

- Sent request to AARC's State Society Presidents with draft letter for them to send to their state Medicaid program reminding Medicaid that using generic albuterol solution with nebulizer is more cost effective than paying for brand name albuterol HFA inhalers.

- On the same issue, wrote to GSK makers of ReliON requesting that it reconsider extending its contract with Walmart to continue selling low-cost ReliOn.

- Submitted AARC comments to CMS on new Accountable Care Organizations, emphasizing the value that RTs can bring to such a program.

- Submitted AARC comments to CMS on new COPD quality measures being considered regarding COPD mortalities and readmissions to be used by hospitals for future public reporting.

- Explained in web story the new CMS regulations for telemedicine under Medicare and its possible impact for RTs.

- Wrote press release announcing Sen. Durbin's agreement to be Chair of COPD Cong. Caucus.

August

- Reviewed and created a compilation document of research & data on CPAP adherence/compliance.

- AARC is a member of a coalition of health care organizations involved in pulmonary rehabilitation and CMS regulations on that benefit. Anne Marie for the AARC

participated with this group at a CMS meeting raising opposition to the proposed CMS PR payment reductions. A follow-up meeting with CMS is planned subsequent to publication of the final rules to continue the dialogue on how to pay for PR appropriately.

- Wrote a detailed and extensive article for AARC web (and Rehab Section Newsletter) on the issues that were raised at the CMS meeting re pulmonary rehab payments. Emphasis was on flawed data that led to the proposed lower payment rate and what CMS can do to fix the problem.

- AARC signed on to the Tobacco Partners letter opposing Hill legislation that would take certain premium cigars out from under FDA regulatory control.

- AARC sent letters to Navy, Army, and Air Force General Counsels requesting guidance on AARC efforts to establish a travel fund to our annual convention for active military RTs who are AARC members.

- Signed on to Coalition for Health Funding and the Committee for Education Funding letter sent to the Hill to protect appropriations under Deficit triggers.

- Submitted comments to CMS on the physician fee schedule annual update. We supported the proposed new measures groups for COPD and Sleep Apnea as part of the Physician Quality Reporting System and the creation of value-based modifiers such as COPD, smoking cessation and asthma that would reward physicians for providing higher quality and more efficient care.

September

- AARC sent letters of support to sponsors of S 1350 and HR 2505 - Pulmonary Fibrosis Enhancement Act. Also added this as an issue to AARC's Capitol Connection providing draft letters for sending.

- Wrote support letter to Department of Defense at request of both the AARC's Transport Section Chair and the Commission on Accreditation of Medical Transport (CAMTS) opposing the DOD intention of including an un-vetted new air transport accreditation entity.

- Miriam attended a fundraiser for Congressman Joe Pitts (R-PA), a member who has agreed to assist with CBO cost analysis for RT Medicare legislation.

- AARC sent letter to Hill sponsors of a bill, S. 1486, encouraging revamping of Long Term Care Hospital requirements under Medicare, supported by the hospital industry. The bill includes two references to respiratory *therapists* (not just respiratory therapy).

- Research project resulting in a detailed document to find the trends in future hospital and physician admissions, physician practices.

- Miriam attended a fundraiser for Congressman Adrian Smith (R-NE) member of House Ways and Means Committee.

- Anne Marie attended a meeting of the National Sleep Awareness Roundtable; AARC is a voting member. The goal of the group is to raise awareness of sleep as a healthy behavior. Input was provided on a proposed commentary to be published later in the year in the NEJM.

- Participated on a call with the FDA who reminded stakeholders of the upcoming phase out of over-the-counter Primatene Mist (epinephrine) and getting the word out to patients. AARC has had several articles about this on YLH.

October

- Letter with supporting documentation sent to the Veterans Administration requesting that the VA require RTs to have a state license where applicable as a qualification for employment. The letter pointed out inconsistencies in VA documents and hiring rules.

- Anne Marie attended a Tobacco Partners Coalition meeting to discuss current FDA policies, proposed regulations and legislative initiatives.

- Anne Marie attended a MedPac meeting where discussions centered on reforming Medicare's benefit design and issues around potentially preventable hospital admissions and emergency department visits.

- Miriam attended a Congressional Health Briefing sponsored by the COPD Coalition addressing "The State of COPD in America." Danica Patrick, well-known NASCAR driver and DRIVE4COPD Ambassador was featured. The keynote speaker was Senator Mike Crapo.

HOD Report

House of Delegates Board Report: Bill Lamb
Tampa 2011
Recommendations:

1. That the AARC Board of Directors support non Delegate Committee Members to serve on the House ad hoc committee to redesign the annual educational competition at the International Conference to be offered beginning in 2013 and on the ad hoc committee to plan the transitional "Sputum Bowl" type program for the 2012 International Conference. These additional committee members should include present and or formal program committee members, AARC staff and other creative individuals to help in design of the best possible program to serve our members.
2. That the AARC President & Board of Directors consider forming an AARC Committee and subcommittee to transition the current House Committees into.

Report: The Speaker of the House:

1) The Ad Hoc Committee to redesign the annual educational program is being split into two groups:
    a. The committee to redesign the education program to be offered in 2013 at the International congress, and
    b. A sub-committee to plan a transitional program to be offered at the international congress in 2012
2) Since the current ad hoc Committee for sputum bowl redesign and subcommittee on the 2012 transitional program is needing Non Delegate Members to best serve the membership, these individuals may need appointed by the AARC President and therefore should likely transition into AARC Committees.
3) It has been a great pleasure working with the AARC Board of Directors as speaker; many thanks to all of you for your advice, support, guidance and friendship. I look forward to working with the Board as past speaker in 2013.
4) A special thanks to President Stewart for her cooperation and guidance and in working closely with the House of Delegates by effective communication and the expanded joint sessions with the Board and House of Delegates.

Board of Medical Advisors Report

Board of Medical Advisors (BOMA) Report for the 2011 Board Meeting of the American Association of Respiratory Care (AARC) 5-11 November 2011 at the International Congress in Tampa, Florida

A solicitation of BOMA members for participation in the Palliative Care Committee, chaired by Paul Selecky, M.D. was accomplished. The following physicians volunteered their services and were selected: Peter Papadakos M.D., Robert Aranson M.D., Lori Conklin M.D., and William Bernhard M.D. The initial meeting of the committee will occur in conjunction with the International Congress of the AARC in Tampa Florida.

Representatives of the American College of Physicians (ACP) and the American Academy of Family Practice (AAFP) have been invited to participate as observers at the forthcoming meeting of BOMA.

At the June 2011 meeting of BOMA it was determined that a Continuing Medical Education program for physicians at the International Congress was not needed since limited participation was indicated by board members. The Executive Director of the AARC will thank the American Thoracic Society (ATS) for their assistance. However, online CME for physicians in respiratory care will be investigated.

Respectfully submitted,

Joseph W. Sokolowski, Jr. M.D.
Chair of BOMA
ATS Delegated to BOMA

President`s Council

Reporter: Dianne Lewis
Last submitted: 2011-10-02 13:03:56.0

Report

The Council had the privilege of electing a new Honorary and Life member this year. The Honorary member is Foster M. "Duke" Johns. The Life member is Patricia Doorley MS, RRT, FAARC. Please join me in congratulating them.

The Council will meet Sunday November 6, 2011. If there is business you would like us to discuss please do not hesitate to contact me.

Thank you

Standing Committee Reports

Audit Sub-Committee

Reporter: Karen Schell

Recommendations

[No Recommendations at this time.]

Report

The Audit Sub Committee has reviewed the AARC Monthly financial reports and find them acceptable and representative of the AARC's financial status.

Thank you to the committee members.

Bylaws Committee

Recommendations

The committee has reviewed the Bylaws submission for Hawaii and recommends that the AARC Board of Directors approves them as submitted.

The committee has approved the Bylaws submission for Illinois and recommends that the AARC Board of Directors approves them as submitted.

The committee has approved the Bylaws submission for Missouri and recommends that the AARC Board of Directors approves them as submitted.

The committee has reviewed the Bylaws submission for Oklahoma and recommends that the AARC Board of Directors approves them as submitted.

The committee has reviewed the Bylaws submission for New Jersey and recommends that the AARC Board of Directors approves them as submitted.

The committee has reviewed the Bylaws submission for Vermont/New Hampshire and recommends that the AARC Board of Directors approves them as submitted.

The committee has reviewed the Bylaws submission for Michigan and does not recommend these Bylaws for approval at this time. We are continuing to work with the Michigan representatives to fix the sections not in compliance with the AARC Bylaws.

Report

The committee has reviewed 16 Bylaws submissions from Affiliates so far this year and has recommended 15 of them be approved by the AARC Board of Directors.

We had some discussion on the fact that many Affiliates have included a section from the AARC Bylaws, Section 2. Intent, paragraph d. that says “The Association shall not commit any act which shall constitute unauthorized practice of medicine under the state laws of the State of Illinois”. The committee feels while this may be correct for the AARC Bylaws because they were filed in Illinois, it probably does not pertain to other Affiliates as they are governed by the laws of their own state in regards to scope of practice, etc. We will come up with a recommendation for those Affiliates that refer to this in their Bylaws should change it, at least in their next Bylaws review.

The committee will ensure that the Bylaws tracking spreadsheet will be updated with this year’s activities and approvals.

The committee also communicated the AARC Board actions from the July Board meeting of approving Bylaws for Delaware, Kansas, Kentucky and South Dakota to the Affiliates respective Presidents and Delegates.

Finally, I would like to recognize my committee members for their support in working with Affiliates to help them through the Bylaws review process. I really appreciate and thank all of the members for their work this year.

DRAFT 5 - September 29, 2011

HAWAII SOCIETY FOR RESPIRATORY CARE
BYLAWS

ARTICLE I : NAME

This organization shall be known as the Hawaii Society for Respiratory Care, hereinafter referred to as the HSRC, a charted affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC, which is incorporated under the General Not For Profit Corporation Act of the State of Illinois.

ARTICLE II : BOUNDARIES

The area, included within the boundaries of this Society shall be the boundaries of the State of Hawaii and the Pacific Basin.

ARTICLE III : OBJECT

Section 1. Purpose

A. To encourage and provide on a regional basis, educational programs for those persons interested in the field of respiratory therapy and diagnostics, hereinafter referred to as Respiratory Care.

B. To advance the science, technology, ethics, and art of Respiratory care through institutes, meetings, lectures, and the preparation and distribution of publications and other materials;

C. To facilitate understanding and cooperation between respiratory care personnel and the medical profession, allied health professions, hospitals, service companies, industry, governmental organizations and other agencies within the region interested in Respiratory Care.

D. To provide education of the general public in pulmonary health promotion and disease prevention.

Section 2. Intent

No part of the net earning of the Society shall inure to the benefit of any private member or individual, nor shall the corporation perform particular services for individual members thereof.

The Board of DIrectors shall provide for the distribution of the funds, income, and property of the Society to charitable, educational, scientific, or religious corporations, orgnizations, community chests, foundations or other kindred institutions maintained and created for one or more of the foregoin purposes, if at the time of distribution the payee or distributees are then exempt from taxation

under the provisions of Sections 501, 2055, and 2522 of the Internal Revenue Code or changes which amend or supersede the said sections.

C. In the event of the dissolution of this Society, whether voluntary or involuntary, all of its remaining assets shall be distributed in such a manner as the Board of Directors of this Society shall, by majority vote, determine to be best calculated to carry out the objectives and purposes for which the Society is formed, with guidance from the AARC's Board of Directors. Distribution of the funds, income and property of the society may be made to charitable, educational, scientific or religious coorporations, organizations, community chests, foundations or other kindred institutions maintained and created for one or more of the foregoing purposes if at the time of distribution the payees or distributees are exempt "from income taxation, and if gifts or transfers to the payees or distributees are tnen exempt from taxation under the provisions of Section 501, 2055, and 2522 of the Internal Revenue Code which amend or supersede the said sections.

D. This Society shall not commit any act which shall constitute the unauthorized practice of medicine under the laws of the State of Hawaii.

ARTICLE IV : MEMBERSHIP

Section 1. Classes

The membership of this Society shall include three (3) classes: Active Member, Associate Member, and Special Member as described in the AARC Bylaws, Article III. The classifications and limitations of the membership shall be as defined in Article III of the AARC Bylaws.

Section 2. Eligibility

- An individual is eligible to be a active member of this Society if he/she is a member of the AARC as specified in Article III, Section 2 of the AARC Bylaws.

- An individual is eligible to be an associate member of this Society if he/she holds a position related to respiratory care but does not meet the requirements to become an active member. Associate members shall have all the rights and privileges of membership except that they shall not be entitled to hold office, vote, or serve as a director or chair of any standing committee. Associate Membership will include the following subclasses:

  Student Member: Individuals will be classified as Student Members if they meet all the requirements for Associate members and are enrolled in an educational program in respiratory care accredited by an AARC-recognized agency.

  Industrial Member: Individuals will be classified as Industrial

members if they meet all the requirements for Associate membership and their primary occupation or business is directly or indirectly devoted to the manufacture, sales, or distribution of equipment or products which are directly or indirectly used in the area of respiratory care.

Physician Member: Individuals will be classified as Physician Members if they meet all the requirements for Associate membership and are duly licensed as doctors of medicine or osteopathy.

- The Special Member category is to be the same as the Bylaws of the AARC under Article III, Section 4.

Section 3. Application of Membership

Application for Membership in this Society shall follow the procedure specified in Article III, Section 6 of the AARC Bylaws.

Article V: OFFICERS AND CHAIRPERSONS

Section 1. Officers

The officers of the Society shall be: a President, a President-elect (who automatically succeeds to the presidency when the President's term ends), a Vice-President, the immediate Past President, a Secretary, and a Treasurer.

Section 2. Directors

A. There shall be two (2) Directors. One (1) Director shall be elected each year and such others as necessary in order to fill existing vacancies.

B. The delegates shall serve as voting members of the Board of Directors.

Section 3. Term of Office

- The term of office for the President, President-elect, Vice-President and Secretary shall be one (1) year. The term of the office for the Treasurer shall be two (2) years. The term shall begin January 1 of each year.

B. The President-elect shall complete immediate successive full one (1) year terms for the offices of President-elect, President, and Immediate Past President before being eligible to serve a successive term in any elected office. The Vice-President, Secretary and Treasurer shall not serve more than three (3) consecutive terms in the same office.

C. The term of office for Directors shall begin January 1 of each year and shall be for a two (2) year term of office and not to exceed three

(3) consecutive terms.

Section 4. Vacancies in Office

- In the event of a vacancy in the office of President, President-elect shall become President to serve the unexpired term and shall serve the successive term as President.

- In the event of a vacancy in the office of the President-elect, the Vice-President shall assume only the duties, but not the office. He/She shall perform these duties as well as his/her own until the next meeting of the Board of Directors at which time the Board shall elect a qualified member to fill the vacancy.

Section 5. Duties of Officers

- President

  He/She shall preside at all meetings of the Board of Directors. He/She shall prepare an agenda for all meetings; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Elections and Nominations committees; and, present to the Board of Directors and membership an annual report of the Society activities.

- President-elect

  The President-elect shall automatically succeed the president when the term ends. He/She will perform such duties as shall be assigned by the President or the Board of Directors and also serve his/her term as an active member of the Program Committee. In the event of the President's absence, resignation or disability, shall assume the duties of and shall become the acting president. The President-elect shall assist the President in all functions in order to learn the office in preparation for the succeeding year.

- Vice-President

  He/She will in the event of a vacancy in the office of President-elect, assume the duties, but not the office of the President-elect, and shall also continue to serve as Vice President until the next scheduled election.

- Treasurer

  The treasurer shall have charge of all funds and securities of the Society; endorsing checks, notes, or other orders for payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the adopted budget; depositing funds as the Board of Directors may designate. He/She shall provide the Board of Directors with monthly financial statements of the activity of the Society's accounts after the monthly closing of the books or as requested for BOD meetings; and make a complete written report at the annual business

meeting. The treasurer will be bonded in an amount determined by the Board of Directors at the expense of the Society.

- Secretary

  The Secretary shall have charge of keeping the minutes of the Board of Directors' regular business meetings and the annual business meeting, submitting a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within thirty (30) days following the meeting; executing the general correspondence; affixing the corporate seal on documents so requiring, and in general, performing all duties as from time to time shall be assigned by the President or the Board of Directors.

- Past President

  The Past President is a voting member of the Board, and serves in an advisory capacity to the Board of Directors.

- Other Officer Responsibilities

  All duly elected HSRC Officers shall adhere to the Position Description Guidelines, and all subsequent revisions, with respect to other duties and responsibilities.

ARTICLE VI: NOMINATIONS AND ELECTIONS

Section 1. Nominating Committee

The Board of Directors shall appoint a Nominating Committee each year at least one hundred and twenty (120) days before the annual business meeting to present a slate of nominees to the Board of Directors at least sixty (60) days prior to the annual business meeting.

Section 2. Nominations

- Annually, the Nominating Committee shall place in nomination the names of at least one (1) person for the offices of President-elect, Vice-President, Secretary, and Director. Biennially, the Nominating Committee shall place in nomination at least one person for the office of Delegate, Director and Treasurer.

- Only Active or AARC Life Members in good standing shall be eligible for nomination.

- The Committee shall provide a pertinent biographical sketch of each nominee’s professional activities and services to the organization, all of which shall be a part of the ballot.

Section 3. Elections Committee

- The President shall appoint an impartial Elections Committee which shall prepare, distribute, verify, and receive all ballots whether they be mailed or electronically mailed. The results of the election shall be made public at the annual business meeting.

B. At least thirty (30) days prior to the annual business meeting, the Nominating Committee's slate of candidates and biographical sketches shall be made available to every Active Member recorded in the AARC membership directory, who is in good standing and eligible to vote. New society members must have joined the AARC at least (60) days prior to the Annual Business Meeting to assure a record of their membership with the AARC and to be eligible to vote.

C. Provisions shall be made on the ballot for write-in votes for each office to be filled. The deadline date and time shall be clearly indicated on the ballot.

D. Society elections shall be determined by a majority of votes cast. A tie vote shall be decided by lot.

E. Any Elections' Committee member who accepts a nomination must resign from the Elections Committee.

ARTICLE VII: BOARD OF DIRECTORS

Section 1. Composition and Powers

- The executive government of this Society shall be vested in a Board of ten (10) Active or Life Members consisting of the President, President-elect, Vice-President, Secretary, Treasurer, Immediate Past-President, and two (2) Directors. The Delegates shall be voting members of the Society Board of Directors.

- The President shall be Chairperson and presiding officer of the Board of Directors. He/She shall invite such individuals to the meetings of the Board as he/she shall deem necessary, with the privilege of voice but not vote.

- Upon refusal or neglect of any member of the Board to perform the duties of that office or for any conduct deemed prejudicial to the Society, the Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote. Written notice shall be given to the member within ten (10) days of such action that the office has been declared vacant.

Section 2. Duties

1. Supervise all business and activity of the Society within the limitations of these Bylaws.

2. Adopt and rescind standing rules, policies and procedures of the Society.

C. Determine remuneration, stipends, annual business meeting fees for the following year, and other related matters, after consideration of the budget.

Section 3. Meetings

A. The Board of Directors shall meet immediately preceeding and

immediately following the annual business meeting of the society which will be held during the last quarter of each calendar year or as determined by the Board before the commencement of the next year; and shall not hold fewer than four (4) regular and separate meetings during the calendar year.

B. Special meetings of the Board of Directors shall be called by the President at such times as the business of the Society shall require, or upon written request of three (3) members of the Board of Directors filed with the President and Secretary of the Society.

C. A majority of the Board of Directors shall constitute a quorum at any meeting of the board providing that the president and / or the vice-president is present.

D. The Board of Directors, shall have the power to call an executive session. The executive session shall include only members of the Board of Directors and those individuals invited by the Board of Directors to attend. The executive session shall be held only in conjunction with regularly scheduled or specially scheduled meetings. The purpose of an executive session shall be to discuss sensitive subjects/actions that would better serve the state society to be carried out discreetly. These subjects and actions shall include, but not be limited to: recommendations from the Committees, declaring an office vacant, removal of any committee chairperson from duty, requests from individual members to the Board of Directors of the HSRC of a personal nature, or actions concerning a member of the Board of Directors.

The Board of Directors shall not record, for the minutes, any discussions held during the executive session. Board members present during the executive session shall not discuss with any individual the proceedings taking place during the executive session. Violation of this statement will result censure and loss of office.

Section 4. Mail, E-mail and Phone Vote

A. Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the

membership by mail or electronic mail. The question thus presented shall be determined according to a majority of the valid votes received by mail within thirty (30) days after such submission, or a change in the Bylaws, when a two-thirds (2/3) majority of valid votes received is required. Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. The results of the mail or electronic mail vote will be recorded in the next regular meeting minutes.

B. Whenever, in the judgment of the President, it is necessary to present any business to the remainder of the Board, the President may follow the aforementioned mail vote or adhere to the following Phone Vote guidelines. The President shall contact every member and explain the consequences of the vote. The President shall obtain a yes or no to the question and record by name the responses. An explanation of the question and the vote itself shall be recorded in the next regular Board of Directors meeting minutes.

Section 5. Multiple Offices

No officer or delegates shall hold office simultaneously and no past president shall hold any elected office until his/her term is expired.

ARTICLE VIII: ANNUAL BUSINESS MEETING

Section 1. Date and Place

- The Society shall hold an annual business meeting in the last quarter of each calendar year or as determined by the Board of Directors before commencement of the next year. Additional meetings may be held as required to fulfill the objectives of the Society.

- The date and place of the annual business meeting and additional meetings shall be decided in advance by the Board of Directors and must be within the boundaries of the state of Hawaii. In the event of a major emergency the Board of Directors shall cancel the scheduled meeting, set a new date and place if feasible, or conduct the business or the meeting by mail, electronic mail or phone provided the material is sent in the same words to the voting membership.

Section 2. Purpose

The annual business meeting shall be for the purpose of receiving reports of officers and committees, the results of the election, and for other business brought by the President.

Section 3. Notification

Notice of the date, time and place of the annual business meeting and agenda shall be sent via mail or e-mail to all members of the Society not fewer than forty-five (45) days prior to the m eeting.

ARTICLE IX: SOCIETY DELEGATES TO THE AARC HOUSE OF DELEGATES

Section 1. Election

Delegates of this Society to the House of Delegates of the AARC shall be elected every two years for a four-year term. Each delegate shall serve one (1) four-year term. Persons nominated to the position of Delegate must possess previous HSRC Board Member experience for a minimum of 2 years out of the preceding 6 years prior to election.

Section 2. Duties

The duties of the Delegates shall be as specified in Article VII of the AARC Bylaws.

Section 3. Board Member (ex-officio)

The Delegates shall be voting members of the Society Board of Directors.

Section 4. Multiple Offices

Delegates may not hold concurrent elective offices.

Section 5. Vacancies

Any vacancy in the office of Delegate shall be filled by special election within sixty (60) days of the vacancy.

ARTICLE X: COMMITTEES

Section 1. Standing and Special Committees

The members of the following Standing Committees shall be appointed by the President, subject to the approval of the Board of Directors, to serve for a term of one (1) year, except for the PACT committee members, who will serve a minimum of three (3) years. Members of the Program Committee shall be appointed by the Board of Directors.

1. Membership
2. Budget & Audit
3. Nominating
4. Elections
5. Bylaws
6. Program & Education
7. Publications /Website & Public Relations
8. Legislative Affairs
9. Political Advocacy Contact Team (PACT)

Section 2. Special Committees

Special committees such as the Judicial Committee, may be appointed by the President to meet special needs.

Section 3. Committee Chairperson's Duties

- The Chairperson of each committee shall confer promptly with the members of their respective committee on work assignments.

- The Chairperson of each committee may recommend prospective committee members to the President. When possible, the Chairperson of the previous year shall serve as a member of the new committee.

- All committee reports shall be made in writing and submitted to the President of the Society at least ten (10) days prior to the meeting at which the report is to be read.

- All committee members shall be members is good standing of the AARC. Non-members or physician members may be appointed as consultants to committees.

E. Each committee chairperson requiring operating expenses shall submit a budget for the next fiscal year to the Budget and Audit Committee.

Section 4. DUTIES OF COMMITTEES

1. Membership Committee

   a. The committee shall consist of at least one Society Delegate and two (2) members of the Board of Directors.

   b. They shall be responsible for recruitment activities for the society.

2. Budget & Audit Committee

   1. This Committee shall be composed of the Executive Committee and Medical Advisor(s) or a designate.

   2. They propose an annual budget for approval by the Board of Directors.

   3. They conduct/facilitate an annual audit of the financial records of the Society and submit such to the Board of Directors.

   4. The Chair of this committee can not be the Treasurer of the Society.

C. Nominating Committee

   A. This Committee shall prepare for approval by the Board of Directors a slate of officers, directors, and delegates for the annual election.

   B. The Committee shall consist of at least three (3) active members who shall serve for a term of one (1) year.

C. It shall be the duty of the Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the Society through a consideration of personal qualifications.

D. Elections Committee

- This Committee shall consist of three (3) active members who shall serve for a term of one (1) year.

- This Committee shall prepare, receive, verify, and count ballots for all elections held during the calendar year.

E. Bylaws Committee

1. Shall consist of at least three (3) members, one (1) of whom shall be a past-president.

2. Shall receive, review, and prepare all Amendments to the Bylaws for submission to the Board of Directors.

F. Program & Education Committee

- This Committee shall consist of at least three (3) members appointed by the Board of Directors.

- The chairperson will appoint other active members including the President-elect and the Medical Advisor to assist him/her in planning the annual meeting.

3. Shall consist of three (3) members in which one (1) is recommended to be a faculty member in a Co-ARC approved Entry-level or Advanced Practitioner Program.

4. Shall review, assess the need for and recommend to the Board all educational activities for the HSRC membership.

G. Publications/Website & Public Relations

1. This committee shall consist of at least three (3) members, one (1) of whom shall be a past-president.

2. This committee shall concern itself with the marketing, content, and writing of informational and educational material, specifically on the HSRC website. This Committee shall concern itself with the publication of a Society Newsletter, if one is deemed necessary by the Board.

3. This committee shall concern itself with other publications that the Society may prepare for the public, hospitals and other organizations through the dissemination of information concerning respiratory therapy.

4. The Committee shall maintain such liaison as has been established by the Board of Directors with other organizations whose activities may be of interest of the members of this Society. This shall include the preparation of exhibits, programs, and other items to bring the message of respiratory care and the AARC to medical, nursing and hospital groups as well as educational facilities where use of such material can be expected to recruit new people to the field of respiratory care. Such material shall be subject to the approval of the Board of Directors.

H. Political Advocacy Contact Team (PACT)

- This committee shall consist of three (3) members, one of them being a past president. Each member will hold a minimum of three-year term as set forth by the AARC.

- This committee will take an active role on issues affecting the profession of respiratory care by establishing contact with state and federal legislators through letters, facsimiles, e-mail and/or personal contact as necessary when important legislative issues arise.

I. Legislative Affairs

1. This committee shall consist of three (3) members, one of them being the president to monitor local and national legislative challenges to existing law; monitor legislative reports of the AARC's Legislative liaison, Cheryl West; and monitor the activity of the Hawaii State House and Senate.

2. Maintain a presence at the state capitol.

J. Special Committees

Special committees may be appointed by the President, subject to the approval of the Board of Directors.

1. Judicial Committee

(a). Shall consist of four (4) current Board members and may include previous Society officers at the president's request.

(b) Shall be called by the president upon request of any

society member to review formal, written complaints against any individual society member charged with any violation of the Society Bylaws or otherwise with a conduct deemed detrimental to the Society or the AARC.

(c) Shall carefully review the complaints. Legal counsel may be summoned at the discretion of the committee chairperson. Committee recommendations shall be forwarded to the full HSRC Board of Directors. If the Board agrees that action should be taken, a copy of documentation shall be sent to the Chairperson of the Judicial Committee of the AARC.

(d) All hearings, meetings and recommendations shall be held in strict confidence.

K. Other Duties and Responsibilities

All Committees, standing and special, shall adhere to the Position Description Guidelines, with respect to other duties and responsibilities.

ARTICLE XI: SOCIETY MEDICAL ADVISOR

The Society shall have at least one (1) Medical Advisor who shall conform to Article X, Section 3 of the AARC Bylaws, and shall be appointed by a majority vote of the Board of Directors. This appointment will be reviewed and confirmed annually by the Board of Directors.

ARTICLE XIII: FISCAL YEAR

The fiscal year of the Society shall be from January 1 through December 31.

ARTICLE XIV: ETHICS

If the conduct of any Society member is in violation of the Society bylaws, or deemed detrimental to the Society or AARC, be prejudicial to the Society's or the AARC's interests as defined in the AARC's Code of Ethics, the Board of Directors may appoint a special Judicial Committee to carefully review the complaints and initiate appropriate action.

The Board of Directors may refer all action to the AARC Judicial Committee.

ARTICLE XV: PARLIAMENTARY PROCEDURE

The rules contained in Robert's Rules of Order Revised shall govern whenever they are not in conflict with the Bylaws of the Society or the AARC.

ARTICLE XVI: AMENDMENTS

These Bylaws may be amended by mail vote of the Hawaii Society of the AARC by a two-thirds (2/3) majority of those voting. All amendments must be approved according to the AARC's Chartered Affiliate Handbook.

Proposed Changes to the Illinois Society for Respiratory Care Bylaws, 2011

The Illinois Society for Respiratory Care is proposing four changes to our bylaws.

Format:
Sections which the ISRC is proposing to delete are indicated by ~~striking through the text.~~
Sections the ISRC is proposing to add are indicated by **bolding and underlining the text**.

Proposal One:
In 2007 the ISRC increased the term of office of the President from one to two years. This means that there is a new Past President every two years. The term of Past President therefore needs to be extended from one to two years so that the office will not be left vacant every other year.

Article V
Section C TERM OF OFFICE

1. The term of office for President shall be for a period of two (2) years and no individual shall succeed him/herself in office.
2. The term office for President-Elect shall be for a period of one (1) year immediately preceding succeeding to the office of President, and no individual shall succeed him/herself in office.
3. The term of office for Immediate Past President shall be for a period of ~~one (1) year~~ **two (2) years** immediately following the term in the office of President.
2. The term of office for the Vice-President shall be for a period of two (2) years.
3. The term of office for Secretary and Treasurer shall be for a period of two (2) years.
4. The term of office for Chapter Chairpersons shall be for a period of two (2) years.
5. The term of office for members of the Board of Directors shall be for a period of two (2) years with the exception of the Offices of President-Elect ~~and Immediate Past President~~. There shall be no limit to the consecutive terms that may be served as a member of the Board of Directors.

Proposal Two:
In the previous version of the bylaws, the President-Elect assumes the office of the President if that office becomes vacant for any reason. In the current version of the bylaws during the first year of the President's term of office there is no President-Elect. This change provides for how the office of President would be filled if it becomes vacant during that first year.

Article V
Section E VACANCIES IN OFFICE

1. In the event of a vacancy in the office of President **during the first year of the term of office, the immediate Past-President shall become Acting President and shall serve the unexpired portion of the first year of the term until a President-Elect has been sworn in. In the event of a vacancy in the Office of President during the second year of the term of office**, the President-Elect shall become Acting President to serve the unexpired portion of the President's term, and shall serve his/her own, the successive term, as President.

Proposal Three:

This change is part of the transition to the new, council structure.

Article VIII

Section B PURPOSE

1. The annual business meeting shall be for the purpose of receiving reports of officers and ~~committees~~ **councils**, the results of the election and for other business brought by the President.

Proposal Four:

This section establishes and explains "council" structure. Permanent assignment of specific standing committees was avoided to allow the President the opportunity to modify the composition of the councils as needed to help achieve his/her goals. Specific designation of the Officer to lead each council was also left to the discretion of the President.

Article XI

Section A **PURPOSE AND DUTIES OF COUNCILS**

In order to facilitate effective oversight and establish an accountability mechanism, the committees of the Society shall be organized into four functional groups or councils. The leadership shall be appointed by the President. The composition of the councils may be modified at the discretion of the President to best achieve the goals of the Society.

1. **Fiscal Responsibilities**
   This council shall be responsible for the fiscal oversight of the Society, including but not limited to assuring the development, implementation of and assurance of compliance with the annual budget, as well as making appropriate arrangement for the long-term financial viability of the Society.
2. **Governmental Affairs**
   This council shall be responsible for the governing of the Society and shall be a liaison between the Society and any local, state or federal government activities that could potentially impact the profession of Respiratory Care as it is practiced in Illinois.
3. **Professional Development**
   This council shall be responsible for the development and implementation of programs to facilitate recruitment, retention and education of Respiratory Care Professionals and members of this Society.
4. **Strategic Communications**
   This council shall be responsible for communication within the Society, and communication between the Society and the public at large. This council shall also be responsible for the development of the Strategic Plan of the Society, as well as on-going guidance toward achieving the goals stated therein, or when appropriate, modification thereof.

ILLINOIS SOCIETY FOR RESPIRATORY CARE

BYLAWS

Article I NAME & AFFILIATION

Section A NAME
This organization shall be known as the Illinois Society for Respiratory Care, herein referred to as the Society.

Section B AFFILIATION
The Society shall be a chartered affiliate of the American Association for Respiratory Care, herein after referred to as the Association, and shall abide by the rules and regulations of the Association as promulgated from time to time.

Article II OBJECT

Section A PURPOSE
1. To encourage, develop and provide educational programs for those persons interested in the field of Respiratory Care.
2. To advance the Science, technology, ethics and art of Respiratory Care through appropriate institutes, meetings, lectures, preparation and distribution of a newsletter, and any additional materials and procedures deemed suitable for this purpose.
3. To facilitate cooperation between Respiratory Care personnel and the medical profession, allied health professions, hospitals, service companies, industry and other agencies within the state interested in Respiratory Care; except that the Society shall not commit any act that shall constitute unauthorized practice of medicine under the laws of the State of Illinois.
4. To provide education of the general public in pulmonary health promotion and disease prevention.
5. To insure strict adherence to the principles of the code of ethics of the Association.

Section B INTENT
1. No part of the net earnings of the Society shall inure to the benefit of any private member or individual, nor shall the Society perform particular services for individual members thereof, other than those usually and customarily performed by similar organizations.
2. The Board of Directors may provide for the distribution of funds, income and property of the Society to charitable, educational, scientific or religious corporations, organizations, community chests, foundations or other kindred institutions maintained and created for one or more of the foregoing purposes if at the time of distribution the payee or distributes are exempt from income taxation under the provisions of section 501, 2055 and 2522 of the Internal Revenue Code, or any later sections of the Internal Revenue Code which amend or supersede the said sections.
3. In the event of dissolution of the Society, whether voluntary or involuntary, all its remaining assets shall be distributed as specified in subsection 2 above, as authorized by the Board of Directors of the Society.
4. The Society shall not commit any act, which shall constitute unauthorized practice of medicine under the laws of the State of Illinois.

Article III BOUNDARIES

Section A SOCIETY BOUNDARIES
1. The area of Chapter I is the area included within the boundaries of the counties of Henderson, Knox, Marshall, Mercer, Peoria, Rock Island, Stark, Tazewell, Warren, and Woodford.

2. The area of Chapter II is the area included within the boundaries of the counties of Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, LaSalle, McHenry and Will.
3. The area of Chapter III is the area included within the boundaries of the counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, and Vermillion.
4. The area for Chapter IV is the area included within the boundaries of the counties of Alexander, Clay, Crawford, Effingham, Edwards, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jaspar, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White, and Williamson.
5. The area of Chapter V is the area included within the boundaries of the counties of Adams, Brown, Cass, Christian, Fulton, Hancock, Logan, Mason, McDonough, Menard, Morgan, Pike, Sangamon, Schuyler and Scott.
6. The area of Chapter VI is the area included within the boundaries of the counties of Boone, Bureau, Carroll, DeKalb, Henry, JoDavies, Lee, Ogle, Putnam, Stephenson, Whiteside and Winnebago.
7. The area of Chapter VII is the area included within the boundaries of the counties of Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Claire, and Washington.

Article IV MEMBERSHIP

Section A CLASSES

1. Three Association membership classes shall be recognized by the Society and shall include: Active, Associate and Special Membership. The criteria for each of these classes shall comply with the Association's current membership definitions.
2. The Society shall have five (5) classes of membership: Active, Associate, Special, Corporate and Institutional. These members will have all the rights and privileges of the Society except that only Active members of the Association shall be entitled to hold office or vote.
3. Corporate membership shall be open to any organization that is in business to make a profit.
4. Institutional membership shall be open to any organization that is not for profit or non-profit.

Section B ELIGIBILITY

1. Active, Associate and Special Members. Each applicant for membership shall meet all of the qualifications of the class of membership for which s/he applies. Providing all qualifications are met and Association or Society dues paid, the equivalent membership classification shall be granted in the Society as has been granted by the Association.
2. Corporate and Institutional. Each applicant for membership shall meet all of the qualifications of the class of membership for which s/he applies. Providing all qualifications are met and Society dues paid, membership will be granted in the Society only.

Section C APPLICATION FOR MEMBERSHIP

Application for membership in the Society shall follow the procedure specified by the Board of Directors.

Article V OFFICERS & REPRESENTATIVES

Section A OFFICERS

The Officers of the Society shall be a President; a President-Elect who automatically succeeds to the Presidency when the President's term ends; a Vice President; a Secretary; a Treasurer and an Immediate Past President.

Section B CHAPTER REPRESENTATION

1. Each chapter shall be represented on the Board of Directors by the Chapter Chairperson and by one member for each thirty-five active members or major fraction thereof within the chapter, except that no chapter shall have less than one (1) Chapter Chairperson, and no less than two (2) or no more than a maximum of twenty (20) Chapter Representatives.

2. Each chapter shall be represented on the Executive Committee by the Chairperson of that chapter.

Section C TERM OF OFFICE

1. The term of office for President shall be for a period of two (2) years and no individual shall succeed him/herself in office.
2. The term office for President-Elect shall be for a period of one (1) year immediately preceding succeeding to the office of President, and no individual shall succeed him/herself in office.
3. The term of office for Immediate Past President shall be for a period of ~~one (1) year~~ **two (2) years** immediately following the term in the office of President.
2. The term of office for the Vice-President shall be for a period of two (2) years.
3. The term of office for Secretary and Treasurer shall be for a period of two (2) years.
4. The term of office for Chapter Chairpersons shall be for a period of two (2) years.
5. The term of office for members of the Board of Directors shall be for a period of two (2) years with the exception of the Office~~s~~ of President-Elect ~~and Immediate Past President~~. There shall be no limit to the consecutive terms that may be served as a member of the Board of Directors.

Section D MULTIPLE OFFICES

No officer or delegate shall hold more than one (1) Society office simultaneously.

Section E VACANCIES IN OFFICE

1. In the event of a vacancy in the office of President **during the first year of the term of office, the immediate Past-President shall resume the duties but not the office for the unexpired portion of the first year of the term until a President-Elect has been sworn in. In the event of a vacancy in the Office of President during the second year of the term of office**, the President-Elect shall become Acting President to serve the unexpired portion of the President's term, and shall serve his/her own, the successive term, as President.
2. In the event of a vacancy of President-Elect, the Vice-President shall assume the duties, but not the office, as well as his own until the next meeting of the Board of Directors, at which time the Board shall fill the vacancy by appointment.
3. In the event of a vacancy in the office of Vice-President, Secretary or Treasurer, the Board of Directors shall, at their next meeting, appoint a qualified member to fulfill the remainder of the unexpired term.
4. In the event of a vacancy in the office of Chapter Chairperson, a committee consisting of the members of the Board of Directors of that chapter shall appoint an Acting Chairperson from the active membership of that chapter for the remainder of the unexpired term, subject to an approving vote of the active members of the Association within the chapter at their next regular meeting.
5. In the event of a vacancy in the office of Chapter Representative, The Chapter Chairperson shall appoint a qualified member to serve the remainder of the unexpired term, subject to an approving vote of the chapter membership at the next regular meeting. Individuals nominated but not elected to the Board of Directors in the previous election shall have the first consideration in appointment.

Section F DUTIES OF THE OFFICERS OF THE SOCIETY

1. President
   The President shall be the chief executive officer of the Society. S/he shall preside at the annual business meeting and all meetings of the Board of Directors; prepare an agenda for the annual business meeting and submit it to the membership not fewer than thirty (30) days prior to such a meeting in accordance with Article VIII, Section C of the Bylaws; be an ex officio member of all committees except the Elections and Nominations Committee; present to the Board of Directors and membership an annual report.
2. President-Elect
   The President-Elect shall become Acting President in the event of the President's absence, resignation or disability; and shall perform such other duties as shall be assigned by the President or Board of Directors.
3. Vice-President
   The Vice-President shall assume the duties of the President-Elect in the event of the President-Elect's absence, resignation or disability. The Vice-President shall act as a liaison between committees as

well as the general membership and the public, and carry out such other duties as shall be assigned by the President or the Board of Directors.

4. Treasurer
   The Treasurer shall have charge of all funds and securities of the Society; endorsing and depositing all checks, notes and monies to the accounts of the Society, and shall disburse Society funds under direction of the Board of Directors in accordance with the approved budget. At the expense of the Society, s/he shall be bonded in an amount to be determined by the Board of Directors.
5. Secretary
   The Secretary shall have charge of keeping the minutes of the Board of Directors and annual business meetings; executing the general correspondence of the Society and maintaining the Standing Rules; performing such other duties as from time to time may be assigned by the President or the Board of Directors.
6. Immediate Past President
   The Immediate Past President shall become Acting President in the event of the President and Vice-President's absence, resignation or disability. S/he shall advise and consult with the President, serve as a member of the Bylaws Committee, serve as a liaison to the Board of Medical Advisors, and perform such duties as shall be assigned by the Board of Directors.

Article VI NOMINATIONS & ELECTIONS

Section A NOMINATIONS COMMITTEE

The President shall appoint a Nominations Committee each odd numbered year at the first quarter meeting. The Chairperson of this committee shall report the slate of nominees to the Board of Directors at the second quarter meeting of that year.

Section B NOMINATIONS

1. The Nominations Committee must place in nomination the name of at least one (1) person for the offices of President-Elect, Vice-President, Treasurer, Secretary and the Association's Alternate Delegate, and at least two (2) persons for the office of Medical Advisor. Additional nominations may be made from the floor of the Board of Directors.
2. Only active members of the Association in good standing and who are licensed by the Illinois Department of Financial and Professional Regulation (hereafter referred to as IDFPR) and are a current Board member or have served as a Board member within the last year shall be eligible for nomination.
3. On written petition of ten (10) or more voting members or five (5) percent of the voting membership (whichever is the greater number) filed with the President prior to the second quarter meeting, any other member or members may be nominated. If a nominating petition is so filed, said nomination shall be placed on the ballot.

Section C BALLOT

1. The Nomination Committee's slate shall be communicated to every active member in good standing and eligible to vote.
2. The vote shall be by secret ballot. The deadline date shall be clearly indicated on the ballot.
3. Active membership, good standing, and eligibility to vote shall be determined by the most current membership list obtainable from the Association.

Section D ELECTIONS COMMITTEE

The President shall appoint an impartial Elections Committee, which shall check the eligibility of each ballot and tally the votes.

Article VII GOVERNANCE

Section A STRUCTURE

The governance of this Society shall be vested in the Board of Directors.

Section B BOARD OF DIRECTORS

1. Composition and Powers
   a. The Board of Directors shall consist of the President, President-Elect or Immediate Past President, Vice-President, Treasurer, and Secretary, the Society's Delegates to the Association, Chapter Chairpersons and the duly elected Representatives from each chapter.
   b. The Executive Committee of the Board of Directors shall consist of the officers of the Society, Chapter Chairpersons and the Society's Delegates to the Association as voting members.
   c. The President shall be the Chairperson and presiding officer of the Board of Directors and the Executive Committee. S/he shall invite in writing such individuals to the meeting of the Board as s/he shall deem necessary, who shall have the privilege of voice but not of vote.
   d. The Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote, upon refusal or neglect of any member of the Board to perform the duties of office, or for any conduct deemed prejudicial to the Society. Written notice shall be given to the member that the office has been declared vacant.
2. Duties
   a. The Board of Directors shall supervise all the business activities of the Society within the limitations of these Bylaws.
   b. The Board of Directors shall adapt and rescind Standing Rules of the Society.
   c. The Executive Committee shall have the power to act for the Board of Directors between meetings of the Board and such activities shall be in concert with the goals of the Society and subject to ratification by the Board at its next meeting.
3. Vacancies
   Any vacancy that occurs on the Board of Directors shall be filled as specified in Article V Section E of these Bylaws.
4. Meetings
   a. The Board of Directors shall meet immediately preceding and immediately following the annual business meeting of the Society and shall hold not fewer than two (2) regular and separate meetings during the course of the year.
   b. Special meetings of the Board of Directors shall be called by the President at such times as the business of the Society shall require, or upon written request of ten (10) members of the Board of Directors filed with the President and Secretary.
   c. A majority of the Board of Directors shall constitute a quorum.
5. Special Election_
   Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the membership. The questions thus presented shall be determined according to a majority of the valid votes returned within thirty (30) days after the date of such submission, except in the case of an amendment to the Bylaws when a two-thirds (2/3) majority of the valid votes received is required.

Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. Any amendment to the Bylaws of this Society shall be presented to the membership at least sixty (60) days prior to a vote, as provided in Article XVIII Section A of these Bylaws.

Article VIII MEETINGS

Section A DATE & PLACE

The Society shall hold an annual business meeting each calendar year. Additional meetings may be held as required to fulfill the objectives of the Society.

Section B PURPOSE

1. The annual business meeting shall be for the purpose of receiving reports of officers and ~~committees~~ **councils**, the results of the election and for other business brought by the President.

2. Additional business meetings shall be for the purpose of receiving reports and other business brought by the President.

Section C NOTIFICATION
Written notice of the time and place of the annual business meeting shall be sent to all members of the Society not fewer than ninety (90) days prior to the meeting. An agenda for the annual business meeting shall be sent to all members not fewer than thirty (30) days prior to the annual business meeting.

Section D QUORUM
A majority of the voting members registered at a duly called business meeting shall constitute a quorum.

Section E ATTENDANCE
All meetings called to conduct official business will be open to the membership-at-large.

Article IX SOCIETY DELEGATES TO THE ASSOCIATION'S HOUSE OF DELEGATES

Section A ELECTION
1. The Society shall elect an Alternate Delegate to the Association's House of Delegates in accordance with the Association's Bylaws in each even number year.
2. The candidates for election to this office may not be from the same chapter as the then incumbent Alternate Delegate.

Section B DUTIES
The duties of the Delegates shall be as specified in the Bylaws of the Association.

Section C TERM OF OFFICE
The candidate elected to the office of Alternate Delegate shall serve for a term of four (4) years, the first two (2) of which will be served as Alternate Delegate, and the remaining two (2) years as Delegate.

Section D SUCCESSION
No person may serve more than two successive terms in the House of Delegates.

Section E VACANCIES IN OFFICE
1. In the event of a vacancy in the office of Delegate, the Alternate Delegate shall become Delegate to serve the unexpired portion of the Delegate's term, and shall then serve his/her own, the successive term, as Delegate.
2. In the event of a vacancy in the office of Alternate Delegate, an election shall be held to fill the vacancy. Candidates for this election may not be from the same chapter as the then incumbent Delegate.

Article X COMMITTEES

Section A STANDING COMMITTEES
The chairpersons and members of the following standing committees shall be appointed by the President, subject to an approving vote of the Board of Directors, to serve for a term of one (1) year except as specified in Article XI Section A subsection 3 of these Bylaws.

1. Budget and Audit
2. Bylaws
3. Chapter Chairpersons
4. Education
5. Elections
6. Legislative
7. Membership
8. Nominations
9. Program
10. Public Relations
11. Publications
12. Strategic Planning
13. Student

Section B SPECIAL COMMITTEES AND OTHER APPOINTMENTS

Special committees or personnel may be appointed by the President as the business of the Society requires, subject to an approving vote of the Board of Directors.

Section C REMOVAL OF A COMMITTEE CHAIRPERSON
Involuntary removal of a committee chairperson requires a two-thirds (2/3) approving vote of the Board of Directors.

Article XI COUNCILS & DUTIES OF COMMITTEES

Section A PURPOSE AND DUTIES OF COUNCILS
In order to facilitate effective oversight and establish an accountability mechanism, the committees of the Society shall be organized into four functional groups or councils. The leadership of each council shall be appointed by the President. The composition of the councils may be modified at the discretion of the President to best achieve the goals of the Society.

1. Fiscal Responsibilities
This council shall be responsible for the fiscal oversight of the Society, including but not limited to assuring the development, implementation of and assurance of compliance with the annual budget, as well as making appropriate arrangement for the long-term financial viability of the Society.

2. Governmental Affairs
This council shall be responsible for the governing of the Society and shall be a liaison between the Society and any local, state or federal government activities that could potentially impact the profession of Respiratory Care as it is practiced in Illinois.

3. Professional Development
This council shall be responsible for the development and implementation of programs to facilitate recruitment, retention and education of Respiratory Care Professionals and members of this Society.

4. Strategic Communication
This council shall be responsible for communication within the Society, and communication between the Society and the public at large. This council shall also be responsible for the development of the Strategic Plan of the Society, as well as on-going guidance toward achieving the goals stated therein, or when appropriate, modification thereof.

Section B DUTIES AND COMPOSITION OF COMMITTEES

1. Budget and Audit Committee
   a. This committee shall be composed exclusively of members of the Board of Directors.
   b. This committee shall submit a proposed annual budget to the Board of Directors at the second quarter meeting of that body. The Board's approved budget, with revisions, shall then be presented in writing to the general membership.
   c. This committee shall verify that the Society's officers and committee chairpersons not exceed the budget in any category without the consent of the Budget and Audit Committee and an approving vote of two-thirds (2/3) of the Board of Directors.
2. Bylaws Committee
   a. This committee shall consist of a Chairperson and at least four (4) additional members from the Board of Directors.
   b. This committee shall receive proposed amendments to these Bylaws from members of the Board of Directors and shall edit such amendments prior to their submission to the Board of Directors.
   c. This committee will provide to the Board of Directors interpretation and recommendations on Bylaws questions.
3. Chapter Chairpersons' Committee
   a. This committee shall be composed of all incumbent Chapter Chairpersons of the Society.
   b. The Chairperson of this committee will be elected from the membership of the committee.
4. Education Committee
   a. This committee shall consist of a Chairperson and not less than four (4) additional members.
   b. This committee shall assist in designing and planning the educational activities for the Society and the Chapters.

5. Elections Committee
   a. This committee shall consist of a Chairperson and not less than four (4) additional members. Candidates listed on the Election Committee's ballot may not be members of this committee.
   b. This committee shall prepare, distribute, receive, verify and count ballots for all elections or actions requiring a general membership vote for approval.
6. Legislative Committee
   a. This committee shall consist of a Chairperson and at least six (6) members.
   b. This committee shall review proposed legislature that impacts the field of respiratory care.
   c. This committee shall provide the Board of Directors with interpretation and recommendations on legislative activity.
7. Membership Committee
   a. This committee shall consist of a Chairperson and at least six (6) members.
   b. This committee is responsible for membership services and recruitment.
8. Nominations Committee
   a. This committee shall consist of at least one (1) member from each chapter.
   b. This committee shall prepare for review by the Board of Directors a slate of candidates. It will be the responsibility of this committee to place at least one (1) name per office on the ballot.
9. Program Committee
   a. This committee shall consist of a Chairperson and not less than six (6) additional members.
   b. This committee shall be responsible for the planning and implementation of the Society's annual convention.
10. Public Relations Committee
   a. This committee shall consist of a Chairperson and at least four (4) additional members.
   b. This committee shall maintain such liaison as has been established by the Board of Directors with other organizations whose activities may be of interest to the members of this Society. This shall include the preparation of exhibits, programs and other items to bring the message of Respiratory Care and the Association to the medical, nursing and hospital groups, as well as educational facilities where use of such material can be expected to recruit new people to the field of Respiratory Care.
11. Publications Committee
   a. This committee shall consist of a Chairperson and not less than four (4) additional members.
   b. This committee shall concern itself with the execution of a Society newsletter and all other publications of the Society with the public, hospitals and other organizations through dissemination of information concerning Respiratory Care.
12. Strategic Planning Committee
   a. This committee shall consist of a Chairperson and at least three (3) members.
   b. This committee will formulate five-year strategic plans for the Society, to be submitted annually.
13. Student Committee
   a. This committee shall ideally consist of one (1) primary and one (1) alternate representative from each Respiratory Care educational program in the State and an active member of the Society who will function as a liaison to the Board of Directors.
   b. The purpose of the committee is to actively integrate students into the Society's systems and committees in order to establish knowledge of the Society and express concerns of the student population.

Article XII CHAPTER ORGANIZATION

Section A BOUNDARIES OF CHAPTERS

The boundaries of each chapter shall be prescribed by the Board of Directors. (Refer to Article III, Section A.)

Section B ORGANIZATION

The internal organization, except where in conflict with these Bylaws, shall not be the concern of this document.

Section C OFFICERS AND CHAPTER REPRESENTATION

1. Each chapter shall be represented on the Board of Directors by one member for each thirty-five (35) active members or major fraction thereof within the chapter, except that no chapter shall have less than one (1) Chapter Chairperson, and no less than two (2) or no more than a maximum of twenty (20) Chapter Representatives.
   a. Membership in a chapter shall be determined by the member's mailing address.
   b. The membership rolls as of March of each year shall determine the appointment of the Board of Directors.
   c. Only active members of the Association in good standing within a chapter and who are licensed by the IDFPR may be nominated and elected by members of the chapter to represent them on the Board of Directors.
   d. An active member may opt to transfer his chapter affiliation to a chapter other than the one that has been designated by his/her mailing address.
   e. An active member who wishes to transfer chapter affiliation must make a written declaration to the Society's Membership Committee in January of each year.
   f. The member's letter of declaration must contain:
      i. the chapter s/he is currently assigned through his/her mailing address
      ii. the chapter to which s/he wants to transfer
   g. The Membership Committee will confirm in writing the new chapter affiliation to the member, the chairperson of the old chapter and the chairperson of the new chapter.
   h. Transfer of chapter affiliations must be renewed in January of each year.
   i. Transfer members will have all rights and privileges of a regular chapter member.
   j. The chapters' representatives to the Board of Directors shall be elected no less than thirty (30) days prior to the annual business meeting and shall take office at the first quarter meeting.
   k. Vacancies shall be filled by appointment of the chapter chairperson subject to an approving vote by the chapter's active membership at their next regular meeting. Individuals nominated but not elected to the Board of Directors in the previous election shall have first consideration in appointment.
   l. Chapter representatives to the Board of Directors will serve a term of two (2) years and may succeed themselves indefinitely.
   m. A seat may be declared vacant by a simple majority of the chapter membership present at any regular business meeting.
   n. If a member's mailing address is outside of Illinois, the member should select the chapter to which s/he wishes to belong. If no selection is made, the chapter affiliation will be selected by the membership committee, using a procedure approved by the Board of Directors.
2. Each chapter will be represented on the Executive Committee of the Board of Directors by one (1) chapter chairperson.
   a. Only the active members of the Association in good standing within the chapter and who are licensed by the IDFPR may be nominated and elected by the members of the chapter to the office of Chapter Chairperson.
   b. The Chapter Chairperson shall be elected no less than thirty (30) days prior to the annual business meeting
   c. A committee of the Chapter Representatives will appoint a Chapter Chairperson in the event of a vacancy, subject to an approving vote by the chapter membership at their next regular business meeting.
   d. The Chapter Chairperson will serve a term of two (2) years and may succeed his/herself indefinitely.
   e. The office may be declared vacant by a simple majority of the active members of the Association within the chapter at a regular business meeting.

Section D ACTIVITIES

Each chapter organization shall be encouraged to expand the membership of the chapter and to develop educational activities and such other activities as is consistent with the Articles of Incorporation and these Bylaws.

Section E CHAPTER ADMISSION REQUIREMENTS

1. A chapter will be bounded by county lines.
2. There will be seven chapters within the state.
3. Chapters must have a minimum of fifty (50) active members from one (1) or more adjacent counties; a new chapter of the Society may be organized by written petition of no less than fifty (50) active members in a given geographical area.
4. The petition will then be presented to the Board of Directors for review and shall consist of a list of memberships, officers, minutes of the organizational meeting, chapter Standing Rules and geographical locations (by counties).
5. Approval of the petition will be granted by a two-thirds (2/3) vote of the assembled Board of Directors.

Section F CORRESPONDENCE

1. A copy of the minutes of the governing body and business meetings of the chapter shall be sent to the Society's office.
2. The names and addresses of chapter officers shall be sent to the Society's office.

Article XIII BOARD OF MEDICAL ADVISORS (BOMA)

Section A COMPOSITION

The Society shall have four (4) Medical Advisors. Candidates for Medical Advisor must be physicians who have an identifiable role in clinical, organizational, educational or investigational Respiratory Care.

Section B TERM OF OFFICE

Each member shall serve for a term of four (4) years, two members to be elected each even numbered year by active members of the Association within the Society. The term of office shall commence immediately following the annual business meeting of the Society.

Section C DUTIES

1. The Board of Directors and all committees shall consult the BOMA in regard to all matters of medical policy. The BOMA shall assist the appropriate committees or chapters regarding educational programs and publications. The Chairperson of the BOMA or his/her delegate shall attend all regular meetings of the Board of Directors and shall have privilege of voice but not vote.
2. The Chairperson of the Society's BOMA shall submit in writing the names of all its members to the Association's BOMA for approval.
3. The Chairperson or his/her delegate shall report all activities to the Board of Directors of the Society at its regular meetings.
4. Charges to the BOMA shall be made from the Board of Directors of the Society.
5. The BOMA shall elect their own officers and be responsible for such organizational policies as they may otherwise require.
6. Funds that may be required for the BOMA activities should be budgeted within the Executive Committee's budget request.

Section D VACANCIES

1. Any vacancy that occurs on the BOMA shall be filled by appointment of the President of the Society and ratified by the Board of Directors at their next regularly scheduled meeting.
2. The appointed member will fulfill the remainder of the unexpired term.
3. The term of office of a Medical Advisor may be terminated at any time by a two-thirds (2/3) vote of the Board of Directors. Notification of this action shall be submitted to the Medical Advisor and the Chairperson of the Society's BOMA.

Section E MEETINGS
An annual meeting of the BOMA shall be held at the time and place of the annual business meeting of the Society, and other meetings shall be held at such times and places as shall be determined by the BOMA.

Article XIV FISCAL POLICY

Section A FISCAL YEAR
The fiscal year of the Society shall be from January 1st through December 31st.

Section B FISCAL ACTIVITIES
All fiscal activities shall be in accordance with the Society's Standing Rules.

Article XV DUES AND ASSESSMENTS

Section A PAYMENT OF DUES
Each member of the Society shall pay annual dues in such amounts and in such manner as may be established on an annual basis by the Board of Directors.

Section B ASSOCIATION MEMBERS
Society dues shall be considered paid in full upon payment of the Association's dues.

Section C ASSESSMENTS
The Society shall have the right to assess the membership.

Article XVI ETHICS

If the conduct of any Society member shall appear to be in willful violation of the Bylaws or Standing Rules of this Society or prejudicial to this Society's interests as defined in the Association's Code of Ethics, the matter will be referred to the Association's Judicial Committee and/or the Society's Board of Directors as determined by membership designation.

Article XVII PARLIAMENTARY PROCEDURE

Section A PARLIAMENTARIAN
The Delegate of the Society will serve as Parliamentarian of the Board of Directors during his/her term.

Section B PROCEDURE
The rules contained in Robert's Rules of Order (Revised) shall govern whenever they are not in conflict with the
Bylaws of the Society or the Association.

Article XVIII AMENDMENTS

Section A RATIFICATION
These Bylaws may be amended at any regular meeting of the Society with provisions for absentee ballot or by vote of the Society by a two-thirds (2/3) majority of those voting, provided the proposed amendment has received an approving vote of two-thirds (2/3) of the assembled Board of Directors and has been presented to the membership in writing not less than sixty (60) days prior to the vote.

Article XIX INTENT

No provisions of the Bylaws of the Illinois Society for Respiratory Care shall be interpreted to conflict with the provisions of the Bylaws of the Association. Notwithstanding provisions of Article XVIII, these Bylaws may be amended by the Board of Directors at any time they are found to be in conflict with the Bylaws of the Association. They may also be amended by the Board when a correction for clarity, conformity or simple name change is deemed necessary by the Board.

BYLAWS OF THE ***2011***

MISSOURI SOCIETY FOR RESPIRATORY CARE

ARTICLE I – NAME

This organization shall be known as the Missouri Society for Respiratory Care, Incorporated under the general Not-for-Profit Act of the State of Missouri, hereinafter referred to as the Society, a chartered affiliate of the American Association for Respiratory Care, hereinafter referred to as AARC, which is incorporated under the general Not-for-Profit Corporation Act of the State of Illinois.

ARTICLE II - OBJECTIVES

SECTION 1. PURPOSE

The Society is formed to:

a. Encourage, develop and provide, on a regional basis, educational programs for those persons interested in respiratory therapy and diagnostics, hereinafter referred to as Respiratory Care.

b. Advance the science, technology, ethics, and art of respiratory care, using all methods and procedures suitable and appropriate.

c. Facilitate cooperation and understanding among respiratory care personnel and the medical profession, allied health professionals, hospitals, service companies, industry, government organizations, and other agencies interested in respiratory care.

d. Provide education to the general public about pulmonary health promotion and disease prevention.

SECTION 2. INTENT

a. No part of the monies of the Society shall inure to the benefit of any private members or individual, nor shall the Society perform particular services for individual members thereof.

b. The Board of Directors shall provide for the distribution of the funds, income, and property of the Society to charitable, educational, scientific, or religious corporations, organizations, community chests, foundations, or other kindred institutions maintained and created for one or more of the foregoing purposes, if at the time of distribution the payee or distributees are exempt from income taxation, and if gifts or transfers to the payee or distributees are then exempt from taxation under the provisions of the Internal Revenue Code or changes which amend or supersede the said sections.

c. In the event of dissolution of the Society, whether voluntary or involuntary, all of its remaining assets shall be distributed in such manner as the Board of Directors of the Society shall by majority vote determine to be best calculated to carry out the objectives and purposes for which the Society was formed. The distribution of the funds, income, and property of the Society upon dissolution may be made available to any similar

charitable, educational, scientific, or religious corporations, organizations, community chests, foundations, or other kindred institutions maintained and created for one of more the foregoing purposes, if at the time of distribution the payee or distributees are then exempt from income taxation under the provisions of Sections 501, 2055, 2522 of the Internal Revenue Code or changes which amend or supersede the said sections.

d. The Society shall not commit any act which shall constitute the unauthorized practice of medicine under the laws of the State of Missouri or any other state.

e. Members and individuals can receive compensation for services provided to the Society as approved by the Board of Directors.

ARTICLE III - MEMBERSHIP

SECTION 1. CLASSIFICATIONS

The membership of the Society shall only consist of membership classes as defined by the Bylaws of the AARC.

SECTION 2. QUALIFICATIONS

Applicants for membership shall meet all the qualifications of the class of membership for which they apply. As a condition of membership, all members shall be bound by the Articles of Incorporation, Bylaws, standing rules, code of ethics, and other rules, regulations, policies and procedures adopted from time to time by the Society and the AARC.

SECTION 3. APPLICATIONS FOR MEMBERSHIP

Applicants for membership shall submit their completed official applications to the Executive Office of the AARC for processing and approval.

SECTION 4. ETHICS

If the conduct of any member shall appear to be in violation of the Bylaws, standing rules, code of ethics, or other regulations, policies, or procedures adopted by the AARC or the Society, or shall appear to be prejudicial to the AARC or Society's interests, such members may be reprimanded, suspended, expelled, or have their membership status reclassified in accordance with the procedures set forth in the AARC's or Society's policies or procedures.

ARTICLE IV – EXECUTIVE COMMITTEE

SECTION 1. EXECUTIVE COMMITTEE OFFICERS

a. The Executive Committee of the Board of Directors shall consist of the President, President-elect, Vice-President, Vice-President elect, Secretary, Treasurer, Immediate Past President, and Delegates.

b. The Executive Committee shall have the power to act for the Board of Directors between meetings of the Board and such action shall be subject to ratification by the Board at its next meeting.

SECTION 2. TERM OF OFFICE

a. The term of office shall begin July 1.

b. The term of office for the President, President-elect, Immediate Past President, Secretary, and Treasurer shall be two (2) years.

c. The term of office for the Vice-President and Vice-President elect shall be one (1) year.

d. The Delegates shall be elected for a term of four (4) years.

e. No officer shall serve more than three (3) consecutive terms in the same office or hold concurrent offices, except as specified in Article VII, Section 3.

SECTION 3. VACANCIES IN OFFICE

a. In the event of a vacancy in the office of President, the President-elect shall become Acting President to serve the unexpired term and shall serve the successive term as President.

b. In the event of a vacancy in the office of the President-elect, the Vice-President shall assume the duties, but not the office, of the President-elect and shall also continue to serve as Vice-President until the next scheduled election.

c. In the event of a vacancy in the office of Vice-President, the Vice-President-elect shall become acting Vice-President to serve the successive term as Vice-President.

d. Any vacancy in the office of Secretary, Vice President Elect or Treasurer shall be filled by the appointment of a qualified individual by the Board of Directors. Individuals so appointed shall serve until the next scheduled election for office.

e. In the event of a vacancy in the office of Immediate Past President, that office shall remain vacant for the remainder of that term.

f. In the event of a vacancy in the office of Delegate, the Past President or President may be directed by the MSRC Board of Directors to be seated in the Missouri Delegation.

SECTION 4. DUTIES OF OFFICERS

a. All Executive Committee officers are required to attend quarterly Board meetings. If an Executive Committee member is absent for three (3) consecutive Board meetings they may be removed from office by two thirds majority vote of the Board of Directors.

Written notice will be given to the member that the office has been declared vacant.

b. President - The President shall be the chief executive officer of the Society. The president shall preside at the Annual Business Meeting and all meetings of Board of Directors; prepare an agenda for each meeting; appoint standing and special committees; be an ex officio member of each committee, except the Nominations and Elections committee; and present an annual report to the board and members of the society. Committee appointments shall be approved by a majority of the Board of Directors

c. President-elect - The President-elect shall become acting President and shall assume the duties of the President in the event of the President's absence, resignation, or disability; the President-elect shall perform such other duties as shall be assigned by the President or Board of Directors. The President-elect serves as Chair of the Budget and Audit Committee and the District Affairs Committee

d. Vice-President - The Vice President shall have primary responsibility for and serve as co-chair of the annual state conference program committee and perform such duties as assigned by the President and the Board of Directors. The Vice-President shall assume the duties of the President-elect in the event of the president-elect's absence, resignation, or disability and will also continue to carry out the duties of the office of the Vice-President.

e. Vice-President-elect - The Vice-President-elect shall serve as co-chair of the annual state conference program committee and shall assume the duties of the Vice-President in the event of the Vice-President's absence, resignation, or disability, and shall perform such other duties as shall be assigned by the Vice-president, the President or Board of Directors.

f. Treasurer - The Treasurer shall have charge of the funds and securities of the Society; endorsing checks or other orders for the payment of bills; disbursing funds in accordance with the approved budget and depositing funds as the Board of Directors may designate. The treasurer shall see that full and accurate accounts are kept; make written quarterly financial reports to the Board of Directors and a complete written yearly report of the Society for the preceding year to the Board of Directors. The Treasurer shall assure that all policies and procedures set forth by the Board of Directors relative to the funds and securities of the Society are followed and shall report any discrepancies or inconsistencies to the President and Budget and Audit Chair. The annual reports shall be made within thirty (30) days of the end of the fiscal year. At the expense of the Society, the treasurer shall see that a commercial insurance policy with general liability and crime coverage remains paid and in effect. The Treasurer, with the President, will be responsible for disbursement of all society funds.

g. Secretary - The Secretary shall have charge of keeping the minutes of the Board of Directors' meetings and the annual business meeting; executing assigned general correspondence; attesting the signatures of the officers of the Society; forwarding an approved copy of the minutes of every Board of Director's meeting to the executive office of the AARC; and shall perform all duties as shall be assigned by the President or Board of Directors.

h. Immediate Past President - The immediate past president shall advise and consult with the President and shall perform such other duties as shall be assigned by the President or the Board, and shall chair the Bylaws Committee.

i. Delegate: the Delegates shall represent the Society membership and the MSRC Board of Directors in the AARC House of Delegates **(HOD)**. They shall be elected by members of the Society who are Active or Life members of the AARC, in accordance with the AARC Bylaws.

ARTICLE V - BOARD OF DIRECTORS

SECTION 1. COMPOSITION AND POWERS

a. The executive government of the Society shall be vested in a board of active members, licensed with the state of Missouri, consisting of the executive committee officers, Treasurer Elect, Directors-at-large, District Presidents, District Representatives, and Medical Advisors to the Society.

b. The voting members of the Board of Directors shall be the President, President-elect, Vice-President, Vice-President elect, Secretary, Treasurer, Treasurer-elect, Immediate Past President, Delegates, District Presidents and Directors-at-Large.

c. The President, Past President, Vice President and Delegates shall be listed on the annual corporate registration with the state of Missouri.

d. No Officer of the MSRC Board of Directors shall be an Officer of the AARC simultaneously.

e. The President shall be chair and presiding officer of the Board of Directors and Executive Committee. The President shall invite such individuals to the meetings of the Board as deemed necessary who shall have the privilege of voice but not vote.

f. To serve on the Board of Directors for the Society, the nonphysician members must maintain active licensure by the State of Missouri as a Respiratory Care Practitioner. Failure to submit proof of registration or maintain its active status will result in forfeiture of their office.

g. To serve on the Board of Directors for the Society, the nonphysician members must maintain active membership in the AARC.

SECTION 2. DIRECTORS-AT-LARGE

a. Two (2) Director at Large shall be elected every two (2) years, and the term of office for Director at Large shall begin on July 1. The Directors at Large shall represent the members of the Society at the Board of Directors meetings.

b. No Directors at Large shall serve more than three (3) consecutive terms in the same office or hold concurrent offices, except as specified in Article VII, Section 3.

SECTION 3. TREASURER ELECT

a. The Treasurer Elect shall be elected every two (2) years, and the term of office for Treasurer Elect shall begin on July 1.

b. The Treasurer Elect becomes the Treasurer after their first year.

c. In event the sitting Treasurer is elected as the Treasurer Elect, she/he continues to serve as Treasurer for the elected term.

SECTION 4. DUTIES OF THE BOARD OF DIRECTORS

a. All Board of Directors are required to attend quarterly Board meetings. If a member is absent for three (3) consecutive Board meetings they may be removed from office by two thirds majority vote of the Board of Directors. Written notice will be given to the member that the office has been declared vacant.
b. Supervise all business and activities of the Society within the limitation of these Bylaws.
c. Adopt and rescind standing rules, regulations, policies, and procedures of the Society.
d. Perform such other duties as may be necessary or appropriate for the management of the Society and/or its Policy & Procedures.

SECTION 5. VACANCIES

a. The Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote, upon refusal, neglect, or disability of any member of the Board to perform the duties of office; for any conduct deemed prejudicial to the Society.
b. Any vacancy that occurs on the Board of Directors, except Delegate, shall be filled by qualified active members elected by the Board of Directors for the unexpired term of such vacancy, unless otherwise noted in these Bylaws for such an event.

SECTION 6. MEETINGS

a. The Board of Directors shall convene at least four (4) times per year, once each quarter.
b. Special meetings of the Board of Directors shall be called by the President at such times as the business of the Society shall require, or upon written request of the majority of the officers of the Board filed with the President or Secretary of the Society.
c. A minimum of 1/3 of the voting members of the Board of Directors shall constitute a quorum.

SECTION 7. VOTING

Whenever in the judgment of the Board of Directors, it is necessary to present any business to the membership, prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Election committee to conduct a vote of the membership by mail (including electronic). Such votes shall require approval of a majority of the valid votes received within thirty (30) days after date of such submission to the membership. The result of the vote shall control the action of the Society.

ARTICLE VI - ANNUAL BUSINESS MEETING

SECTION 1. DATE AND PLACE

a. The society shall hold an Annual Business Meeting; additional meetings may be held as required to fulfill the objectives of the Society.
b. The date and place of the Annual Business Meeting and additional meetings shall be decided in advance by the Board of Directors. The Board of Directors may cancel the scheduled meeting, set a new date and place if feasible, or conduct the business of the meeting by mail (including electronic), provided the written material is sent to the membership.

SECTION 2. PURPOSE

a. The Annual Business Meeting for the membership shall be for the purpose of receiving reports of officers and committees, the results of the election, and for other business brought by the President.
b. Additional business meetings shall be for the purpose of receiving reports and other business brought by the President.

SECTION 3. NOTIFICATION

Notice of the time and place of the Annual Business Meeting shall be published to all members of the Society not fewer than forty-five (45) days prior to the meeting.

ARTICLE VII - SOCIETY DELEGATES TO THE AARC HOUSE OF DELEGATES

SECTION 1. ELECTION

Delegates of this Society to the House of Delegates of the AARC shall be elected as specified in the AARC bylaws, Article VII, Section 5. The MSRC Past-President or President may be seated as the society's second or third Delegate as approved by the Board.

SECTION 2. DUTIES

The duties of the Delegates shall be as specified in the bylaws of the AARC, Article VII, Section 3.

SECTION 3. MULTIPLE DUTIES

Except for the office of Past-President, the members of the delegation may not hold concurrent office on the Executive Committee.

SECTION 4. SUCCESSION

No person may serve more than three (3) complete consecutive terms in the House of Delegates, unless approved by the MSRC Board of Directors. The Delegates shall be elected for a term of four (4) years; one Delegate shall be elected every two years.

ARTICLE VIII - SOCIETY MEDICAL ADVISORS

The Society shall have at least one (1) Medical Advisor, who shall be a member of at least one of the sponsoring organizations of the AARC. Advisors must be physicians who have an identifiable role in clinical, organizational, educational, or investigative Respiratory Care and is licensed to practice medicine in the State of Missouri. Medical Advisors shall act as consulting members to the President and Board of Directors and to those committees to which they have been assigned.

ARTICLE IX – DISTRICTS

SECTION 1. REQUIREMENTS

a. There shall be a minimum of four (4) districts within the state and each shall be bounded by county lines.
b. Districts must have a minimum of twenty (20) active members and must include geographical areas outside either a Standard Metropolitan Statistical Area, or the counties adjacent to a main population center.
c. A new district of this society may be organized by petition of no less than twenty (20) active members in a given geographical area within county lines as boundaries. The petition will then be presented to the Board of Directors for action.

SECTION 2. DISTRICT REPRESENTATION

a. Each district will be represented on the Board of Directors by the District officers to include the District - President and District Representative. Only the District President will have voting privileges on the Board of Directors. In the absence of the District President, the District Representative will vote; in the absence of the District President and District Representative, the District Vice President or, in the absence of the District President, Dictrict Representative and Vice President, the District Secretary will vote; if

the aformentioned officers are not available, the District President may proxy voting privileges to another active District member for that meeting.

b. Each District will elect officers for the District to include the District President, Vice-President, Secretary, and Representative. Only the active or life members working within a District may be nominated and elected by members of that District to represent them on the Board of Directors. The District officers shall be elected prior to the Annual Business Meeting, and shall take office on July 1 of the calendar year.

c. A District officer shall serve a term of two (2) years, and shall not serve more than three (3) consecutive terms in the same office, unless approved by the Board. District officers cannot hold concurrent offices within the District.

d. A District office may be declared vacant by a simple majority of the district membership in the event of an officer's refusal, neglect, or disability to perform the duties of office. The MSRC Board of Director may appoint a replacement in the event of vacancy, or an District election may take place to fill the unexpired term of office.

e. A District office may be declared vacant by the Board of Directors in accordance with these Bylaws.

SECTION 3. DUTIES OF DISTRICT OFFICERS

a. President -The District President shall represent the District members on the Board of Directors of the Society, preside at all District meetings, appoint such committees as are necessary to conduct District affairs, supervise preparation of minutes of each District meeting and their submission to the Secretary of the Society; supervise the submission of reports of District activities to the editor of the society newsletter and to the Board of Directors, and disseminate information from the Board to the members of the District.

b. Vice President- The District Vice President shall assist in the planning of the meetings held within the District boundaries and serve as a member of the annual state conference program committee. In the event the District President office is declared vacant, the District Vice President assumes the office of District Presient for the remainder of the term; the District may hold a special election to fill the office of District Vice President.

c. Secretary- The District Secretary shall record the minutes of all District meetings and submit them to the District President for approval, submit the approved minutes to the secretary of the society, conduct communications to the members of the District as requested by the District President, serve as a member of the publications committee, and submit information about District activities to the editor of the society newsletter.

d. District Representative- The District Representative shall represent the District membership as a nonvoting member of the Board of Directors, serve as the District Treasurer, and serve upon the Society's Budget and Audit committee.

SECTION 4. ELECTIONS OF DISTRICT OFFICERS

The odd-numbered Districts will hold elections for officers during odd-numbered years and even-numbered Districts will hold elections during even-numbered years.

SECTION 5. DISSOLUTION OF DISTRICTS

A District may be dissolved and merged with a neighboring District by the Board of Directors with due and sufficient cause such as: failure of the District to maintain at least twenty (20) active members; failure of the District membership to fill vacancies for District officers; or failure of District officers to perform their appointed duties. Members of the District shall be notified of the intent to dissolve the District and shall be allowed at least sixty (60) days to present just cause in writing to the President of the Society that such action is unjustified. In the event that a District is dissolved, the District Affairs committee will recommend new District boundaries which shall be subject to a two-thirds (2/3) affirmative vote of the Board of Directors present.

SECTION 6. BOUNDARIES OF DISTRICTS

The area included in the boundaries of the Society shall be boundaries of the State of Missouri and shall include counties and/or cities to make up the following districts:

DISTRICT 1:
Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Francis, St. Genevieve, St. Louis County, St. Louis City, Warren, and Washington .

DISTRICT 2:
Barton, Benton, Barry, Camden, Cedar, Christian, Dade, Dallas, Dent, Douglas, Greene, Hickory, Howell, Jasper, LaClede, Lawrence, McDonald, Morgan, Newton, Oregon, Ozark, Polk, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, and Wright .

DISTRICT 3:
Adair, Audrain, Boone, Callaway, Chariton, Clark, Cole, Cooper, Howard, Knox, Lewis, Macon, Maries, Marion, Miller, Moniteau, Monroe, Osage, Pettis, Phelps, Pike, Pulaski, Ralls, Randolph, Saline, Schuyler, Scotland, and Shelby.

DISTRICT 4:
Bates, Cass, Clay, Henry, Jackson, Johnson, Lafayette, Platte, and Ray, Andrew, Atchison, Buchanan, Caldwell, Carroll, Clinton, Davies, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan and Worth

DISTRICT 5:
Iron, Madison, Perry, Reynold, Wayne, Bolinger, Cape Girardeau, Stoddard, Butler, Dunklin, New Madrid, Pemiscot, Mississippi, Scott, Ripley, and Carter.

ARTICLE X - COMMITTEES

SECTION 1. STANDING COMMITTEES

a. The standing committees of the Society shall be: Budget and Audit, Bylaws, District Affairs, Education, Government Affairs, Judicial, Membership, Nominations and Elections, Program, Publications, and Public Relations. The Chair and members of standing committees shall be appointed by the President, subject to the approval of the Board of Directors, to serve for a term of one (1) year, except as otherwise specified in these Bylaws.
b. Decisions of standing committees must be approved by the Board of Directors.
c. The committee chairperson appointment must be approved by a simple majority of the Board of Directors at the first meeting of the Board of Directors during the Fiscal Year.

SECTION 2. COMMITTEE CHAIRPERSON DUTIES

a. The chairperson shall attend all Board meetings and perform those duties specified by the President and Board of Directors and/or its Policy & Procedures to carry out the objectives of the Society, and shall confer promptly with the members of that committee on work assignments. A committee chairperson who is absent for three (3) consecutive Board meetings may be removed from office by the Society President. Written notice will be provided to the member that the office has been declared vacant.
b. Consultants to committees must be approved by the Board.
c. The chairperson of each committee may recommend prospective committee members to the President.
d. The chairperson of each committee shall submit a written report to the President prior to each quarterly meeting of the Board of Directors.
e. Each committee requiring operating expenses shall submit a budget for the next fiscal year to the Budget and Audit Committee.

SECTION 3. COMPOSITION AND DUTIES OF COMMITTEES

a. Budget and Audit Committee

1. This committee shall be composed of the President-elect, Treasurer, Treasurer Elect and District Representatives.

2. This committee shall propose an annual budget which shall be presented at the annual business meeting. The budget shall be available for review by the membership.

3. The committee shall verify that no Board member or committee chairperson exceeds their budget without the approval of two-thirds (2/3) of the Board of Directors.

b. Bylaws Committee

1. The Bylaws Committee shall consist of the immediate Past-President, as chair, the sitting President and minimum of four (4) additional active Society members approved by the Board of Directors.
2. All proposed amendments shall be processed in accordance with these Bylaws, and shall be presented to the Board of Directors for review. Amendments shall be presented to the Board of Directors at least thirtry (30) days prior to the Board meeting at which they are to be considered.

3. Upon approval by the MSRC Board of Directors, proposed revisions of the MSRC Bylaws must be sent to the AARC Bylaws Committee for review and approval by the AARC Board of Directors.

4. Upon approval by the AARC Board of Directors, the amended Bylaws will be published for ratification by MSRC membership by vote.

c. District Affairs Committee

1. The committee shall consist of the President-elect as chairperson and the District Presidents.
2. It shall review activities of all districts on a quarterly basis and shall maintain a liaison with each District President for the purpose of critique and consultation concerning district activities.

d. Education Committee

1. This committee shall consist of a chairperson, the Program Directors and Directors of Clinical Education of accredited Respiratory Care Programs within Missouri, and at least three (3) other members.
2. This committee shall assist in designing and planning the educational activities of the Society and its districts.
3. The Society Medical Advisor(s) shall be consultant member(s) of this committee.

e. Government Affairs Committee

1. This committee shall consist of a chairperson and co-chairperson and at least three (3) other members.
2. This committee shall be responsible for monitoring and working with the Legislature, State and local government agencies to promote the practice of Respiratory Care by members of the Society.

f. Judicial Committee

1. The committee shall consist of a chairperson and no less than five (5) active members of the Society appointed by the President .
2. This committee shall review formal written complaints against any individual Society member charged with any violation of the Society's Bylaws or Code of Ethics, or otherwise with any conduct deemed detrimental to the Society or the AARC. The committee may also originate complaints. Complaints or inquiries may be referred to this committee by the AARC Judicial Committees.
3. If this committee determines that the complaint justifies an investigation, a written copy of the charges shall be prepared, with benefit of legal counsel if deemed advisable.
4. A statement of charges shall then be served upon the member and an opportunity given that member to be heard before the committee with counsel if the member desires.
5. After careful review of the results of this hearing, conducted with benefit of legal counsel, when the Chairperson of the committee deems counsel is necessary or advisable, the committee may, by two-thirds (2/3) vote of its entire membership, recommend expulsion to the Board of Directors. Upon approval the Board of Directors may forward that recommendation and all applicable documents to the chairperson of the AARC Judicial Committee .
6. The member shall have the right to appeal the decision of the Board of Directors. Within thirty (30) days after receipt of notice of expulsion, the expelled member shall have the right to appeal the decision to the Board of Directors. If such an appeal is made, the Board shall forward the appeal and accompanying documentation to the AARC Judicial Committee.
7. The Society Board of Directors, as it deems appropriate, and by (2/3) vote of members present, shall report action(s) taken and or recommendations to the Missouri Board for Respiratory Care and or other appropriate agencies relative to the Practice of Respiratory Care in the State of Missouri.

g. Membership Committee

1. The membership committee shall consist of a chairperson and at least five (5) members two (2) of whom shall be the Delegates, Treasurer of the Society and Treasurer Elect.

2. This committee shall maintain a current roster of all members and promote AARC membership within the profession.

h. Nominations and Elections Committee

1. This committee shall consist of a chairperson and at least two (2) other members.
2. The chairperson of this committee shall report the slate of nominees to the Board of Directors for approval no less than forty-five (45) days prior to the annual meeting.
3. The Committee shall place in nomination the names of persons for each of the following offices: President-Elect, Vice President-elect, Secretary, Treasurer-elect, a Delegate, and two (2) Directors-at-Large. Additional nominations may be made from the Board of Directors.
4. Only active and life members in good standing shall be eligible for nomination. The committee shall provide a pertinent biographical sketch of each nominee's professional activities and service to the organization.
5. Election of officers shall be by mail (including electronic) ballot.
6. The approved slate and biographical sketches shall be published to every Active and Life member in good standing.
7. The slate of nominees shall be so designed as to be a confidential ballot, with provisions for write-in votes for each office.
8. The Committee shall verify the eligibility of each ballot and tally the votes prior to the annual business meeting. A simple majority of the eligible votes received will determine which candidate is placed in office. The results of the election shall be announced at the annual business meeting, and shall be published in the official publications of the Society.

i. Program Committee

1. This committee shall consist of two (2) co- chairpersons, Education committee chairperson, a member from each District who is involved in the district's educational program, and at least two (2) members.
   The Vice-President and Vice-President elect of the organization shall serve as co-chairpersons.
2. This committee shall plan the annual program and serve as consultant for seminars and other Society meetings as necessary.
3. The Medical Advisor(s) shall be consultant member(s) of this committee.

j. Publications Committee

1. This committee shall consist of a chairperson and at least three (3) other members.

2. This committee shall be responsible for publishing the Society newsletter and oversight of the Society's media.

k. Public Relations

1. This committee shall consist of a chairperson and at least three (3) other members.
2. This committee shall maintain a liaison with all of the Society committees and other organizations whose activities may be of interest to members of this Society, provided that the liaison has been approved by the Board of Directors.
3. This committee shall prepare exhibits and programs to publicize respiratory care and the Society to interested professional and technical groups, as well as educational groups.

SECTION 4. SPECIAL COMMITTEES AND OTHER APPOINTMENTS

a. Special committees may be appointed by the President, subject to approval of the Board of Directors.
b. Representatives of the Society to such external organizations as may be required shall be appointed by the President, with the approval of the Board of Directors.

SECTION 5. VACANCIES ON COMMITTEES

In the event of a vacancy occurring on any committee, the President shall appoint members to fill such vacancies, subject to the approval of the Board of Directors by electronic vote or at the next regular meeting.

ARTICLE XI - FISCAL YEAR

The fiscal year of the Society shall be from July 1 through June 30.

ARTICLE XII - PARLIAMENTARY AUTHORITY

The rules contained in the most current edition of *Robert's Rules of Order* shall govern whenever they are not in conflict with the Articles of Incorporation, Bylaws, Standing Rules, MSRC Policy and Procedure or other rules of the Society, or AARC.

ARTICLE XIII - BYLAWS INTERPRETATION

a. In the event of a problem with the interpretation of the Bylaws, the question shall be referred to a Bylaws Interpretation Committee. This committee shall be comprised of the Immediate Past President, President, President-Elect, Vice-President, and Delegates.

The President shall serve as the Chair of the committee.

b. The Board of Directors may refer a Bylaws interpretation matter to the committee by a two-thirds (2/3) affirmative vote.

c. The decision of this committee shall be final.

OSRC BYLAWS

Revised September 15, 2011

OKLAHOMA SOCIETY FOR RESPIRATORY CARE, INC

ARTICLE I – NAME

This organization shall be known as the Oklahoma Society for Respiratory Care, Inc and shall hereinafter be referred to as the Society or OSRC. The OSRC is a chartered affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC or The Association, which is incorporated under the General Not for Profit Corporation Act of the State of Illinois.

ARTICLE II – BOUNDARIES

The area included within the boundaries of this Society shall be the boundaries of the State of Oklahoma.

ARTICLE III – OBJECT

SECTION 1. PURPOSE

1. To encourage, develop and provide on a statewide basis educational programs for those persons actively participating and/or interested in the field of Respiratory Care.

2. To advance the science, technology, ethics and art of Respiratory Care through institutes, meetings, lectures, and the preparation and distribution of newsletter and other materials.

3. Facilitate cooperation and understanding among respiratory care personnel and the medical profession, allied health profession, hospitals, service companies, industry, governmental organizations, and other agencies interested in respiratory care

4. Provide education of the general public in pulmonary health promotion and disease prevention.

SECTION 2. INTENT

1. No part of the funds of the Society shall inure to the benefit of any private member or individual; nor shall the corporation perform particular services for individual members thereof.

2. The Board of Directors shall provide for the distribution of the funds, income, and property of the Association to charitable education, scientific, or religious corporations, organizations, community chest, foundations, or other kindred institutions maintained and

created for one or more of the foregoing purposes and if gifts or transfers to the payee or distributees are then exempt from taxation under the provisions of Sections, 501, 2055, and 2522 of the Internal Revenue Code or changes which amend or supersede the said sections.

3. In the event of the dissolution of this Society, whether voluntary or involuntary, all of its remaining assets shall be distributed in such manner as the Board of Directors of this Society shall by majority vote determine to be best calculated to carry out the objectives and purposes for which the Society formed. The distribution of the funds, income, and property of this Society upon dissolution may be made available to any similar charitable, educational, scientific, or religious corporation, organizations, community chest, foundations, or other kindred institutions maintained and created distributees are then exempt from income taxation, and if gifts or transfers to the payee or distributees are then exempt from taxation under the provisions of Sections 501, 2055, and 2522 of the Internal Revenue Code or changes which amend or supersede the said sections.

ARTICLE IV - MEMBERSHIP

SECTION 1. CLASSES

The membership of this Society shall include three (3) classes: Active, Associate and Special members.

SECTION 2. ELIGIBILITY

An individual is a member of this Society if that person is a member of the AARC as specified in the AARC Bylaws.

SECTION 3. CLASSIFICATIONS

The classifications and limitations of membership are as defined in the AARC Bylaws.

SECTION 4. APPLICATION FOR MEMBERSHIP

Application for membership shall follow the procedure specified in the AARC Bylaws.

ARTICLE V – OFFICERS

SECTION 1. OFFICERS / MEMBERS OF THE BOARD OF DIRECTORS

The officers of the Society shall be a President, a President Elect, an immediate Past President, a Vice-President, a Secretary, a Treasurer, and two delegates.

All officers are members of the Society's Board of Directors.

SECTION 2. TERM OF OFFICE

With the exception of delegates, the term of office for Society officers shall be one (1) year. The term of all officers shall begin January 1st of each year. The President-elect shall complete immediate successive one (1) year terms for the offices of President-elect, President, and immediate Past President before being eligible to run for a new elected Board of Director office. The incumbent officers shall remain in office until such date and time their respective successors assume office, a written resignation is received by the Board of Directors of the Society, or the individual's membership status in the Society is no longer active.

SECTION 3. VACANCIES IN OFFICE

1. In the event of a vacancy in the office of the President, the President-elect shall become acting President to serve the unexpired term and shall serve his/her own, the successive term, as President.

2. In the event of a vacancy in the office of the President-elect, the Board of Directors shall appoint a Past President of the Society to fill the office until a new President-elect is elected by the membership.

3. In the event of a vacancy in the office of the Vice-President, Secretary or Treasurer, the Board of Directors shall fill the vacancy by appointment of a qualified applicant. The individuals as appointed shall serve the remaining unexpired term of office.

SECTION 4. DUTIES OF OFFICERS

1. The President shall be the Chief Executive Officer of the Society. He/she shall preside at the annual business meeting and all meetings of the Board of Directors; prepare an agenda for the annual business meeting and submit it to the membership not fewer than thirty (30) days prior to such a meeting in accordance with Article IX , Section 3 of these Bylaws; prepare an agenda for each meeting of the Board of Directors and submit it to the members of the Board of Directors not fewer than seven (7) days prior to such a meeting; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Nominations and Elections Committee; present to the Board of Directors and membership an annual report

of the Society activities.

2. The President-elect shall become acting President and shall assume the duties of the President in the event of the President's absence, resignation, or disability; shall chair the Budget Committee; and shall perform such other duties as shall be assigned by the President or the Board of Directors.

3. The Vice-President shall chair the Program and Education Committee.

4. The Treasurer shall have charge of all funds and securities of the Society; endorsing checks, notes, or other orders for payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the adopted budget; and depositing funds as the Board of Directors may designate. He/she shall see that full and accurate accounts are kept, submit quarterly trial balances to the Board of Directors and the Audit Committee at the next Board of Directors meeting. At the expense of the Society, he/she shall be bonded in an amount determined by the Board of Directors.

5. The Secretary shall have charge of keeping the minutes of the Board of Directors meetings, regular business meetings, and the annual business meeting; submitting a copy of the minutes of every meeting of the governing body and other business of the Society to the Executive Office of the AARC within ten (10) days following the meeting; executing the general correspondence; and in general, performing all duties as from time to time shall be assigned by the President or the Board of Directors.

6. The immediate Past President shall hold the office of Past President and shall be a voting member of the Board of Directors. The immediate Past President shall advise and consult with the President and the Board of Directors and shall perform such other duties as shall be assigned from time to time by the President or the Board of Directors. In the event of a vacancy in the office of Past President, the Board of Directors shall fill the vacancy by appointment. The individual so appointed shall be a Past President and serve the remaining unexpired term of office.

7. The Audit Committee Chair is elected by the membership and shall monitor financial records and tax records of the organization insuring appropriate documentation of each financial transaction.

ARTICLE VI - SOCIETY DELEGATION TO THE AARC HOUSE OF DELEGATES

SECTION 1. ELECTION

1. The Delegate(s) shall be elected by the Active Members of the OSRC, employed within the boundaries of the State of Oklahoma. The term of office shall begin on January 1 following the election and will be for 4 years (2 years as Junior Delegate followed by 2 years as Senior Delegate).
2. Only Active Members of the AARC/OSRC who are not on the Board of

Directors of the AARC shall be eligible to serve as Delegate.

3. The OSRC Board of Directors shall have the power to declare the office(s) of Delegate, vacant upon refusal, neglect, or inability of the Delegate(s) to perform the duties of office, or for any other conduct deemed prejudicial to the AARC or OSRC. Written notice shall be given to the Delegate(s) and the AARC that the office(s) have been declared vacant.

SECTION 2. PURPOSE

The Delegate(s) shall serve to represent the general membership at affiliate meetings and the state society at national meetings. They shall participate in the establishment of the goals and objectives for the Association and participate in the governance of the Association. The Society's current President shall be considered a third delegate with voting privileges at the House of Delegates.

SECTION 3. BOARD MEMBER

The Delegate(s) shall be voting members of the Society's Board of Directors.

SECTION 4. VACANCY

1. In the event of a vacancy in the office of a Delegate, the Board of Directors may temporarily fill the vacancy by appointment of a Board member elected by active members of the OSRC. The appointee shall serve until the next scheduled election.

2. In the event of a vacancy of both Delegates, one vacancy may be temporarily filled by the Board of Director by appointment of a Board member elected by active members of the OSRC active members. This appointee shall fill the remainder of that term. The other vacancy will be filled by special election. The appointee will fill the remainder of that term. The other vacancy will be filled by a special election.

ARTICLE VII - NOMINATIONS AND ELECTIONS

SECTION 1. NOMINATIONS AND ELECTIONS COMMITTEE

The Board of Directors shall appoint a Nominations and Elections Committee each year at least one hundred and eighty (180) days before the annual business meeting to present a slate of nominees for the following year. The chairperson of this committee shall report the slate of nominees to the Board of Directors at least forty-five (45) days prior to the annual business meeting.

SECTION 2. NOMINATIONS

1. The Nominations and Elections Committee shall place in nomination the names of persons for the office of President-elect, Vice-President, Secretary, Treasurer, Delegate (every other year), and Audit Committee Chairperson.

2. Only Active AARC / OSRC members in good standing shall be eligible for nomination.

3. The Nominations and Elections Committee shall provide a pertinent biographical sketch of each nominee's professional activities and services to the organization, all of which shall be a part of the ballot.

SECTION 3. BALLOTS

1. The Nominations and Elections Committee's slate shall be mailed or made available electronically to every Active Member in good standing and eligible to vote at least thirty (30) days prior to the annual business meeting. Biographical sketches will be posted on the OSRC website at the time the ballots are mailed. Ballots will refer voting members to that information.

2. If the Society's Board of Directors specifies that the vote shall be by mail or electronic method, the list of nominees shall be so designed as to have a secret mail or electronic ballot attached with provisions for write-in/add-in votes for each office. Return ballots, to be acceptable, must be postmarked or received electronically at least five (5) days before the annual business meeting. The deadline date shall be clearly indicated on the ballot.

3. Any Active Member admitted to the membership up to the day of the ballot mailing shall be entitled to vote. Those members admitted to the membership after the day of ballot mailing shall be eligible to vote at the next regular election.

SECTION 4. ELECTIONS

The Nominations and Elections Committee shall review the eligibility of each ballot and tally the votes prior to the annual business meeting. The results of the elections shall be announced at the annual business meeting. Society elections shall be determined by a majority of the votes cast. A tie vote fails and the ballot for that office will be mailed a second time to the membership for a vote.

ARTICLE VIII - BOARD OF DIRECTORS

SECTION 1. COMPOSITION AND POWERS

1. The executive government of this Society shall be vested in the Board of eight (8) Active Members consisting of the President, President-elect, Vice-President, Secretary, Treasurer, immediate Past-President and two (2) Delegates.

2. The President shall be Chairperson and presiding officer of the Board of Directors and the Executive Committee.

3. The Board of Directors shall have the power to declare an office vacant by a two-thirds (2/3) vote, upon refusal or neglect of any member of the Board to perform the duties of hat office, or for any conduct deemed prejudicial to the Society. Written notice shall be given to the member that the office has been declared vacant.

SECTION 2. GENERAL DUTIES OF BOARD OF DIRECTORS

1. Supervise all business and activities of the Society within the limitations of these Bylaws.

2. Adopt and rescind rules, regulations, policies, procedures, and standing rules of the Society, by which all members of the Society will be bound.

4. Determine remuneration, stipends, and other related matters, after consideration of the budget.

SECTION 3. MEETINGS

1. The Board of Directors shall hold regularly scheduled meetings at least quarterly during the calendar year.

2. Special meetings of the Board of Directors shall be called by the President at such time as the business of the Society shall require, or upon written request of four (4) members of the Board of Directors. The meeting request will be filed with the President and the Secretary of the Society.

3. Written, or electronic, or printed notice stating the date, time, and place of meetings of the Board of Directors and an agenda of the meeting shall be delivered to each Board Member not less than 5 calendar days before the day of the meeting, by/or at the direction of the President.

4. A majority of the Board of Directors shall constitute a quorum at any meeting of the Board. A quorum is required to conduct business.

5. Individuals shall be invited to the meetings of the Board of Directors as deemed necessary with the privilege of voice but not vote.

6. All meetings are open to the membership. The right of executive session may be exercised by the Board of Directors when deemed appropriate. The intent of executive session is for discussion of issues by Board of Director members only. No business can be conducted nor votes taken while a body is in executive session.

SECTION 4. MAIL or ELECTRONIC VOTE

Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by the Bylaws, instruct the Nominations and Election Committee to conduct a vote of the membership by mail or electronically. The question thus presented shall be determined according to the majority of the valid votes received by mail or electronically within thirty (30) days after the date of such submission, except in the case of a change in the Bylaws when a two-thirds (2/3) majority of the valid vote is required.

Any and all action approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. Any amendment to the Bylaws of this Society shall be presented to the membership at least thirty (30) days prior to the mail or electronic vote.

SECTION 5. EXECUTIVE COMMITTEE

The Executive Committee of the Board of Directors shall consist of the President, President-elect, Vice-President, immediate Past-President, Secretary, and Treasurer They shall have the power to act for the Board of Directors. The Executive Committee shall also function as the Budget Committee.

ARTICLE IX - ANNUAL BUSINESS MEETING

SECTION 1. DATE AND PLACE

1. The Society shall hold at least one annual business meeting during the fiscal year. Additional meetings may be held as required to fulfill the objectives of the Society.

2. The date and place of the annual business meeting and additional meetings shall be approved in advance by the Board of Directors. In the event of a major emergency the Board of Directors shall cancel the scheduled meeting, set a new date and place if feasible or conduct the business of the meeting by mail provided the material is sent in the same words to the voting membership.

SECTION 2. PURPOSE

1. The annual business meeting shall be for the purpose of reviewing reports of officers and committees, the results of the election, installation of new officers and for other business brought by the Board of Directors.

2. Additional business meetings shall be for the purpose of receiving reports and other business brought by the Board of Directors.

SECTION 3. NOTIFICATION

Written or electronic notice of the annual business meeting and an agenda for the meeting shall be posted on the OSRC website not fewer than 30 days prior to the scheduled meeting.

ARTICLE X – COMMITTEES

SECTION 1. STANDING COMMITTEES

1. The Chair and members of the Standing Committees shall be appointed by the President, except the Budget Committee, Audit Committee, and Program and Education Committee. The Budget Committee will be chaired by the President-elect and the Audit Committee Co-chair shall be elected by the membership. Program and Education Committee will be chaired by the Vice-President. Appointments are subject to ratification of the Board of Directors. The individual so appointed shall serve for a term of one (1) year starting January 1st of each year.

2. Standing committees are as follows:

   Membership Committee
   Budget Committee
   Audit Committee
   Nominations and Elections Committee
   Judicial and Bylaws Committee
   Program and Education Committee
   Publication, Public Relations Committee
   Scholarship Committee
   Legislative Committee

3. Recommendations of standing committees will be ratified by the Board of Directors. If a recommendation from a standing committee is not ratified by the Board of Directors , the committee chair may appeal the decision to the Board of Directors. A two-thirds (2/3) vote of the Board of Directors shall be required to sustain an appeal.

4. The Chair and/or member(s) of the standing committees may be removed from office by the Board of Directors.

SECTION 2. SPECIAL COMMITTEES AND OTHER APPOINTMENTS

Special committees may be appointed by the President of the Society.

SECTION 3. COMMITTEE CHAIR DUTIES

1. The chairperson shall perform those duties specified by the President and the Board of Directors to carry out the objectives of this Society.

2. The chairperson of each committee shall confer promptly with the members of his/her committee on work assignments.

3. The chairperson of each committee may recommend prospective committee members to the Board of Directors. When possible, the chairperson of the previous year shall serve as a member of the committee.

4. The chairperson shall be encouraged to attend and report at each Board of Directors meetings. In the event that the chairperson cannot attend a Board of Directors meeting, they will be charged and required to submit a report in writing or electronically seven (7) days prior to the next scheduled to the Board of Directors.

5. Non-members or physician members may be appointed as consultants to committees. The President shall request recommendations for such appointments from the Medical Advisor.

SECTION 4. DUTIES OF THE COMMITTEES

1. Membership Committee

   This committee shall be responsible for the recruitment of new qualified applicants for membership in this Society.

2. Budget Committee

   This committee shall be chaired by the President-elect and shall be composed of the Executive Committee. The committee will formulate and propose an annual budget for approval by the Board of Directors. The proposed budget shall then be submitted to the membership at least thirty (30) days prior to the annual business meeting for ratification. The committee will review the ratified budget to ensure that all expenditures are within the guidelines of the budget.

3. Audit Committee

   The chairperson of this committee shall be elected by the general membership and the committee shall consist of members appointed by the chairperson. In the event of a vacancy in the chair of this committee, the office will be filled by a mail vote. The committee shall be accountable for quarterly audits of the treasurer's reports. The committee shall be accountable for arranging an externa*l* annual financial audit of the Society's books.
4. Nominations and Elections Committee

The committee shall prepare for review by the Board of Directors, a slate of candidates for the annual election. The committee shall prepare, receive, verify and count the ballots for all elections held during the fiscal year.

5. Judicial and Bylaws Committee

The committee shall receive formal, written complaints against any individual Society member charged with any violation of the Society Bylaws, or otherwise with any conduct deemed detrimental to this Society or the AARC. Complaints or inquires may be referred to this Society by the Judicial Committee of the AARC. The committee shall follow the procedure set forth in the AARC Bylaws.

Complaints regarding individual members of the OSRC are referred to the Judicial and Bylaws Committee of the OSRC who then may refer the issue to the Oklahoma State Board of Medical Licensure and Supervision. Individuals expressing concerns about a particular member are advised to put the complaint in writing and forward it to the OSRC Board of Directors who then forwards it to the Judicial Committee. All other complaints are received by the Board of Directors and referred to the appropriate committee. A written response is made by a member of the Board of Directors within 90 days.

If the committee determines in its sole discretion that the complaint warrants further action, a written statement of the charges shall be prepared with benefit of legal counsel if deemed advisable, and the matter shall be resolved according to established policies and procedures.

The member shall have the right to appeal the decision of the committee to the Board of Directors. There shall be no appeal from the decision of the Board of Directors.

The committee shall receive and prepare all amendments to the Bylaws for submission to the Board of Directors. The Committee may also initiate such amendments for submission to the Board of Directors.

6. Program and Education Committee

This committee shall be chaired by the Vice-President and is responsible for the supervision, planning and organization of all Society sponsored education programs. The committee shall prepare and submit a budget for and a report of all educational meetings to the Board of Directors.

7. Publication/Public Relations Committee

The committee shall concern itself with the publications of this Society in order to provide the Society, the public, hospitals, and other interested organizations with information concerning Respiratory Care. Material shall be subject of approval of this Society's Board of Directors.

The committee will maintain liaison as has been established by the Board of Directors with other organizations whose activities may be of interest to the members of this Society. This will include the preparation of exhibits, programs, and other items to bring the message of Respiratory Care and the AARC to medical, nursing, and hospital groups as well as educational facilities where the use of such material can be expected to recruit new people to the field of Respiratory Care. Such material will be subject to the approval of the Board of Directors.

8. Scholarship Committee

   This committee chair will be appointed annually for a one (1) year terms and will be accountable for submitting committee reports to the Board of Directors. The committee will follow approved policy and procedures as outlined in the OSRC Policy and Procedure Manual.

9. Legislative Committee

   This committee chair will be appointed annually for a one (1) year term and will inform the Board of Directors of legislative activity pertinent to the role of the respiratory care practitioners. The Committee will communicate directly with the lobbyist if one is on retainer and network all information to the Board of Directors.

ARTICLE XI -SOCIETY MEDICAL ADVISOR

The Society shall have at least one (1) Medical Advisor as specified by the AARC Bylaws. The Medical Advisor shall be appointed by the Board of Directors.

ARTICLE XII -FISCAL YEAR

The fiscal year of this Society shall be from January 1st through December 31st.

ARTICLE XIII -PARLIAMENTARY PROCEDURE

The rules contained in the latest edition of Roberts Rules of Order - Revised shall govern whenever they are not in conflict with the Bylaws of the Society or the AARC.

ARTICLE XIV -AMENDMENTS

SECTION 1. AMENDMENTS

These Bylaws may be amended with approval of the Board of Directors and the OSRC membership. Amendments are sent to the AARC Bylaws Committee and the AARC Board of Directors for review prior to being sent to the OSRC membership for approval.

New Jersey Society for Respiratory Care
By-Laws

ARTICLE I - NAME
This organization shall be known as the New Jersey Society for Respiratory Care hereinafter referred to as the NJSRC, a chartered affiliate of the American Association for Respiratory Care, hereinafter referred to as the AARC, which is incorporated under the General Not For Profit Corporation Act of the State of Illinois.

ARTICLE II - BOUNDARIES

The boundaries of this NJSRC shall be the boundaries of the State of New Jersey.

4.

ARTICLE III - OBJECT
Section 1. Purpose

C. To encourage, develop and provide educational programs and related activities for those persons interested in the field of Respiratory Care.
D. To advance the science, technology, ethics, and art of Respiratory Care through the regional institutions, meetings, lectures, and the preparation and distribution of a newsletter and other materials.
E. To facilitate cooperation and understanding among Respiratory Care personnel and medical professions, allied health professions, government organizations, and other agencies within the State of New Jersey.
F. Provide education to the general public in pulmonary health promotion, and disease prevention.

Section 2. Intent

- No part of the net earnings of the NJSRC shall inure to the benefit of any private member or individual, nor shall the NJSRC perform particular services for individual members thereof unless otherwise stated in these bylaws.
- In the event of the dissolution of this NJSRC, whether voluntary or involuntary, all its remaining assets shall be distributed in such a manner as the Board of Directors of the NJSRC shall by majority vote determine to be the best calculated to carry out the objectives and purpose for which the NJSRC is formed. The distribution of the funds, income, and property of this NJSRC upon dissolution may be made available to any similar charitable, educational, scientific, or religious corporations, organization, community chests, foundations, or other kindred institutions maintained and created for one or more of the foregoing purposes, if at the time of distribution the payee or distributee are then exempt from income taxation under the provisions of sections 501, 2055, 2522 of the Internal Revenue Code, or later or other sections of the Internal Revenue Code or changes which amend or supersede the said sections.
- Neither the NJSRC, nor any of its members, shall commit any act which shall constitute the unauthorized practice of medicine under the laws of the State of New Jersey.

ARTICLE IV - MEMBERSHIP
Section 1. Classes
The membership of the NJSRC shall include three (3) classes: Active Member, Associate Member, and Special Member.
Section 2. Eligibility
Any individual is eligible to be a member of this Society if that individual is also a member of the AARC as specified in Article III of the AARC Bylaws.
Section 3. Classification

- Active Member

An individual is eligible for active membership in the NJSRC if they meet the requirement of active membership in the AARC as described in Article III, Section 2 of the AARC Bylaws. Active members in good standing of the NJSRC shall be entitled to all the rights and privileges of membership in the NJSRC including: the right to hold office, hold committee chairs, and to vote.

- Associate Member

An individual will be classified as an Associate Member of the NJSRC if they meet the requirements to become an associate member of the AARC.
Associate members of the NJSRC shall have all the rights and privileges of the NJSRC except that they shall not be entitled to hold office, vote, or serve as chairperson of any standing committee of the NJSRC. There shall be the following sub-classes of Associate membership:
1. Foreign Member - An individual will be classified as a Foreign member if they meet the requirements of Associate Membership and resides in any country other than the United States of America.
2. Student Member - An individual will be classified as a Student member if they meet all the requirements of Associate Membership and are enrolled in an educational program in Respiratory Care accredited by, or in the process of seeking accreditation from, an AARC-recognized agency.
3. Physician Member - An individual will be classified as a Physician member of the NJSRC if they meet all the requirements of Associate Membership and are duly licensed as a Doctor of Medicine or Osteopathy.
4. Industrial Member - An individual will be classified as an Industrial member of the NJSRC if they meet all the requirements of Associate Membership and their primary occupation or business or a majority of their business time are directly or indirectly devoted to the manufacture, sale, or distribution of equipment or products which are directly or indirectly used in the area of Respiratory Care.

3. Special Member

1. Life Member- Life Members of the NJSRC shall be members who have been named Life Members of the AARC. Life members of the AARC who meet the requirements of the State NJSRC Active membership will be granted full membership rights and privileges of the NJSRC including the right to hold office, hold committee chairs and vote.
2. Honorary Member- Honorary Members of the NJSRC shall be members who have been named Honorary Members of the AARC. Honorary members of the AARC who meet the requirements of NJSRC membership shall have all the rights and privileges of membership

of the NJSRC except that they shall not be entitled to hold office, hold committee chairs, and vote.

3. General Member –A general Member of the NJSRC shall be an individual who has been named a General Member of the AARC. General members of the AARC who meet the requirements of NJSRC membership shall have all the rights and privileges of membership of the NJSRC except that they shall not be entitled to hold office, hold committee chairs and vote.

Section 4. Prerequisites for Membership

Each application for membership shall meet all of the qualifications of the class of membership, all members shall be bound by the Articles of Incorporation, Bylaws, Standing Rules, Code of Ethics and other rules and regulations, policies and procedures adopted from time to time by the Association and the NJSRC.

Section 5. Application for Membership

Application for membership in the NJSRC shall follow the procedure specified in Article III, Section 6 of the AARC Bylaws.

ARTICLE V - OFFICERS AND DIRECTORS

Section 1. Officers

The officers of the NJSRC shall be as follows: President, President-Elect, Immediate-Past-President, Vice President, Secretary, and Treasurer.

Section 2. Directors-at-Large

There shall be four (4) Directors-at-Large. Two (2) Directors-at-Large shall be elected every other year and others as necessary in order to fill existing vacancies.

Section 4. The Delegation

The Delegation shall be comprised of up to three members, including two delegates at large and the President. The members of the Delegation shall be voting members of the Board.

Section 5. Terms of Office

The term of office for NJSRC Officers shall be for two (2) years. The term shall begin immediately following the annual meeting. The President and President-Elect shall not serve more than one (1) consecutive term in the same office.

The term of office for Director-at-Large shall begin immediately following the annual meeting and shall be for a four (4) year term of office.

The terms of office for the Delegation are specified under Article IX, Section 4.

No individual may hold concurrent offices at the State and/or National level.

Section 6. Vacancies in Office

A. In the event of a vacancy in the Office of President, the President-Elect shall become Acting-President to serve out the unexpired term and shall serve their own, the successive term, as President.
B. In the event of vacancy in the office of the President-Elect, the Vice President shall assume the duties, but not the office, of the President-Elect until a new President-Elect is elected by the active and life members of the NJSRC.
C. Any vacancy in the office of Vice President, Secretary, or Treasurer shall be filled by the appointment of a qualified individual by the Board of Directors. Individuals so appointed shall serve until the next scheduled election.
D. In the event of a vacancy in the Office of Immediate Past-President, that office shall remain vacant.

Section 7. Duties of Officers

- President

The President shall be the chief executive officer of the NJSRC, who shall preside at the annual business meeting and all meetings of the Board of Directors; prepare an agenda for the annual business meeting; appoint standing and special committees subject to the approval of the Board of Directors; be an ex-officio member of all committees except the Elections Committee, present to the Board of Directors and membership an annual report of the NJSRC's activities. The President may serve as the third member of the Delegation to the House of Delegates of the American Association for Respiratory Care.

A. President-Elect

The President-Elect shall assume the duties of the President in the event of the President's absence, resignation, or disability; and shall perform other such duties as shall be assigned by the President or Board of Directors.

D. Vice President

The Vice President shall perform such duties as shall be assigned by the President and the Board of Directors. In the event of a vacancy in the office of President-Elect, the Vice President shall then assume the duties, but not the office, of the President-Elect, as well as the duties of the Vice President until a new President-Elect can be elected by the active and life members of the NJSRC.

- Treasurer

The Treasurer shall have charge of all funds and securities of the NJSRC; endorsing checks, notes, or other orders for the payment of bills; disbursing funds as authorized by the Board of Directors and/or in accordance with the accepted budget; depositing funds as the Board of Directors may designate. The Treasurer shall assure an annual audit of the accounts. The Treasurer shall see that the full and accurate accounts are kept, submit quarterly financial reports, including original trial balances, and maintain complete records of expenses of the NJSRC; The Treasurer shall be bonded in the amount determined by the Board of Directors. The Treasurer shall be responsible for filing all necessary state and federal tax forms.

- Secretary

The Secretary shall have charge of keeping the minutes of the Board of Directors, regular business meetings and the annual business meeting, submitting a copy of the minutes of every meeting of the governing board and other business of the NJSRC to the Executive Office of the AARC within ten (10) days following the meeting; executing the general correspondence; affixing the corporate seal on documents requiring it, and in general, performing all duties as from time to time shall be assigned by the President of the Board of Directors.

- Immediate Past-President

The Immediate Past-President shall advise and consult with the President and shall perform such duties as shall be assigned by the President or the Board of Directors.

ARTICLE VI - BOARD OF DIRECTORS
Section 1. Composition and Powers

- The executive government of the NJSRC shall be vested in a Board of at least twelve (12) Life or Active members consisting of the President, Vice President, Secretary, Treasurer, Immediate Past- President, President-Elect, two Delegates, four (4) Directors-at-Large.
- The President shall be Chairman and presiding officer of the Board of Directors and the Executive Committee. The President shall invite in writing such individuals to the meetings of the Board as the President shall deem necessary, with the privilege of voice but not vote.

Section 2. Duties

- Supervise all business and activities of the NJSRC within the limitations of these Bylaws.
- Adopt and rescind standing rules of the NJSRC.
- Determine remuneration, stipends, and expenses, the amount to be considered after review of the budget.

Section 3. Vacancies
Any vacancy that occurs on the Board of Directors, with the exceptions mentioned in Article V, Section 6, shall be filled by qualified members elected by a majority of the Board of Directors. Individuals so elected shall serve until the next regular election.
Section 4. Meetings

- The Board of Directors shall meet immediately preceding and following the annual business meeting of the NJSRC and shall hold at least two (2) regular and separate meetings during the calendar year.
- Special meetings of the Board of Directors shall be called by the presiding officer at such times as the business of the NJSRC shall require, or upon written request of four (4) members of the Board filed with the President and the Secretary.
- A majority of the Board of Directors shall constitute a quorum at any meeting of the Board.

Section 5. Mail Vote
Whenever, in the judgment of the Board of Directors, it is necessary to present any business to the membership prior to the next regular or annual business meeting, the Board of Directors may, unless otherwise required by these Bylaws, instruct the Elections Committee to conduct a vote of the membership by mail. The question thus presented shall be determined according to a majority of the valid votes received by mail within thirty (30) calendar days after the date of such a submission, except in the case of an amendment to the Bylaws when a two thirds (2/3) majority of the valid votes received is required. Any and all actions approved by the members in accordance with the requirements of this Article shall be binding upon each member thereof. Any amendment(s) to the Bylaws of this Society shall be presented as provided in Article XVI of these Bylaws concerning amendments.
Section 6. Executive Committee
The Executive Committee of the Board of Directors shall consist of the President, President-Elect, Vice President, Secretary, Treasurer, and Immediate Past-President. They shall have

the power to act for the Board of Directors between meetings of the Board of Directors. All actions of the Executive Committee must be approved by a majority vote of the Board at the next meeting.

ARTICLE VII - ANNUAL BUSINESS MEETING
Section 1. Date and Place

1. The NJSRC shall hold an annual business meeting during each calendar year. The date, time and place will be established by the Board of Directors. Additional meetings may be held as required to fulfill the objectives of the NJSRC.
2. The date and place of the annual business meeting and additional meetings shall be decided in advance by the presiding officer.

Section 2. Purpose

C. The annual business meeting shall be for the purpose of receiving reports of officers and committees, the results of the election, and for other business brought by the President.
D. Additional business meetings shall be for the purpose of receiving reports and other business brought by the President.

Section 3. Notification
Written notice of the time and place of the annual business meeting shall be sent to all members of the NJSRC not fewer than thirty (30) days prior to the meeting.
Section 4. Quorum
A majority of the voting members registered at a duly called meeting shall constitute a quorum.

ARTICLE VIII - ELECTIONS
Section 1. Committee
The Board of Directors shall appoint an impartial Elections Committee each election year at least one hundred twenty (120) days before the annual business meeting to present a slate of nominees to the Board of Directors at least sixty (60) days prior to the annual business meeting.

Section 2. Nominations.
The Elections Committee shall place in nomination the names of more than one (1) person for each office in question. Only Life and Active Members in good standing shall be eligible for nomination. The Elections Committee shall provide a pertinent biographical sketch of each nominee's professional activities and services to the organization, all of which should be part of the ballot.

Section 3. Ballot

5. The Elections Committee's slate and biographical sketches shall be forwarded to every Life and Active member in good standing and eligible to vote, at least thirty (30) days prior to the annual business meeting.
6. If the NJSRC's Board of Directors specifies that the vote shall be by mail, the list of nominees shall be so designed as to be a secret mail ballot with provisions for write-in vote for each office. If mailed, ballots must be postmarked at least five days

before the annual business meeting. The deadline date shall be clearly indicated on the ballot.

7. The Elections Committee shall check the eligibility of each ballot and tally the votes by the annual business meeting.

ARTICLE IX - DELEGATION

Section 1. Election

c. The delegation is elected by active and life NJSRC members.
d. One delegate shall be elected by voting members at least thirty (30) days prior to the annual business meeting every two years.

Section 2. Duties

- The Delegation will represent the members of the affiliate at the House of Delegate meetings. The Delegation's duties shall conform to and will be specified under the rules of the House of Delegates.
- The Delegation is responsible for recruiting and maintaining NJSRC membership.

Section 3. Board Members

1. The members of the Delegation shall be voting members of the NJSRC's Board of Directors.

Section 4. Term of Office

- Delegate shall be elected for a four (4) year term
- No person can serve more than eight (8) consecutive years in the House of Delegates
- In the event of a Delegate's absence, disability, or resignation, the other Delegate shall assume the duties and responsibilities of the Delegation until an acting Delegate is appointed by a two thirds (2/3) majority of the Board of Directors until a new delegate is elected by the active members of the NJSRC.

ARTICLE X - COMMITTEES

Section 1. Standing Committees

The chairpersons of the following standing committees shall be appointed by the President, subject to the approval of the Board of Directors, to serve for a term of two (2) years: Budget; Elections; Education; Judicial; Bylaws; Publications and Public Relations.

Section 2. Special Committees and other Appointments

Special Committees may be appointed by the President.

Section 3. Committee Chairperson duties

3. The President shall appoint the Chairperson of each committee.
4. The Chairperson of each committee shall confer promptly with the members of that committee on work assignments.
5. The Chairperson shall recommend committee members to the President. When possible, the immediate past Chairperson shall serve as a member of the committee

6. All committee reports shall be made in writing and submitted to the President and Secretary of the NJSRC prior to the meeting at which the report is to be read.
7. Non-members or physicians may be appointed as consultants to the committees.
8. Each Committee Chairperson requiring operational expenses shall submit a budget for the next fiscal year to the Budget Committee.

ARTICLE XI - DUTIES OF COMMITTEES

Section 1. Budget Committee

- This committee shall be composed of the Executive Committee.
- This committee shall propose an annual budget for approval by the Board of Directors. The budget shall then be ratified at the annual business meeting by the membership.

Section 2. Elections Committee

- This committee shall prepare a slate of nominees and shall prepare, receive, verify, and count ballots for all elections held during the calendar year.

Section 3. Judicial Committee

- This committee shall consist of four (4) members from the Board of Directors or previous NJSRC Officers; one of whom shall be the current President of the NJSRC.
- This committee shall review formal, written complaints against any individual NJSRC member charged with any violation of the NJSRC Bylaws or otherwise with any conduct deemed detrimental to the NJSRC or the AARC. Complaints or inquires may be referred to this committee by the Judicial Committee of the AARC.

Section 4. Education Committee

- This committee shall consist of at least three (3) members, one (1) of whom will be the Immediate Past-President, who provides experience in the planning and implementation of all committee activities.
- The Medical Advisor(s) shall be consultant(s) and a member of this committee.
- The function of this committee is to ensure the availability and quality of continuing education offered by the New Jersey Society.

Section 5. Bylaws Committee

- This committee shall consist of at least three (3) members, one of whom shall be a member of the Delegation.
- This committee shall review and prepare all amendments to these Bylaws for submission to the Board of Directors. This committee may also initiate such amendments for consideration.

Section 6. Publication and Public Relations Committee

- This committee shall consist of at least three (3) members, one of which will be the Vice President.

- This committee shall concern itself with the publication of the NJSRC Newsletter, and any other publications requiring dissemination of information to the NJSRC membership.
- This committee shall maintain such liaison as has been established by the Board of Directors with other organizations where activities may be of interest to the members of the NJSRC. This may include the preparation of exhibits, programs, and other items to bring the word of Respiratory Care and the AARC to medical, nursing, and other groups as well as educational facilities where such material can be expected to recruit new people to the field of Respiratory Care. Such material shall be subject to the approval of the Medical Advisor(s).

ARTICLE XII - FISCAL YEAR
The fiscal year of the NJSRC shall be from January 1 through December 31.

ARTICLE XIII - ETHICS
If the conduct of any NJSRC member shall appear, by report of the NJSRC or the AARC Judicial Committee, to be in willful violation of the bylaws or standing rules of the NJSRC or the AARC, or prejudicial to the NJSRC's interests as defined in the AARC's Code of Ethics, the Board of Directors may, by a two-thirds (2/3) vote of its entire membership, suspend or expel such a member. Any motion to reconsider the suspension or expulsion actions shall be reported immediately to the AARC Judicial Committee for reconsideration at the next meeting of the AARC Board of Directors.

ARTICLE XIV - PARLIAMENTARY AUTHORITY
The rules contained in the current edition of Robert's Rules of Order, revised, shall govern whenever they are not in conflict with the Bylaws of the NJSRC or the AARC.

ARTICLE XV - AMENDMENTS
These Bylaws may be amended at any regular meeting of the Board of Directors of the New Jersey Society for Respiratory Care by a two-thirds (2/3) majority of those voting, providing that the amendment has been presented to the membership in writing at least sixty (60) days prior to the vote. All amendments must have been previously approved by the AARC Bylaws Committee and shall become effective upon ratification by the Board of Directors.

Revisions 12/04.
Approved by AARC 3/2005
Approved by NJSRC 9/2005

BYLAWS: VERMONT/NEW HAMPSHIRE SOCIETY FOR RESPIRATORY CARE

ARTICLE I – NAME

The Name of this corporation is Vermont/New Hampshire Society for Respiratory Care (herein referred to as VT/NHSRC or Society)

ARTICLE II - BOUNDARIES

The area included within the boundaries of this **VT/NHSRC**
shall be the states of Vermont and
New Hampshire.

ARTICLE III – OFFICE

The principal office of the **VT/NHSRC** shall be a city within the State of Vermont or New Hampshire, as designated by the Board of Directors.

ARTICLE IV – AFFILIATION

The **VT/NHSRC** shall be an affiliate chapter of the American Association for Respiratory Care (herein referred to as the **AARC**).

ARTICLE V- OBJECT

SECTION 1: PURPOSE

a. To encourage and develop on a regional basis educational programs for those persons interested in the field of Respiratory Care.

b. To advance the science, technology, ethics and art of Respiratory Care through regional institutes, programs for those persons interested in the field of Respiratory Care.

c. To facilitate cooperation between Respiratory care personnel and the medical profession, hospitals, service companies, industry and other agencies within the region interested in Respiratory Care; except that this **VT/NHSRC**
shall not commit any act which shall constitute
unauthorized practice of medicine under the laws of the State of Illinois in which the parent Association is incorporated, or any other state.

SECTION 2: INTENT

a. No part of the net earnings of the Society shall inure to the benefit of any private member or individual, nor shall the corporation perform particular services for individual members thereof.

b. Distribution of the funds, income, and property of the **VT/NHSRC**
may be made to charitable,
educational, scientific, or religious corporations, organizations, community chests foundations or other kindred institutions maintained and created for one or more of the foregoing purposes if at the time of distribution the payees or are then exempt from taxation under provisions of Section 501, 2055, and 2522 of the Internal Revenue Code, or any later or other sections of the Internal Revenue Code which amend or supersede the said sections.

ARTICLE VI- MEMBERSHIP

SECTION A. Eligibility

An individual is eligible to be a member of the **VT/NHSRC** if he or she is a member of the **AARC** as specified in Article III, Section 1 (a) of the bylaws of the **AARC**.

a. Active Member

An individual is eligible to be an Active Member if he or she is an Active Member or Life Member of the AARC and is employed or lives within the geographic boundaries of the states of Vermont or New Hampshire.

b. Associate Member

An individual is eligible to be an Associate Member if he or she holds a position related to respiratory care and does not meet the requirements to become an Active Member. Associate Members shall have all of the rights and privileges of the Active except they shall not be entitled to hold office, vote or serve as chair of any standing committee of the Society.

c. Special Member

1. **Life Member:** Life members shall be active or associate members who have rendered outstanding service to the **AARC**. Life Membership may be conferred by a majority affirmative vote of the AARC Board of Directors. Life Members shall enjoy all the rights

and privileges of membership of the **VT/NHSRC**
including the right to hold office, hold
committee chairs, and vote. Life Members shall be exempt from the payment of dues.
2. **Honorary Member:** Honorary Members shall be persons who have rendered distinguished service to the field of respiratory care. Honorary Membership may be conferred by a majority affirmative vote of the AARC Board of Directors, and shall enjoy all the rights and privileges of membership of the **VT/NHSRC**
except the right to hold
office, hold committee chairs, and vote. Honorary Members shall be exempt from the payment of dues.
3. **Student Member:** An individual is eligible if he or she is enrolled in an approved training program in Respiratory Therapy. A Student Member shall not be entitled to hold state office, chair state committees, or vote.

ARTICLE VII- OFFICERS

SECTION 1: OFFICERS

The officers of this Society shall be: President, Immediate Past President, President-Elect, Secretary, and Treasurer.

SECTION 2: TERM OF OFFICE

a. The term of President, President-Elect and Immediate Past-President shall be for one (1) year each;
b. The term of Secretary and Treasurer shall be for a two (2) year term each.
c. All elected officers' terms begin January 1;
d. The incumbent officers shall remain in office until such date and until their respective successors assume office;
f. No officer shall hold concurrent elected offices.

SECTION 3: VACANCIES IN OFFICE

The President, if prior to the expiration of his or her term of office, shall be succeeded by the President elect, who shall serve during the remaining portion of the President's term of office and then complete the term that he or she was elected to serve.
In the event of a vacancy in the office of President-elect, the Nominating Committee shall place in nomination the names of two (2) candidates for the vacant office. One shall be chosen for the office, in accordance with the provisions of **Article VII** .
If a vacancy occurs in the **following positions** , **AARC Delegate** Secretary or Treasurer; the President, with the approval of the Board of Directors, shall appoint a substitute to fulfill the duties until the next election. At the next election an individual shall be elected to fill the vacancy for the remainder of the term for that office.

SECTION 4: DUTIES OF OFFICERS

a. PRESIDENT SHALL:

1. Preside as Chair over all regular and special meetings and the annual meeting of the **VT/NHSRC'S**
membership and all meetings of the Board of Directors;
2. Prepare an agenda for each meeting at which they will preside and assure that the meetings are effectively coordinated and conducted;
3. Appoint Standing Committee(s), with the exception of the Nomination Committee, and Special Committees subject to the approval of the Board of Directors;
4. Be an ex-officio member of all committees except as otherwise provided in the Bylaws;
5. Present to the Board of Directors and membership an annual report to the **VT/NHSRC**
;
6. Assure that all officers, directors, committee chairs, and representatives of the **VT/NHSRC**
fulfill their duties;
7. Retain the fiduciary responsibility for all **VT/NHSRC**
activities during their term;
8. Succeed to Immediate Past Presidency when the Immediate Past President's term ends;
9. Perform such other duties as may be assigned by the Board of Directors.

b. THE PRESIDENT-ELECT

1. Become Acting President and shall assume the duties of the President in the event of the President's absence, resignation or disability;
2. Succeed to the Presidency when the Presidents term ends;
3. Use their term in preparation for the Presidency;
4. Perform such other duties as may be assigned by the President or Board of Directors.

c. THE TREASURER SHALL:

1. Account for the monies of this **VT/NHSRC**, approve payment of bills and disburse funds under the direction of the President in accordance with the approved budget;
2. Be responsible for the continuing record of all income and disbursements and submit a quarterly trial balance to the Executive Committee within twenty (20) business days after the monthly closing of the books;
3. Prepare and submit in writing an annual report of the finances of the **VT/NHSRC** for the preceding year to the Board of Directors and the membership;
4. Respond to inquires from the Board of Directors, Delegate, Committee Chairs, President and the general membership regarding the fiscal operation and affairs of the **VT/NHSRC** ;
5. Be bonded in such sum as required by the Board of Directors;
6. Participate in annual budget planning and development with respect to the **VT/NHSRC'S** strategic plan;
7. Serve as a member of the Budget and Executive Committees;
8. Assist the Audit Committee and external auditors in conducting formal audits;
9. Perform such other duties as may be assigned by the President or Board of Directors.

d. THE SECRETARY SHALL:

1. Be responsible for overseeing the documentation of the proceedings of all regularly scheduled and special meetings of the **VT/NHSRC**;
2. Attest to the signature of the officers of this **VT/NHSRC**;
3. Send to the Executive Office of the AARC a copy of the minutes of every **VT/NHSRC** and Board of Directors meeting within (10) days following the meeting;
4. Serve as a member of the Budget and Executive Committees;
5. Prepare and submit such reports as may be required by the **AARC**;
6. Perform such other duties as may be assigned by the President or Board of Directors.

e. IMMEDIATE PAST PRESIDENT

1. Advise and consult with the President;
2. Will participate as a voting member on the Board of Directors;
3. Perform such other duties as may be assigned by the President or Board of Directors.

ARTICLE VIII- NOMINATIONS AND ELECTIONS

SECTION 1: NOMINATION COMMITTEE

The President, with the approval Board of Directors, shall appoint a Nomination Committee each year within thirty (30) days following the Annual Meeting, to present a slate of nominees to the Board of Directors at least one hundred and twenty (120) days prior to the next Annual Meeting. In the event no nomination committee is found then the board will be the committee.

SECTION 2: NOMINATIONS AND BALLOTS

Annually, the Committee shall place in nomination the names of at least two (2) persons for the office of President-Elect and Director-at-Large.

Bi-annually, in each even-numbered year, the Nominating Committee shall place in nomination the names of at least two (2) persons for the Offices of Secretary and **AARC** Delegate. In each odd-numbered year, the Nominating Committee shall place in nomination the names of at least two (2) persons for the Offices of Treasurer.

Only Active members, in good standing, shall be eligible for nomination and only active members may vote.

Any Active Member admitted to membership up to the day of the ballot shall be entitled to vote. Those members admitted to membership after the day of the ballot shall be eligible to vote at the next regular election.

Section 3: INSPECTORS OF ELECTION

The president shall appoint at least two (2) impartial Inspectors of Election who shall check the eligibility of each ballot and tally the votes. No candidate will serve as an Inspector.

Section 4: BALLOTS

The ballots will be retained with the Board of Directors for a period of three (3) months following the election.

Section 5: ELECTIONS

1. Election shall be accomplished by a single transferable **or electronic** ballot.

2. Voting will **be submitted on prepared paper or electronic ballots to include: candidates names and space for write-in votes.**

3. The results of such election shall be binding upon the **VT/NHSRC** and each member thereof.

4. The nominee who receives the most votes from voting members is the declared elected officer A tie vote shall be decided by a run-off election.

ARTICLE IX BOARD OF DIRECTORS

SECTION A: COMPOSITION AND POWERS

The Board of Directors shall consist of the, President, President Elect, Past-President, Secretary, Treasurer, **AARC** Delegates and the Directors-at-Large. Additional non-voting members of the **VT/NHSRC** BOD will be the Committee Chairs and Medical Advisor.

SECTION 2: CHAIR

The President shall be the Chair and presiding officer of the Board of Directors.

SECTION 3: MEETINGS

The Board of Directors shall hold at least three meetings during each year which may be held any place designated by the Board of Directors as specified in the notice of the meeting.

SECTION 4: TERM OF OFFICE

a. All elected Directors shall serve a term of two (2) years.

b. No Director-at-Large having served four (4) consecutive years shall succeed themselves in that office.

SECTION 5: DUTIES

The Board of Directors Shall:

a. Supervise all the business and activities of the **VT/NHSRC** within the limitation of these bylaws.

b. Adopt and rescind standing rules, regulations, policies and procedures of the **VT/NHSRC**.

c. After consideration of the budget, determine for the following year the amount, if any, of membership dues, remunerations, scholarships, and other related matters.

d. Confirm temporary appointments to office or position, as appropriate.

e. Confirm appointment of Medical Director(s), as appropriate.

f. Perform such other duties as may be necessary or appropriate for the management of the **VT/NHSRC**.

Section 6: MEETINGS

A majority of the Active Members present at a duly called meeting shall constitute of quorum.

Section 7: BOARD OF DIRECTORS MEETING

A majority of the Board of Directors shall constitute a quorum provided that at least one of those present is an elected officer.

ARTICLE X- SOCIETY DELEGATES TO THE AARC HOUSE OF DELEGATES

SECTION 1: COMPOSITION

The Delegate, hereinafter referred to as the Delegation, shall be active members, **and** in good standing **in** the **AARC and the VT/NHSRC**

SECTION 2: DUTIES

The Delegation shall:

a. Serve as representatives of the **VT/NHSRC'S** membership to the **AARC's** House of Delegates;

b. Attend all meeting of the **AARC's** House of Delegates;

c. Attend the Annual business meetings of the **VT/NHSRC** and the **AARC**;

d. Be an active communicator between the **AARC's** Executive branch and the **VT/NHSRC** ,

e. Furnish the Nominating Committee with names of qualified members for office;

f. Present proposed amendments to **AARC**

Bylaws to the **AARC** Bylaws Committee;
g. Present resolutions for consideration to the House of Delegates;
h. Participate as a member of the Membership Committee;
i. Serves as a voting member on the board
j. Report to the **VT/NHSRC**
the activities of the **AARC's** Business and House of Delegate's
Meetings;
k. Perform such other duties as may be assigned by the President or Board of Directors.
SECTION 3: ELECTION
a. The Nomination Committee will place on the Ballot 1 (one) name for each position of Delegate;
SECTION 4: TERM OF OFFICE
a. The term of office for Delegate shall be for two (2) years each;
b. No person may serve more than four (4) consecutive years in the House of Delegates, as Delegate, **c**.
SECTION 5: VACANCIES

b. If a delegate-tis unable to fulfill his/her obligation, the Board of Directors may appoint an active member, **as a substitute ,** to perform the duties of the delegate, but a replacement must be elected by the active members of the **VT/NHSRC**
at the next scheduled election.
ARTICLE XI- COMMITTEES
SECTION 1: STANDING COMMITTEES
The members of the following Standing Committee shall be appointed by the President as deemed necessary , subject tothe approval of the Board of Directors.
a. Membership
b. Budget and Audit
c. Elections
d. Judicial
e. Nominations
f. Program and Education
g. Bylaws
h. Publications and Public Relations
SECTION 2: SPECIAL COMMITTEES AND OTHER APPOINTMENTS
Special committees may be appointed by the President.
SECTION 3: DUTIES OF COMMITTEE CHAIRS
a. The President shall appoint the Chair of each committee, and be an ex officio member of all committees.
b. The Chair of each committee shall confer with the committee members on work assignments.
c. The Chair of each committee may recommend prospective committee members to the President. When possible, the Chair shall have served as a member on the committee the previous year.
d. All committee reports shall be made in writing and submitted to the President and Secretary of the Society within ten (10) business days of the meeting.
e. Non-members of the **VT/NHSRC**
or physician members may be appointed as consultants to
the committees. The President shall request recommendations for such appointments from the Medical Advisor(s).
f. Each committee Chair requiring operating expenses shall submit a budget for the next fiscal year to the Budget and Audit Committee.
ARTICLE XII- COMPOSITION AND DUTIES OF COMMITTEES
SECTION 1: MEMBERSHIP
a. This Committee shall consist of at least the **VT/NHSRC**
delegate or **delegate elect**
and two
(2) members of the Board of Directors.

b. This Committee shall coordinate efforts to increase and retain membership.
c. This Committee shall remain aware of the membership benefits of the **AARC**.

SECTION 2: BUDGET AND AUDIT COMMITTEE

a. This Committee shall be composed of the Executive Committee and Medical Advisor(s) or their designee.
b. They will propose an annual budget for approval by the Board of Directors. The proposed budget shall then be submitted to the membership at least thirty (30) days prior to the annual business meeting.
c. This committee shall perform an annual audit.

SECTION 3: ELECTIONS COMMITTEE

a. The Committee shall consist of at least three (3) members who shall serve for one (1) term of office.
b. This Committee shall prepare, receive, verify, and count ballots for all elections held during the calendar year.
c. The members of this Committee are not eligible to run for any elected office or position of the Society.

SECTION 4: JUDICIAL COMMITTEE

a. This Committee shall consist of four (4) members. One (1) member shall be appointed each year for a four (4) year term of office, except, as is necessary to establish and maintain this rotation.
b. This Committee shall review formal written complaints against an individual **VT/NHSRC** Member charged with any violation of the **VTNH/SRC** bylaws or otherwise with any conduct detrimental to the **VT/NHSRC** or the **AARC**. Complaints or inquiries may be referred to this Committee by the Judicial Committee of the **AARC**.
c. If the Committee determines that the complaint justifies an investigation, a written copy of the charges shall be prepared with benefit of legal counsel, if deemed advisable.
d. A statement of charges shall then be served upon the member and an opportunity given that member to be heard before the Committee. After careful review of the results of the hearing conducted with the benefit of legal counsel, when the Chair of the Committee deems counsel necessary or advisable, the Committee may, by a two-thirds (2/3) vote, recommend the Board of Directors expel, or suspend such a member. After a final decision has been made by the **VT/NHSRC** Board of Directors, a complete report shall be forwarded, including copies of all documents, to the Chair of the Judicial Committee of the **AARC**.

SECTION 5: NOMINATIONS COMMITTEE

a. The Committee shall consist of at least three (3) members and shall serve for a one (1) year term of office, and shall be appointed from active members or former **VT/NHSRC** Officers.
b. This Committee shall prepare for approval by the Board of Directors, a slate of officers, directors, and positions for the annual election.
c. It shall be the duty of this Committee to make the final critical appraisal of candidates to see that the nominations are in the best interests of the **AARC** and the **VT/NHSRC** through a consideration of personal qualifications and geographical representation as applicable.

SECTION 6: PROGRAM AND EDUCATION COMMITTEE

a. This Committee shall consist of at least three (3) members each serving a one (1) year term and be so constructed as to provide experienced members for program and education planning.
b. The Medical Advisor(s) or their designee will be a consultant member(s) of this Committee**c.** This committee shall concern itself with continuing education programs, scholarships, and special education projects as directed by the President.
d. The Committee shall approve and grant Continuing Education Units for educational programs with in the boundaries of the **VT/NHSRC** using criteria approved by the Board of Directors.

SECTION 7: BYLAWS COMMITTEE

a. This Committee shall consist of three (3) members, one (1) of who shall be a past-President,

with one (1) member being appointed annually for a three (3) year term, except as is necessary to establish and maintain this rotation.
b. The Committee shall receive and prepare all amendments to the Bylaws for submission to the Board of Directors. The Committee may also initiate such amendments for submission to the Board of Directors and then voted by the membership.
c. Review and update bylaws, present to BOD for approval and submit to AARC bylaws committee for review and approval according to AARC's scheduling guidelines.
SECTION 8: PUBLICATIONS AND PUBLIC RELATIONS COMMITTEE
a. This Committee shall consist of at least three (3) members, one (1) of who shall be a past-President, with other members being appointed annually for one (1) year term (subject to re appointment).
b. This Committee shall concern itself with the publication of a **VT/NHSRC**
Newsletter and all
other publications of this **VT/NHSRC**
with the public, hospitals, and other organizations through
the dissemination of information concerning Respiratory Care.
c. The Committee shall maintain such liaison as has been established by the Board of Directors with other organizations whose activities may be of interest to the members of this **VT/NHSRC** . This may include the preparation of exhibits, programs, and other items to bring the message of respiratory care and the **AARC** to the medical, nursing, hospital, and public groups as well as educational facilities where such material can be expected to recruit new people to the field of respiratory care. Such material shall be subject to the approval of the Medical Advisor(s).
ARTICLE XII- FISCAL YEAR
a. The fiscal year of this **VT/NHSRC**
shall be from January 1, through December 31.
ARTICLE XIV- ETHICS
If the conduct of any **VT/NHSRC**
member shall appear, by report of the **VT/NHSRC** or the
AARC Judicial Committee, to be in willful violation of the Bylaws or standing rules of this **VT/NHSRC**
or the **AARC**, or prejudicial to this **VT/NHSRC**
interests as defined in the **AARC**
Code of Ethics, the Board of Directors may, by a two-thirds (2/3) vote, suspend or expel such member. A motion to reconsider the suspension or expulsion of any member may be made at the next regular meeting of the Board of Directors. All such suspension or expulsion actions shall be reported immediately to the Judicial Committee.
ARTICLE XV PARLIAMENTARY PROCEDURES
Questions of parliamentary procedure shall be settled according to Robert's Rule of Order, Newly Revised, whenever they are not in conflict with the Articles and/or Bylaws of the **AARC** and/or the Articles of Incorporation and/or Bylaws of this Corporation.
ARTICLE XVI- BYLAW AMENDMENTS
Section 1: AMENDMENTS
All proposed amendments to the bylaws should be referred to the AARC for review and approval. After review and approval by the AARC and accepted by the VT/NHSRC BOD the proposed amendments will then be published and mailed to Active Members of the VT/NHSRC, along with a ballot. Ballots must be returned to the office of the VT/NHSRC/or electronic
within the time limits specified for each vote, but in no case will the time limit exceed 60 days. To pass, all Amendment(s) require a 2/3 vote in favor for adoption from those voting. Amendments to the bylaws may be voted on at any regular or duly called meeting of the VT/NHSRC, or by mail vote, or electronic ballot provided that the amendment(s) have been provided to
the membership in writing at least sixty (60) days prior to vote.
Section 2: Conflict with the A.A.R.C. Bylaws
Not withstanding the provisions of **ARTICLE XVII** section **I** of this article, these

Bylaws may be amended by the Board of directors at any time they are found to be in conflict with the Bylaws of the **AARC** when a correction for conformity is deemed to be in the best interest of the Corporation by the Board of Directors

Michigan Society for Respiratory Care (MSRC)
Outline of Bylaws changes:

The major purpose of these proposed a bylaws revision is to move many parts of the Bylaws to MSRC Policy and Procedure. The MSRC also is attempting to be in compliance with the American Association for Respiratory Care requirements.

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In addition to the membership category changes, some other key changes include.

1. Allowing redistricting by policy rather than bylaw changes.
2. Allowing term of office changes by policy rather than bylaw changes.
3. Some of the election process has been moved to Policies and Procedures.
4. This would allow us to change voting process without going through the Bylaw revision
5. Defining two types of standing committees (Permanent - part of Bylaws) Non-Permanent - may be changed by policy.
6. I have defined two types of policies. Note the following is updated based on the input from the HOD on 6/3/2011

One type is the Governance Policies. Since these Governance and House Rules policies had been the historical foundation for the organization, changes in these governance functions should be considered carefully. These Governance and House Rules policies may be amended at any regular or specially called meeting of the MSRC House of Representatives, by approval of two-thirds of those members present and voting. The two-thirds affirmative vote must be repeated at a separate meeting held at least 30 days after the first, provided that prior notice of all proposed changes to all members of the Society has been made.

The second type of policies are the operational policies. These operational policies would be developed by the committees or communities of interest and would only require a simple majority of the House to Change. E.g. operational policies on program committee, professional development, industrial relations, and others, would be written by these committees and changes would be approved by a simple majority of the house.

To completely understand this revision you will need to review the following:

Current Bylaws - from the MSRC web site

Proposed Bylaws -

Proposed policy and procedure Manual

All of these should be in your packet

The following are the key revisions in our bylaws.

Article I.B.1

Added inure to the

Article III.B – Active Member

This is a revision of the active membership classification. The AARC “litmus test” recommends that all AARC members are active members of the MSRC.

Article III.D

Changed CoARC to current name.

Article III.G – Chartered Affiliate member. This is a catchall in case an AARC member decides not to join the MSRC but would like to vote for delegates.

Article III.H.1 – Much of the operational aspects of the membership process has been moved to policies.

Article III.H.2 – This new section describes that the dues process will be handled in the policy and procedure manual.

Article III.I - Moving operational aspects of the membership process to policies.

Article III.J – Added the ability to delete a membership section. (We could add before but could not delete.)

Article III.K – Again describes that the operational aspects of membership has moved to policies.

Article IV.B. Moves most of the nomination and election process to policies.

Article IV.E.1 through 5. Length of term will be part of the policy and procedure manual. This would allow the House to change terms of office without a complete revision of Bylaws.

Article IV.F Describes potential reasons for vacancies in office.

Article IV.G and H have moved to the policy and procedure manual.

Article V.2 Moved the boundaries of the districts to policy and procedures. We had the ability in the bylaws to add districts, but if we had we would need to change bylaws since the bylaws have the district boundaries. Also allows combining of districts.

Article V.B.1 Moves much of the nomination and election process to the policy and procedure manual.

Article V.C Moves much the district representation ratios to the policy and procedure manual.

Article V.E.2 Requires active membership to be chair.

Article V.G. Clarified that this refers to the House of Delegates. Describe reasons for vacancies in office. Much of the operational issues have been moved to the policy and procedure manual.

Article V.H & I moved to policies and procedures.

Article VI. Allows meeting dates to be set by the House of Delegates.

Article VII. Classified Committees as permanent and non-permanent standing committees. Permanent Committees stay within bylaws. Non-permanent are in the Policies and Procedure manual. Non-permanent can be added or deleted or combined through policy changes.

Article IX. New Describes types of policies.

Article X. Previous Article X.

Special rules of Order Moved to the Policy and Procedure Manual.

Elections Committee

ELECTIONS COMMITTEE REPORT

The slate of nominees approved by the BOD and HOD was submitted to the general membership for vote. The ballot count was made and the results certified on October 4, 2011 by Suzanne Bollig, AARC Elections Committee Chair, Karen Stewart, AARC President, and attested by Sherry Milligan, AARC Elections Committee Liaison. The final results of the election for AARC Board of Directors and Section Chair-elects are:

CERTIFICATE OF BALLOT COUNT

THIS IS TO CERTIFY that a count was made of the 2012 Sections election ballots for AARC Specialty Sections Chairs-elect on October 4, 2011. The following is certified as the official count:

	VOTES / %
Continuing Care/Rehabilitation	
Gerilynn Connors, BS, RRT, FAACVPR, FAARC	67/86%
Robert Krach, RRT-NPS	11/14%
Long-Term Care	
Lorraine Bertuola, BA, RRT	74/62%
Gene Gantt, RRT	46/38%
Surface and Air Transport	
Nicole Dunn, MBA, RRT	13/22%
Billy L. Hutchison, BA, RRT-NPS	45/78%

1. Gerilynn Connors was elected Chair-elect of the Continuing Care/Rehabilitation Section with 67 votes for 86% of the votes.

2. Lorraine Bertuola was elected Chair-elect of the Long-Term Care Section with 74 votes for 62% of the votes.

3. Billy Hutchison was elected Chair-elect of the Surface and Air Transport Section with 45 votes for 78% of the votes.

CERTIFICATE OF BALLOT COUNT

THIS IS TO CERTIFY that a count was made of the 2012 general election ballots for AARC Officers and Directors at Large on October 4, 2011. The following is certified as the official count:

OFFICERS	VOTES / %	DIRECTORS AT LARGE	VOTES / %
President-Elect		Claire Aloan, MS, RRT-NPS, AE-C, FAARC	881/23%
George Gaebler, MSEd, RRT, FAARC	1183/52%	Lynda Goodfellow, EdD, RRT, FAARC	1108/29%
Colleen Schabacker, BA, RRT, FAARC	1112/48%	Thomas Malinowski, BS, RRT, FAARC	907/24%
		Doug McIntyre, MS, RRT, FAARC	926/24%

1. George Gaebler was elected President-elect with 1183 votes for 52% of the votes.

2. Lynda Goodfellow was elected Director at Large with 1108 votes for 29% of the votes.

3. Doug McIntyre was elected Director at Large with 926 votes for 24% of the votes.

-

Other

The Elections Committee Handbook and BOD Policy CT.003 (Elections Committee Nomination Process) were revised to reflect current practice.

I extend my sincere gratitude to Election Committee Members Jim Lanoha, Ross Havens, Debbie Fox, and Toni Rodriguez for their exemplary work as well as Committee Liaisons Sherry Milligan and Beth Binkley for their guidance and assistance throughout the year.

Respectfully submitted,
Suzanne Bollig
Elections Committee Chair

Executive Committee

(Karen Stewart)

Verbal report at meeting

Finance Committee

(Karen Stewart)

Verbal report at meeting

Judicial Committee

Reporter: Patricia Blakely

Last submitted: 2011-09-26 13:39:40.0

Recommendations

There are no committee recommendations at this time.

Report

Since the last BOD report, the committee has not received any formal complaints or inquiries from a member regarding the Judicial Committee process.

Program Committee

Reporter: Cheryl Hoerr

Last submitted: 2011-09-28 12:25:21.0

Recommendations

None

Report

•1. Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences.

•2. Recommend sites for future meetings to the Board of Directors for approval.

•3. Solicit programmatic input from all Specialty Sections and Roundtable chairs.

•4. Develop and design the program for the annual congress to address the needs of the membership regardless of area of practice or location.

Status:

The 57th International Respiratory Congress Program has been published both in print and online. The Congress will take place November 5 - 8 in Tampa, FL. We will have 182 speakers offering 299 presentations covering all aspects of Respiratory Care in addition to other healthcare related topics. There will be 269 abstracts presented in the Open Forum sessions. Easy Street will be open for proposal submission beginning October 10, 2011. The Program Committee will convene early in 2012 (date still to be determined) to plan the 2012 Summer Forum and the 58th Congress. The Program Committee sincerely thanks the BOD and AARC membership for their continued support and contributions to the program.

Strategic Planning Committee

Reporter: Timothy Myers

Last submitted: 2011-10-06 08:08:00.0

Report

Nothing to report at this time. Shortly will be activating committee to begin looking at MIssion, Vision, Values based on future directions and 2015 conclusions.

Joint Session

Board of Directors
House of Delegates

Opening Remarks
AARC Election Committee
AARC Secretary-Treasurer Financial Update
Virtual Lobby Day
Regulatory Affairs Update
Legislative Update
American Respiratory Care Foundation
Drive4COPD

Specialty Section Reports

Adult Acute Care Section

Reporter: Keith Lamb

Last submitted: 2011-10-06 20:30:24.0

Report

- The Section selected its SPOY, Carl Hinkson

- The Section continues to:

◊ Support other sections/committees/roundtables with projects as needed

◊ Solicit young writers to provide articles for our bulletin

◊ Increase/enhance our presence on AARConnect

◊ Support other AARC initiatives as requested

Respectfully Submitted,

Keith

Section Chair, Adult Acute Care

Continuing Care-Rehabilitation Section

Reporter: Debra Koehl

Last submitted: 2011-10-07 07:47:04.0

Recommendations

Continued liason work with AACVPR, ACCP and NAMDRC to monitor and discuss with CMS changes in PR reimbursement.

Report

- Selected Section Practitioner of the year.
    - More nominations this year than in previous years!
- Section bulletins completed
    - Have engaged members to submit articles.
- Continued monitoring of AARConnect and communicating with members as needed.
- Communication with Anne Marie Hummel in regards to CMS proposed reimbursement changes.
    - Information posted on AARConnect, AARC Website and Section Newsletter.
    - Link for communication between AACVPR and AARC.
- Had two members run for section chair!
    - Improvement since past elections.
- Have been asked to be AARC''s representative to AACVPR''s Professional Liasion Committee.
    - Appointment runs until 2014.
- Continued work with Bill Dubbs in regards to URM Reporting Manual, PR Section.

Diagnostics Section

Reporter: Matthew O'Brien
Last submitted: 2011-10-05 16:33:51.0

Recommendations

Diagnostics Report

No recommendations

Report

Board of Directors Report-October 5, 2011

Section Chair: Matthew O'Brien

Charges:

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of the Diagnostic Specialty Section.

•· Brainstorming now on what topics to will be of greatest interest to membership for the upcomming 2012 Congress.

2. In cooperation with the Executive Office Staff, plan and produce four section bulletins, at least one Section Specific thematic Web cast/chat and 1-2 Web-based section meetings.

•· Rick Weaver, bulletin editor has done a fantastic job for the section. Rick announced that he is stepping down this year from the editor position. He has cultivated a new editor Lisa Becker who will be formally introduced at the Diagnostics section meeting and through AARC Connect.

•· Debbie Bunch continues to do an excellent job with final posting of the quarterly bulletins and the monthly eNews.

•· A diagnostic specific webinar was presented September 21, 2011 titled: Advances in Pulmonary Function Testing sponsored by Advance for Respiratory Care and Sleep Medicine. CEU credit was made available to approximately 100 attendees.

3. Undertake efforts to demonstrate value of section membership, encouraging membership growth.

•· Ongoing, recruiting of members and with a target of 1000 members in 2012.

4. Identify, cultivate, and mentor new section leadership.

•· Most notably is our new Diagnostics Section Editor, Lisa Becker.

5. Enhance communication with and from section membership through the section Listserv and provide timely responses for requests for information.

•· Ongoing

5. Review all materials posted in the AARC Connect library or swap shops for their continued relevance.

•· Ongoing monitoring of sites during the first week of each month.

Other

•· Nothing to report.

Education Section

Reporter: Lynda Goodfellow

Last submitted: 2011-10-06 08:40:30.0

Recommendations

No recommnedaitons

Report

Since the last BOD meeting in July when the recommendation to approve two sub-committees that is to be recognized as part of the Education Section, the following actions occurred:

- A process for nominations and elections was posted to AARC Connect in the Education Section. This posting is attached for review. The ADRTE (Associate Degree Respiratory Therapy Education) sub-committee and BGRTE (Bachelor's/Graduate Respiratory Therapy Education) sub-committee were organized and ratified by the AARC BOD. ADRTE members are: Peggy James (Chair), Carl Eckrode (Vice-Chair), Charity Bowling (Secretary), Cindy Fouts, and Kerry George. BGRTE members are: Tom Barnes (Chair), Robert Joyner (Vice – Chair for Research), David Shelledy (Vice-Chair for Communication), Tim Opt'Holt (Sec/Treasurer), Georgianna Sergekas (Member at Large)

- Upon ratification, President Stewart forwarded the attached charges to the sub-committees. She asked that the committees look at the competencies and share what areas or content is not well addressed in their programs both at the Associate and Bachelor levels.

- The reports of the committees are attached for review.

Finally, as this is my last board meeting as section chair, it has been a pleasure to serve as the Education Section chair on the AARC Board of Directors. This has truly been a highlight of my career as a respiratory therapist.

Other

Attachments:

#1 - AARC post for process of nominations and elections

#2 - Charge #1 Competencies of RT

#3 - Charge #2 Recommendations for consideration of third 2015 conference

#4 - ADRTE report (PDF - 2015 Competencies) ***(as an attachment to BOD book)***

#5 - BGRTE report

#6 - epub (PDF - Survey of RT Directors) ***(as an attachment to BOD book)***

Attachment #1

From: Lynda Goodfellow
To: Education Section
Posted: 07-28-2011 22:23
Subject: CoADRTE and CoBGRTE: openness and transparency
Message:

Hello Education Section:

I am writing to provide information regarding the nominations and elections for the two sub-committees, Committee on Associate Degree Respiratory Therapy Education (CoADRTE) and Committee on Bachelor and Graduate Degree Respiratory Therapy Education (CoBGRTE). As reported earlier, these 2 sub-committees will be formed to provide guidance and policy recommendations to President Stewart regarding 2015 and beyond.

First and for background purposes, CoBGRTE was "loosely" formed as a steering committee approximately 15 years ago. Educators who were part of this steering committee have produced a few position papers over the years and currently have been following the 2015 and Beyond conferences with renewed interest. The AARC website posts information regarding CoBGRTE. One can perform a search on the AARC website for information. Dr. Tom Barnes has been the unofficial chair of the committee and has maintained a current roster of bachelor and graduate degree education programs in respiratory care.

The current steering committee consists of approximately 20 program directors of bachelor and graduate degree educational programs. Last Sunday, I posted a call for nominations among the CoBGRTE steering committee to provide 5 names for ratification by President Stewart for the newly formed Education Section sub-committee for BGRTE. Since only 5 names from this committee will move forward for ratification, the steering committee decided to organize the sub-committee by position/duty, i.e., Chair, Vice-chair for Research, Vice-chair for Communications, Secretary/Treasurer, and Member-at-large. As such, steering committee members nominated specific individuals for one of these five positions. After verifying that these individuals agreed to serve if elected, a ballot was generated, reviewed to insure for a smooth election, and as of tomorrow at 12 noon, voting will cease. I, as Ed Section chair, will tally the votes, notify the newly elected officers, and ask President Stewart for ratification from the AARC BOD.

Also during this past week, I have received approximately 20 nominations for the new CoADRTE. Nominations close tomorrow. When I first posted, I thought that both committees could be formed by next Monday. However, given that there is no current ADRTE steering committee, more time will be needed to allow the ADRTE to form.

I have pondered several options as to best course of action to pursue for this new sub-committee in terms of an election and organization. Having a vote of all AARC Education section members is too cumbersome, too time consuming and not very realistic. However, I am very sensitive to any notions of manipulations or perception problems since it is no secret that I am at a program offering bachelor and graduate degree education at Georgia State University.

After careful consideration, I have decided that the nominees who have agreed to serve on the committee for ADRTE will submit no more than a one-page executive summary as to why they want to serve along with their qualifications/experience related to ADRTE to me by next Wednesday, August 3 at 6 PM Eastern. From the nominees who submit their qualifications by the deadline, I will create a group email and forward all information to these nominees. From there, the nominees can organize themselves by positions/duties if desired and/or the nominees will vote to elect the five members to represent ADRTE. From these five, one will need to be identified as the chair. This new chair will forward the 5 names to me and I will then forward to President Stewart for ratification. The names will need to be forwarded to me by Monday, August 15 at 9 AM.

For those of who were nominated for ADRTE earlier this week, I will notify you by email with further instructions regarding the one-page executive summary and committee charges related to the election.

I hope that this lengthy post will provide the transparency needed to allow all of us to move forward. As always, email me or post to me privately if you have any questions.

Thank you, Lynda

Competency Area I: Diagnostics

A. Pulmonary Function Technology

1. Perform basic spirometry, including adequate coaching, recognition of improperly performed maneuvers, corrective actions, and interpretation of test results.

2. Compare and evaluate indications and contraindications for advanced pulmonary function tests (plethysmography, diffusion capacity, esophageal pressure, metabolic testing, and diaphragm stimulation) and be able to recognize normal/abnormal results.

B. Sleep

1. Compare and evaluate the indications and contraindications for sleep studies.
2. Understand results in relation to types of respiratory sleep disorders.

C. Invasive Diagnostic Procedures

1. Explain the indications and contraindications, and general hazards and complications of bronchoscopy.
2. Describe the bronchoscopy procedure and describe the respiratory therapist's role in assisting the physician.
3. Monitor and evaluate the patient's clinical condition with pulse oximetry, electrocardiogram, exhaled gas analysis, and other related diagnostic devices.
4. Perform arterial puncture and sampling and blood analysis.

Competency Area II: Disease Management

1. Understand the etiology, anatomy, pathophysiology, diagnosis, and treatment of cardiopulmonary diseases
(eg, asthma, chronic obstructive pulmonary disease) and comorbidities.
2. Communicate and educate to empower and engage patients.
3. Develop, administer, and re-evaluate the care plan:
    a. Establish specific desired goals and objectives.
    b. Evaluate the patient.
    c. Apply a working knowledge of the pharmacology of all organ systems.
    d. Provide psychosocial, emotional, physical, and spiritual care.
    e. Education on nutrition, exercise, wellness.
    f. Environmental assessment and modification.
    g. Monitoring and follow-up evaluation.
    h. Development of action plans.
    i. Apply evidence-based medicine, protocols, and clinical practice guidelines.
    j. Monitor adherence through patient collaboration and empowerment, including proper and effective
    device and medication utilization.
    k. Implement and integrate appropriate patient-education materials and tools.
    l. Utilize appropriate diagnostic and monitoring tools.
    m. Document and monitor outcomes (economic, quality, safety, patient satisfaction).

n. Communicate, collaborate, and coordinate with physicians, nurses, and other clinicians.
o. Assess, implement, and enable patient resources support system (family, services, equipment, personnel).
p. Ensure financial/economic support of plan/program and related documentation.

B. Acute Disease Management

1. Develop, administer, evaluate, and modify respiratory care plans in the acute-care setting, using evidencebased medicine, protocols, and clinical practice guidelines.

Competency Area III: Evidence-Based Medicine and Respiratory Care Protocols

A. Evidence-Based Medicine

1. Review and critique published research.
2. Explain the meaning of general statistical tests.
3. Apply evidence-based medicine to clinical practice.

B. Respiratory Care Protocols

1. Explain the use of evidence-based medicine in the development and application of hospital-based respiratory care protocols.
2. Evaluate and treat patients in a variety of settings, using the appropriate respiratory care protocols.
2. Incorporate the patient/therapist participation principles listed in chronic disease management (see IIA.).

Competency Area IV: Patient Assessment

A. Patient Assessment

1. Complete the assessment through direct contact,
chart review, and other means as appropriate and share the information with healthcare team members.
2. Obtain medical, surgical, and family history.
3. Obtain social, behavioral, and occupational history, and other historical information incident to the purpose of the current complaint.

B. Diagnostic Data

1. Review and interpret pulmonary function studies (spirometry).
2. Review and interpret lung volumes and diffusion studies.
3. Review and interpret arterial blood gases, electrolytes, complete blood cell count, and related laboratory tests.

C. Physical Examination

1. Inspect the chest and extremities to detect deformation, cyanosis, edema, clubbing, and other anomalies.
2. Measure vital signs (blood pressure, heart rate, respiratory rate).
3. Evaluate patient breathing effort, ventilatory pattern, and use of accessory muscles.
4. Measure and document oxygen saturation with oximetry under all appropriate conditions (with or without oxygen at rest and during sleep, ambulation, and exercise).

Competency Area V: Leadership

A. Team Member

Understand the role of being a contributing member of organizational teams as it relates to planning, collaborative decision making, and other team functions.

B. Healthcare Regulatory Systems

Understand fundamental/basic organizational implications of regulatory requirements on the healthcare system.

C. Written and Verbal Communication

Demonstrate effective written and verbal communication with various members of the healthcare team, patients, families, and others (cultural competence and literacy).

D. Healthcare Finance

Demonstrate basic knowledge of health-care and financial reimbursement systems and the need to reduce the cost of delivering respiratory care.

E. Team Leader

Understand the role of team leader: specifically, how to lead groups in care planning, bedside decision making, and collaboration with other healthcare professionals.

Competency Area VI: Emergency and Critical Care

A. Emergency Care

1. Perform basic life support (BLS), advanced cardiovascular life support (ACLS), pediatric advanced life support (PALS), and neonatal resuscitation program (NRP) according to American Heart Association (AHA) guidelines.
2. Maintain current AHA certification in BLS and ACLS.
3. Perform endotracheal intubation.
4. Perform as a member of the rapid response team (medical emergency team).
5. Participate in mass-casualty staffing to provide airway management, manual and mechanical ventilatory life support, medical gas administration, aerosol delivery of bronchodilators and other agents in the resuscitation of respiratory and cardiovascular failure.
6. Provide intra-hospital transport of critically and chronically ill patients, provide cardiopulmonary life support and airway control during transport.
7. Apply knowledge of emergency pharmacology and demonstrate ability to recommend use of pharmacotherapy.

B. Critical Care

1. Apply to practice knowledge, understanding, and analysis of invasive and noninvasive mechanical ventilators.
2. Apply to practice all ventilation modes currently available on all invasive and noninvasive mechanical ventilators, as well as all adjuncts to the operation of modes.
3. Interpret ventilator data and hemodynamic monitoring data, and calibrate monitoring devices.
4. Manage airway devices and sophisticated monitoring systems.

5. Make treatment recommendations based on waveform graphics, pulmonary mechanics, and related imaging studies.
6. Apply knowledge, understanding, and analysis of use of therapeutic medical gases in the treatment of critically ill patients.
7. Apply knowledge and understanding of circulatory gas exchange devices to respiratory therapy practice.
8. Participate in collaborative care management based on evidence-based protocols.
9. Deliver therapeutic interventions based on protocol.
10. Integrate the delivery of basic and/or advanced therapies in conjunction with or without the mechanical ventilator in the care of critically ill patients.
11. Make recommendations and provide treatment to critically ill patients based on pathophysiology.
12. Recommend cardiovascular drugs based on knowledge and understanding of pharmacologic action.
13. Use electronic data systems in practice.

Attachment #3

The following recommendations were approved by a majority of third conference voting participants:

Conference Goal
The overall goal of the conference was to determine what changes in the profession are necessary to position respiratory therapists to fulfill the roles and responsibilities identified in conference one and to insure that future and practicing respiratory therapists in 2015 and beyond acquire the competencies identified in conference two.

Education
That the AARC request CoARC to change by 7/1/12 accreditation standard 1.01 to read as follows:
1.01 The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or graduate degree at the completion of the program. Programs accredited prior to 2013 that do not currently offer a baccalaureate or graduate degree must transition to conferring a baccalaureate or graduate degree, which should be awarded by the sponsoring institution, upon all RT students who matriculate into the program after 2020.

Credentials
- *That the AARC recommends to the NBRC on July 1, 2011, that the CRT examination be retired after 2014.*

- *That the AARC recommends to the NBRC on July 1, 2011 that the multiple choice examination components (CRT and RRT written) for the RRT should be combined after 2014.*

Licensure
That the AARC establish on July 1, 2011, a commission to assist state regulatory boards transition to a RRT requirement for licensure as respiratory therapist.

Transition of Respiratory Therapist Workforce
That the AARC Executive Office request that the AARC Board of Directors ask the appropriate existing sections to develop standards to assess competency of RTs in the workforce relative to job assignments of the RT.
- *Standards should address the variety of work sites that employ RTs.*

- *Standards should address RT knowledge, skills and attributes relative to the tasks being evaluated.*

Continuing Education
The AARC encourage clinical department educators and state affiliates continuing education venues use clinical simulation as a major tactic for increasing competency levels for the current workforce.

Consortia and Cooperative Models
That the AARC, in cooperation with CoARC, consider development of consortia and cooperative models for associate degree programs that wish to align with bachelor degree granting institutions for the award of the Bachelors degree.

Budgetary Resources
That the AARC provide budgetary resources to assist associate degree programs with the transition to baccalaureate level respiratory therapist education.

Promotion of a Career Ladder
That the AARC BOD explore development and promotion of career ladder educational options for the members of the existing workforce to obtain advanced competencies and the baccalaureate degree.

American Respiratory Care Foundation
That the AARC request the American Respiratory Care Foundation to establish a restricted fund for donations to support the transition of associate degree programs to baccalaureate level respiratory therapist education.

The following recommendations were considered but <u>not</u> approved by a majority of third conference voting participants:

Two levels of practice, with details to follow.

That the AARC recommend to chartered affiliates on July 1, 2011, that they recommend to their state regulatory board:

- *That the RRT credential be required to obtain a license to practice as a respiratory therapist for all new applicants after 2012;*

- *That a provisional or limited license, effective for three years from the date of graduation from an CoARC accredited respiratory therapist program, be granted to all new applicants after 2012 who have passed the NBRC written registry examination but not the clinical simulation examination.*

That a model career pathway be developed by the AARC with the identified 2015 competencies incorporated into existing program levels but distinguishing between the competencies needed at each level (e.g. Registry and Registry PLUS).

Attachment #5

Education Section BGRTE Subcommittee
Report to the Chair and AARC Board
October 5, 2011

Committee Members: Thomas Barnes, EdD, RRT, FAARC; Timothy Op't Holt, EdD, RRT, AE-C, FAARC; Robert Joyner, PhD, RRT, FAARC; Georgianna Sergakis, PhD, RRT; David Shelledy, PhD, RRT, FAARC

Subcommittee Charges from AARC President Karen Stewart:

"I would like the subcommittee committees to look at the competencies and share with me what areas or content is not well addressed in their programs both at the Associate and Bachelor levels and comment on the recommendations to the AARC Board from the third AARC 2015 conference."

The BGRTE Subcommittee has unanimously agreed that the best answer to President Stewart's first charge is the results from the AARC 2015 Research Group Survey of CoARC accredited respiratory therapist programs.[1] This survey was conducted in May of 2010 with an excellent 80% response rate (n=348) and included both baccalaureate and associate degree program directors. This original research study has been accepted for publication by the peer-reviewed science journal Respiratory Care and EPublished on April 28, 2011.

Three types of validity are discussed below in the context of the survey instrument used by this research study:[2]

Face validity indicates that an instrument appears to test what it is supposed to. Face validity serves the important purpose of determining if the instrument is acceptable to those who administer it, those who are tested by it, and those who will use the results.

- The survey instrument was prepared, reviewed, and approved by the blue-ribbon 2015 Research Group that included the Dr. Tom Smalling (Executive Director of CoARC), Dr. Robert Shaw (Associate Director of the NBRC), Bill Dubbs (AARC Director of Education), and several members of the 2015 Taskforce.
- The survey instrument was pilot-tested by several baccalaureate and associate degree program directors who were asked to comment on the appropriateness, clarity of the survey questions, the amount of time for completion, and whether the information gathered would be useful. Pilot-testing feedback unanimously indicated that the 2015 survey instrument had face validity.
- The survey results were acceptable to and used by participants at the third AARC 2015 Conference in July of 2010 to formulate recommendation to the AARC Board.[3]

Content validity - Most behavioral and educational variables have a theoretical domain or universe of content that consists of all the behaviors, characteristics, or information that could possibly be observed about the variable. Content validity refers to the adequacy with which the universe is sampled by the test. Because the content is theoretical, it must be defined by representative parts of the whole. An instrument is said to have content validity if it covers all parts of the universe of content and reflects the relative importance of each part. The determination of content validity is essentially a subjective process. There are no statistical indices that can assess content validity. Claims for content validation are made by a panel of "experts" who review the instrument and determine if the questions satisfy the

content domain. When all agree that the content domain has been sampled adequately, content validity is supported. The content universe should be described in sufficient detail so that the domain of interest is clearly identified for all who use the instrument.

- The universe sampled in this research study was 100% of the target population (all CoARC accredited programs). The excellent 80% response rate was the highest ever achieved from this population. For comparison, the AARC 2009 Human Resource Study Survey of Respiratory Therapy Educators had a 68% response from a smaller target population.
- The vast majority of questions on 2015 survey of program directors focused on whether the competencies identified as needed in the near future by the second 2015 conference[4] were taught by their faculty. These 67 competencies in eight major areas of practice were identified by forty-two participants of the second conference. A post conference survey of the participants indicated there was a high level of agreement that all the competencies identified as needed for entry into practice in 2015 and beyond had indeed been identified (see Table 12, second conference paper).[4] The universe of competencies needed for entry into practice was included in the survey. The program directors were simply asked to indicate the competencies that were taught by their faculty.

Construct validity reflects the ability of an instrument to measure an abstract concept, or construct. The most general type of evidence in support of construct validity is provided when a test can discriminate between individuals who are known to have the trait and those that do not. Using the know groups method, a criterion is chosen that can identify presence or absence of a particular characteristic, and the theoretical context behind the construct is used to predict how different groups are expected to behave. Therefore the validity of a particular test is supported if the test's results document known differences.

- The survey instrument used in the 2015 Research Group had the ability to measure the construct that some CoARC accredited programs taught the competencies identified by the second 2015 conference and other did not. The trait in this case is whether you taught the competency.
- The know group method was used through subgroup analysis to identify the type of program that respondents directed. The construct validity of the survey instrument is supported by the fact that survey results document known group differences between associate and baccalaureate degree programs.

Consequently, we believe the AARC 2015 data with respect to competencies taught in current respiratory care programs is valid and reliable. As the 2015 Conference paper notes, *"too few associate-degree RT programs teach their students how to read and critique research, understand the statistical data, and search for evidence to support respiratory care practice. Evidence- based medicine has become the standard for practice of all professions, and the graduate RTs must be proficient in the tenets of evidence-based medicine today and certainly by 2015 and beyond. The 2015 research group survey of RT program directors shows that evidence-based medicine and protocols, and leadership skills are not currently taught by the majority of*

associate-degree RT programs nor mastered by graduates.[1] Only 34% of associate-degree RT programs teach their students about evidence-based medicine and protocols, compared to78% of baccalaureate RT programs. The survey showed that 80% of baccalaureate RT programs teach students how to understand and critique published research, a necessary skill to practice evidence-based medicine, compared to 41% of associate-degree RT program.[1] Only one third of associate-degree RT programs teach students the meaning of general statistical tests, compared to over 78% of baccalaureate RT programs. Changes in healthcare policy, regulation, and reimbursements have required RTs to adopt expanded roles, work more independently in settings across the continuum of care, and collaborate as partners in the healthcare delivery team. Sixty-three percent of baccalaureate RT programs teach students how to lead groups in care planning and facilitate collaboration, compared to only 52% of associate-degree RT programs. Other areas where leadership is taught more often by baccalaureate RT programs than associate-degree RT programs are regulatory requirements of the healthcare system, financial reimbursement, and contributing to organizational teams for planning and collaborative decision making."

In summary, the BGRTE believes the 2015 Conference results, as published clearly illustrate the competencies that are taught both at the associate and baccalaureate levels and also identifies gaps in instruction, both at the baccalaureate and associate degree level. We have attached the detailed survey results for the Board's information.

With respect to the 2015 Conference recommendations, the BGRTE has the following comments.

AARC 2015 Conference Goal

- *The overall goal of the conference was to determine what changes in the profession are necessary to position respiratory therapists to fulfill the roles and responsibilities identified in conference one and to insure that future and practicing respiratory therapists in 2015 and beyond acquire the competencies identified in conference two.*

The BGRTE concurs with the 2015 conference goal.

AARC 2015 Recommendation One: Education

A single recommendation regarding RT education was accepted and approved by the 2015 Conference:

- *That the AARC request the Commission on Accreditation for Respiratory Care (CoARC) to change, by July 1, 2012, accreditation standard 1.01 to read as follows: 1.01 The sponsoring institution must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the United States Department of Education and must be authorized under applicable law or other acceptable authority to award graduates of the program a baccalaureate or graduate degree at the completion of the program. Programs accredited prior to 2013 that do not currently offer a baccalaureate or graduate degree must transition to conferring a baccalaureate or graduate degree, which should be awarded by the sponsoring institution, upon all RT students who matriculate into the program after 2020.*

The BGRTE concurs with this recommendation. Further, we recommend that the AARC immediately request that CoARC begin a moratorium on the accreditation of new respiratory care educational programs at the Associate Degree level. Programs that are in the accreditation process or have achieved accreditation prior to the date the moratorium is established should continue to operate, as long as they continue to meet all other accreditation requirements. The recommendation for a baccalaureate entry level does not imply an abrupt end to associate degree programs; it allows existing AS programs to continue to operate as long as they meet CoARC Standards. It's hard to imagine how the proposed transition could be more gradual. There are plenty of students and parents to whom a college education is synonymous with earning a baccalaureate degree; BS programs target this population, which is by no means a shrinking population. The real question is not one of workforce--rather it's a question of whether the AARC believes it's better for patients and for the profession that RT educational programs target students academically motivated to pursue baccalaureate degrees--or is it better for programs to target students whose academic inclinations are more in line with the AS degree?

AARC 2015 Recommendations Two and Three: Credentials
Two specific recommendations regarding credentialing were approved by the 2015 Conference:

- *That the AARC recommends to the National Board for Respiratory Care (NBRC) on July 1, 2011, that the Certified Respiratory Therapist (CRT) examination be retired after 2014*
- *That the AARC recommends to the NBRC on July 1, 2011, that the multiple-choice examination components (CRT and Registered Respiratory Therapist [RRT] written) for the RRT examination should be combined after 2014.*

The BGRTE concurs with these recommendations, with the qualification that the dates may need to be shifted, based on the logistics required to modify the examination system.

AARC 2015 Recommendation Four: Licensure
The following licensure recommendation was approved by the 2015 Conference:

- *That the AARC establish on July 1, 2011, a commission to assist state regulatory boards transition to the RRT requirement for licensure as a respiratory therapist.*

The BGRTE concurs with these recommendations, with the qualification that the dates will need to be shifted, based on the logistics required to carry out the charge.

AARC 2015 Recommendations Five-Seven: Transition of Respiratory Therapist Workforce
A number of recommendations regarding the existing workforce were approved by the 2015 Conference:

- *That the AARC Executive Office request that the AARC Board of Directors ask the appropriate existing sections to develop standards to assess competency of RTs in the workforce relative to job assignments of the RT.*
- *Standards should address the variety of work sites that employ RTs.*
- *Standards should address RT knowledge, skills, and attributes relative to the tasks being evaluated.*

The BGRTE concurs with these recommendations.

AARC 2015 Recommendation Eight: Continuing Education
The following licensure recommendation was approved by the 2015 Conference:

- *The AARC encourage clinical department educators and state affiliates continuing education venues use clinical simulation as a major tactic for increasing competency levels for the current workforce.*

The BGRTE concurs with this recommendation

AARC 2015 Recommendation Nine: Consortia and Cooperative Models
The following licensure recommendation was approved by the 2015 Conference:

- *That the AARC, in cooperation with CoARC, consider development of consortia and cooperative models for associate degree programs that wish to align with bachelor degree granting institutions for the award of the Bachelors degree.*

The BGRTE concurs with this recommendation

2015 Recommendation Ten: Budgetary Resources
The following licensure recommendation was approved by the 2015 Conference:

- *That the AARC provide budgetary resources to assist associate degree programs with the transition to baccalaureate level respiratory therapist education.*

The BGRTE concurs with this recommendation

2015 Recommendation Eleven: Promotion of a Career Ladder
The following licensure recommendation was approved by the 2015 Conference:

- *That the AARC BOD explore development and promotion of career ladder educational options for the members of the existing workforce to obtain advanced competencies and the baccalaureate degree.*

The BGRTE concurs with this recommendation

AARC 2015 Recommendation Twelve: American Respiratory Care Foundation

The following licensure recommendation was approved by the 2015 Conference:

That the AARC request the American Respiratory Care Foundation to establish a restricted fund for donations to support the transition of associate degree programs to baccalaureate level RT education.

The BGRTE concurs with this recommendation

REFERENCES

1. Barnes TA, Kacmarek RM, Durbin CG. Survey of directors of respiratory therapy educational programs in the United States. Respir Care 2011;56: EPub April 28, 2011.
2. Portney LG, Watkins MP. Foundations of Clinical Research – Applications to Practice, Chapter 6, ed3. Pearson-Prentice Hall, 2009, Upper Saddle River, New Jersey.
3. Barnes TA, Kacmarek RM, Durbin CG. Transitioning the Respiratory Therapy Workforce for 2015 and Beyond. Respir Care 2011;56(5):681-690.
4. Barnes TA, Gale DD, Kacmarek RM, Kageler WV. Competencies needed by graduate respiratory therapists in 2015 and beyond. Respir Care 2010;55(5):601-616.

Home Care Section

Reporter: Greg Spratt
Last submitted: 2011-10-05 14:25:19.0

Recommendations

Home Care Section

Reporter: Greg Spratt BS, RRT, CPFT

Submitted: October 5, 2011

Recommendations: None

Report:

Political Issues:

The AARC received an email from Abt & Associates. Abt is under contract with CMS to survey how "well" the Competitive Bid Program is going. Abt requested feedback from the respiratory therapist home care perceptive from those RTs who are working in Competitive Bid areas.

Abt requested contacts to RTs working in home care (HMEs) who are working in the 9 Competitive Bid regions (see below), and who would be willing to be interviewed by Abt on their (RTs) perspective on how Competitive Bid is being received and what the issues are as they see from their perspective. This could include RTs from companies that won bids or did not win bids.

This request was posted in the Home Care Section discussion page of AARC Connect and also mentioned during a talk at HME Summit. Those interested were directed to contact Cheryl West for communication to Abt for follow up.

DMEPOS Competitive Bidding Program Expansion Announced

The Centers for Medicare & Medicaid Services (CMS) has announced the next steps for the expansion of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies

(DMEPOS) competitive bidding program to include the Round 2 and the national mail-order competitions.

The Round 2 product categories are:

- **Oxygen, oxygen equipment, and supplies**
- Standard (Power and Manual) wheelchairs, scooters, and related accessories
- Enteral nutrients, equipment, and supplies
- **Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies and accessories**
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories
- Support surfaces (Group 2 mattresses and overlays)

To ensure that suppliers have ample time to prepare for the competition, CMS has announced the following next steps for the program:

Summer 2011

- CMS begins pre-bidding supplier awareness program

Fall 2011

- CMS announces bidding schedule
- CMS begins bidder education program
- Bidder registration period to obtain user ID and passwords begins

Winter 2012

- Bidding begins

HC Section Highlights

I recently was invited to speak at the HME Summit held in Charlotte, NC in September to provide information on the AARC''s ''Hospital to Home'' project. The presentation went well

and I received good feedback as well as several requests from attendees for slides which were provided.

Subsequent, HME News asked for an interview to provide an update for Hospital to Home in the HME News. I would anticipate publication in mid-October.

To increase the involvement of members, four specialty teams were formed within the Home Care Section at this year''s Home Care Section meeting. Teams for COPD, asthma, OSA, and education/reimbursement will focus on creation of future newsletters and a specialty project in each group. Team leaders are: Kimberly Wiles - COPD, Bob McCoy - Asthma, Rebecca Olson - OSA, and Lou Kaufman - Education/Reimbursement. So far, they have produced the 3 newsletters in 2012 with involvement of several first time authors.

Hospital to Home Project:

At the direction of the AARC Executive Office, the Home Care and Management sections of the AARC are joining forces in a project called "Hospital to Home". The goal of this project is that hospital and home care Respiratory Therapists will work together to improve the transition of respiratory care from hospital to home with the objectives of:

•Improving patient care and management upon discharge

•Reducing hospital readmissions within 30 days of discharge, then beyond

Actions Completed:

• A survey of the membership has been completed and a summary was provided back to the BOD at the Summer 2012 meeting.

• A proposal to "Establish an exploratory committee with members from the AARC Executive Team, ARCF, Home Care, and Management Sections to develop a research proposal to design and fund 3-5 studies exploring the benefits of RT-led programs for reducing hospital readmissions due to cardiopulmonary diagnoses of pneumonia, heart failure, and COPD" was presented at the last BOD meeting and approved.

• President Stewart has formed a committee to create the research proposal. Members include: Keith Lamb, Bill Cohagen, Bob McCoy and Cindy White.

• Initial call to begin development took place on 10/5/11.

• Two symposia on the topic of Hospital to Home are included in the upcoming congress.

AARC Congress

The upcoming Congress provides many excellent session opportunities for the Home Care section members. This was communicated both at the HME Summit and in a message to the Home Care Section via AARC Connect to encourage participation.

Other: None

Long Term Care Section Report

Gene Gantt

Management Section

Reporter: Bill Cohagen

Last submitted: 2011-09-30 11:26:19.0

Recommendations

[Recommendations must be SPECIFICALLY INSERTED here!]

- None

As of October 2011 membership is 1856 members and we continue to work on strategies to further increase membership.

We have worked on the following;

- Improverd and organized the Management Section
- Started the rebith of the "Expert" section listed on the AARC section site.
- Have a list of prospective authors for upcoming newsletters for 2012.
- Started working on lecture topics for the 2012 Summer Forum and Congress.
- Selected the Management SPOTY.
- Set up program for the Hospital to Home initiatve.

Neonatal-Pediatrics Section

Recommendations

[No Recommendations at this time]

Report

We continue to execute the charges assigned
Membership has remained >2000 this year, currently at 2027 section members
Participation in the list serve on AARC connect has been active
We have been successful with getting 3 great bulletins out this year
We have large numbers of Pediatric Lectures and abstracts from section members at the Tampa AARC International Congress
Involved in writing and editing oxygen transport checklist for neonatal and pediatric patients

Sleep Section

Reporter: Mike Runge
Last submitted: 2011-10-05 09:11:12.0

Recommendations

None

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section''s members. Proposals must be received by the Program Committee by deadlines in Jan 2011

- *In progress for 2012.*

2. In cooperation with Executive Office staff, plan and produce four section bulletins, at least one Section Specific thematic web cast/chat, and 1-2 web-based section meetings. Documentation of such a meeting shall be reported in the April 2011 Board Report

- *In progress.*

3. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.

- *Co-chair Ad-hoc Committee and will report back to the BOD with results.*

4. Identify, cultivate, and mentor new section leadership.

- *Resource group has been developed, leadership candidates are being screened.*

5. Enhance communication with and from section membership through the section list serve, review and refinement of information for your section''s web page and provide timely responses to requests for information from AARC members.

- *Have identified key people to assist in monitoring the list serve to assist members.*

6. Review all materials posted in the AARC connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be report in the April 2011 Board Report and updated for each Board report.

- *In progress.*

Surface to Air Transport Section

Reporter: Steven Sittig

Last submitted: 2011-10-05 17:17:37.0

Recommendations

Recommendation - To evaluate the potential of offering Surface and Air Transport Section membership to the active duty members of the Air Force Critical Care Air Transport Team (CCATT). This would be in keeping with the great support the AARC gives to active military. Their inclusion of the military transport professionals would be a great resource to the section as well as give them exposure to the civilian side of medical transport.

Report

The section bulletins are being published on time and with relevant content as well the monthly E bulletins. The list serve has been very active with pertinent content. The section also submitted and had lectures selected for presentation at the upcoming AARC Congress.

The Costa Rica project is moving along by sending the University of Costa Rica Children''s Hospital requested materials. I have also sent them information to hopefully have them file for affiliate status on the International group.

Special Committee Reports

Benchmarking Committee

Reporter: Richard Ford

Last submitted: 2011-09-13 10:05:15.0

•1. Chuck Menders and Patricia Ingle began their appointments as members of the AARC Benchmarking Committee and have greatly contributed in their first 90 days through participation in Committee activity, problem solving, and direct client support.

•2. The regional "Client Support" map was updated to include both Chuck and Pat, as well as better to distribute the client load to existing members.

•3. The committee launched a monthly webcast education series in 2011 that has continued with additional presentations from Rob Chatburn, Stan Holland, Rick Ford, and Chuck Mendors. Programs are scheduled through the remainder of 2011. They are attended by 20-25 individuals and archived for future reference.

•4. Committee members continue to participate in providing education about benchmarking and staffing at regional and state conferences and have an ongoing willingness to do so. The AARC Program Committee did refine the congress program to accommodate a mini-symposia in which AARC Benchmarking will be included in presentations about Benchmarking, Staffing, and Best Practice. We thank the program committee for this inclusion.

•5. July 11 committee members conducted a conference call in which marketing strategies were shared as well as the format and topics for monthly webcast.

•6. A survey was conducted amongst users related to the appropriateness of classifying CPAP/BIPAP hours with Ventilator hours. Results were discussed at the July 11 call and a decision made to not combine such hours, even when BIPAP is applied as non-invasive ventilation. The approach is to be consistent with CPT coding.

•7. Members of the Benchmarking Committee estimate they commit 4 hours per week of volunteer work. This includes preparation of educational material and the personalized follow-up with clients, as well as committee business. Stan Holland is recognized for his systematic and thorough follow-up to guide clients in getting started and solving issues.

•8. The committee is using AARC Connect to network with each other and has created a document library of resources that aid in supporting clients.

•9. As of September 2011 there are 155 active subscribers.

Billing Codes

Reporter: Susan Rinaldo Gallo

Last submitted: 2011-09-28 10:24:39.0

Recommendations

That the goals for the Billing Codes Committee be updated/revised as follows:

Goals

•1. Recommend new AMA CPT respiratory care and pulmonary function related codes as needed and assist with coding proposals.

•2. Act as a repository for current respiratory care and pulmonary function codes.

•3. Serve as a coding resource for members.

•4. Monitor the Billing Codes list serve postings.

•5. Review and update the AARC''s coding sources such as Coding Resources on AARC.org and the Uniform Reporting manual.

Activities:

I have communicated with the other committee members concerning the proposed goals.

I have updated the "Frequently Asked Questions" from the Coding Resources on AARC.org

I will submit further revisions in January once the codes from the 2012 CPT book are effective.

Clinical Practice Guidelines

American Association for Respiratory Care
CPG Steering Committee Activity Report
Fall 2011

Chair: Ruben D Restrepo MD RRT FAARC **Staff Liaison:** Ray Masferrer

Objectives:

1. Review and revise existing clinical practice guidelines that are greater than 5 years from their publication date.

Report:

1. **One** CPG has been published in the 2011 October's issue of Respiratory Care.
   a. Incentive Spirometry
2. **One** (1) CPG underwent external review and are near completion.
   a. Humidification during mechanical ventilation – expected submission by end of November 2011
3. **One** (1) CPG have been revised and updated and have been submitted for external review:
   a. Selection of an aerosol delivery device
4. **Two** (2) CPGs are currently undergoing revision and update – expected completion in Fall 2011
   a. Sampling for arterial blood gas analysis
   b. Transcutaneous monitoring (near completion and expected going to external review at end of October)
5. **Four** (4) CPGs have been assigned for revision and update – expected drafts in Fall 2011
   a. Capillary Blood Gas Sampling for Neonatal and Pediatric Patients
   b. In-Hospital Transport of the Mechanically Ventilated Patient
   c. Pulse Oximetry
   d. Surfactant Replacement Therapy
6. Continue development of appropriate and new clinical practice guidelines in the evidence-based format.
   a. EB-CPG on **Care of the Ventilator Circuit and Its Relation to Ventilator-Associated Pneumonia** was originally scheduled to be completed in 2009 but still requires additional work.

Federal Government Affairs Committee

Reporter: Frank Salvatore

Last submitted: 2011-10-07 07:29:21.0

Recommendations

No Recommendations at this time

Report

Objectives:

- Continue implementation of a 435 plan, which identifies a Respiratory Therapist and consumer/patient contacts team in each of the 435 congressional districts.
    - Status - **In 2012, the plan will be to try to formalize the actual members of the 435 plan in order to get more solid information from each of the states. Right now the numbers are verbally reported by the PACT Chairs from each state but no actual back-up documentation of actual names have been required.**

- Work with PACT coordinators, the HOD and the State Governmental Affairs committee to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care.
    - Status - **Along with the work planned above, the committee would like to formalize a 435 Plan listserve or discussion group on the AARC Connect where the actual members of the 435 plan can get real time information or ask questions when 435 plan activations occur. We could also use this forum to get information regarding a plan activation directly to the 435 plan members which seems to be an issue in some geographic locations.**

Other

Ongoing Objectives:

- Assist in the coordination of consumer supporters.
    - Status - **Ongoing**

I want to thank Cheryl West, Miriam O'Day and Ann Marie Hummel. These three women work tirelessly on our professions behalf. A profession has never been served so well as ours is by these three. THANK YOU.

I also want to thank my committee members: Jerry Bridgers, John Campbell, Debbie Fox and Carrie Bourassa.

Fellowship Committee

Reporter: Patrick Dunne

Last submitted: 2011-09-08 14:45:57.0

Recommendations

There are no recommendations at this time.

Report

The Committee has completed it charge to review and select the 2011 inductees for AARC Fellow. The Committee reviewed 31 completed nominations received by the established deadline and eventually selected 20 exemplary individuals to receive the FAARC designation. Those selected for induction have been so notified. Similarly, those individuals submitting nominations of individuals not selected were also notified. Selected nominees have been invited to attend the Awards Ceremony to be held on Saturday morning, November 5, the opening day of the 57th AARC International Respiratory Congress in Tampa, to receive their certificate and pin.

The Chair is pleased to report that the transition to the revised nominating process implemented this year (only those with the FAARC designation in good member standing could submit nominations) went very smoothly. Further, with the diligent and creative efforts of Kris Kuykendall, the entire AARC Fellow review/selection process has now been fully converted to an electronic format. Committee members were quite vocal in their appreciation of this time saving enhancement, not to mention the obvious contribution to the AARC's continuing efforts to become even more environmentally friendly.

International Committee

Recommendations

[None]

Report

1. [Administer the International Fellowship Program.

This year we will welcome five new international fellows. We have invited three physicians one each from Croatia, China and Egypt, one respiratory therapist from the United Arab Emirates and one PhD in Biomedical Engineering from the Czech Republic. We are now at 140 fellows over the last 22 years.
I want to thank the AARC Board of Directors and the ARCF Board of Trustee and the ICRC for supporting the international fellowship program and the other international activities of the international committee.
Thank you.

All of the recurring charges to the committee were successfully completed.

2011
27 applicants for International Fellows
18 different countries
5 accepted (3 from countries where we have never had fellows in the past)
13 applicants for City Hosts
10 cities accepted

International Fellow Applications by year

- 2002 38
- 2003 40
- 2004 24
- 2005 18
- 2006 17
- 2007 40
- 2008 46
- 2009 44
- 2010 37
- 2011 27

City Host Applications by year

- 2002 Not available
- 2003 Not available
- 2004 14
- 2005 18
- 2006 13
- 2007 21
- 2008 23
- 2009 13
- 2010 21
- 2011 13

2011 International Fellow Schedule

Program Schedule

Event	Date
Arrive in the First City:	Saturday, October 22
First City Rotation:	Monday, October 24–Friday, October 28
Arrive in Second City:	Saturday, October 29
Second City Rotation:	Monday, October 31–Thursday, November 3
Arrive in Tampa, FL:	Friday, November 4
AARC International Congress:	Saturday, November 5–Tuesday, November 8
Fellowship Program ends:	Wednesday, November 9

FELLOW	COUNTRY	FIRST CITY HOST	SECOND CITY HOST
Kristovic Darko	Croatia (Zagreb)	Cleveland, OH Doug Orens	Baltimore, MD Jeff Ford
Shengyu Wang	China (Xian)	Rochester, MN Kris Hammel	Tucson, AZ Yvonne Lamme
Edita Almonte	UAE (Al Ain)	Brooklyn, NY Felix Khusid	Minneapolis, MN Paula Aherns
Malak Shaheen	Egypt (Cairo)	Cincinnati, OH Cynthia White	Falls Church, VA Parul Shah
Karel Roubik	Czech Republic (Prague)	Newark, DE John Emberger	Joplin, MO Jeffrey Keener

Confirmed Sponsors as of October 3, 2011

AARC
AARC HOD
AMP/NBRC
Aspirant Education
Draeger Medical Inc.
Marsh Affinity Group
Philips Respironics
Pima Medical

2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the International portion of the Congress.

The committee continues to work with the ICRC to help coordinate and help prepare the presentations given by the fellows to the council.

3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.

We continue to work on improving communication and on targeted activities.

The International Fellows List serve continues to show activity and continues to be valued by our past fellows.

4. Coordinate and serve as clearinghouse for all international activities and requests.

We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.

5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.

We continue to correspond with other medical associations, societies and practitioners.

The international activities of the AARC continue to be of great interest to both the ARCF and to our AARC Corporate Partners. Updates on our activities were provided to both groups at their meetings.

6. The AARC BOD direct the International Committee to review their current goals and determine if they need to be updated and/or modified.

The committee began work on charges 6, 7 and 8 earlier this year. All of the members were surveyed regarding their thoughts regarding each charge. Results of the surveys were discussed at the International Committee meeting in July. Results of those discussions led to the formation

of three working groups. One group is working on revisions to the mission and goals for the International Activities (not just the Fellowship Program) of the AARC. One group is working on revisions to the International Fellows application and one group is working on a survey instrument that can be used to look at both short-term and long-term objectives of the fellowship program. Reports are due to be completed by October 15th and will be discussed at our meeting while in Tampa. The committee hopes to share the results of our working groups with the ARCF BOT and ICRC Executive Committee prior to presenting any proposals to the AARC BOD.

7. Direct the International Committee to review the current selection process and determine if it is still relevant and appropriate considering the current market environment.

Surveys and discussions indicated that virtually all members agree the current selection process is effective and should not be changed. Individual members discussed their philosophy regarding the selection of fellows. It was felt that a new version of the application may help to better identify individuals who will be successful in achieving the goals of the program.

8. That the International Committee develop some short-term and long term measurable objectives that align with the higher level goals of the organization.

The objectives have been developed and are being implemented into a survey instrument that can be used to evaluate both past and future successes of the international fellowship program

I want to thank Stately Hayes and Kris Kuykendall of the Executive Office and the committee members for all of their hard work.

The International Committee:

John D. Hiser, MEd, RRT, CPFT, FAARC
Vice Chairs
Debra Lierl, MEd, RRT, FAARC, Vice Chair for International Fellows
Hassan Alorainy, BSRC, RRT, FAARC, Vice Chair for International Relations
Committee members:
Michael Amato, BA, Chair ARCF
Jerome Sullivan, PhD, RRT, FAARC, President ICRC
Arzu Ari, PhD, MS, MPH, RRT
Ivan Bustamante, RRT
John Davies, MA RRT FAARC
ViJay Desphande, MS, RRT, FAARC
Hector Leon Garza, MD, FAARC
Derek Glinsman, RRT, FAARC (Emeritus)
Yvonne Lamme, MEd, RRT
Dan Rowley, BS, RRT-NPS, RPFT
Bruce Rubin, MD, FAARC
Michael Runge, BS, RRT
Theodore J. Witek, Jr., Dr.PH, FAAR

Membership Committee

Position Statement Committee

Reporter: Colleen Schabacker
Last submitted: 2011-10-04 13:01:50.0

Recommendations

Recommendation # 1:

Approve and publish the revised position statement on "Competency Requirements for the Provision of Respiratory Therapy Services". This statement is submitted for your review as Attachment #1. Text to be deleted appears with strikethrough and text to be added appears with underline.

•1. Justification: The revisions recommended for this position statement are first, to follow CT: 008 policy statement: "The following definitions will be used when writing Position Statements:

1.
    a. **Respiratory Care:** umbrella term that identifies a distinct subject area and health care profession within medicine; a subject area in medicine that includes all aspects of the care of patients with respiratory disease; used to identify the services provided by Respiratory Therapists and other health care practitioners such as physicians, nurses, physical therapists, managers, educators, etc.
    b. **Respiratory Therapy:** term that describes a specific component of the area of medicine known as respiratory care; typically used to refer to the procedures, treatments, and technology-based worked"

Second, is changing "formal training" to "formal education" to put more teeth into the statement. Third, to take the word "local" out when talking about accredited entities so the position is clear the AARC does not recognize anything other than "nationally or regionally recognized education". Fourth, to add a statement similar to the statement from the "AARC Guidance Document of Scope of Practice" (Attachment #2) basically stating everyone needs to obtain competencies from accredited formal education programs for the purpose of providing care

which includes a subsection of the respiratory care scope of practice with the caveat that such provision be limited to the elements contained within each examination’’s matrix.

Recommendation #2:

Approve and publish the revised position statement on "Hazardous Materials Exposure". This statement is submitted for your review as Attachment #3. Text to be deleted appears with strikethrough and text to be added appears with underline.

Justification: We no longer need to look at this position statement as a "Problem" but as a statement. It was felt we needed to spell out the acronym EPA. It was also felt that the safety of the care giver is of paramount concern and needed to be added to the position statement.

Recommendation #3:

Approve and publish the revised position statement on "Pre-Hospital Ventilator Management Competency". This statement is submitted for your review as Attachment #4. Text to be deleted appears with strikethrough and text to be added appears with underline.

Justification: The revisions to this position statement focus on positive outcomes and the use of standardized terminology. It also clearly states the competencies need to be done on the ventilators being used during transport.

Recommendation #4:

Approve the current "Pulmonary Rehabilitation" with no revisions. This statement is submitted for your review as Attachment #5.

Justification: The current position statement was reviewed by the Continuing Care - Rehabilitation Section and they recommend leaving it as written.

Report

Charges:

•1. Draft all proposed AARC position statements and submit them for approval to the Board of Directors. Solicit comments and suggestions from all communities of interest as appropriate.

•· No proposed AARC position statements have been submitted to the Committee for development.

•2. Review, revise or delete as appropriate using the established three-year schedule of all current AARC position statements subject to Board approval.

- During 2011, the Committee's goal is to complete the review of the seven (7) position statements listed below. Action on each statement to this point is listed following the statement title as is the name of the Committee member spearheading the review.

•1) Competency Requirements for the Provision of Respiratory Therapy Services - Colleen Schabacker - November

•2) Hazardous Materials Exposure - Nick Widder - November

•3) Health Promotion and Disease Prevention - Deryl Gulliford - revised

•4) Inhaled Medication Administration Schedules - Linda Van Scoder - reviewed

•5) Pulmonary Rehabilitation - Deryl Gulliford - November

•6) Tobacco and Health - Colleen Schabacker - revised

•7) Verbal Orders - Colleen Schabacker - revised

After reviewing the schedule for revisions, it was noted there was one position statement that had been missed: "Pre-Hospital Ventilator Management Competency" - team effort - November.

•· Health Promotion and Disease Prevention - Review was completed in 2010; complete re-write of the statement recommended, but unable to get it completed

•o Revised

•3. Revise the Position Statement Review Schedule table annually in order to assure that each position statement is evaluated on a three-year cycle.

•§ The schedule (See Attachment #6) is ongoing.

Other

A special thank you to committee members Kathleen Deakins, Deryl Gulliford, Linda VanScoder and Nick Widder. Also, we need to thank Cheryl West for her invaluable input.

Attachment #1

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Competency Requirements for the Provision of Respiratory ~~Therapy~~ Care Services

The complexities of respiratory ~~therapy~~ care are such that the public is at risk of injury, and health care institutions are at risk of liability when respiratory ~~therapy~~ care is provided by inadequately educated and unqualified health care providers rather than by practitioners appropriately educated in the specialty of Respiratory ~~Therapy~~ care.

All health care practitioners providing respiratory ~~therapy~~ care services to patients, regardless of the care setting and patient demographics, shall successfully complete ~~formal~~ training and demonstrate initial competence prior to assuming those duties. This ~~formal~~ training and demonstration of competence shall be required of any health care provider regardless of credential, degree, or license.

Formal ~~training~~ education is defined as a ~~supervised, deliberate, and~~ systematic educational activity in the affective, psychomotor and cognitive domains. It is intended to develop new proficiencies with an application in mind, and is presented with attention to needs, objectives, activities and a defined method of evaluation.

The ~~training~~ education shall be approved by a ~~local, regional or~~ nationally or regionally recognized education accrediting entity. In the allied health fields, this training includes supervised pre-clinical (didactic and laboratory) and clinical activities, as well as documentation of competence ~~through tests determined to be valid and reliable~~ accredited by an independent accrediting entity to be valid and reliable. The qualifications of the faculty providing this training shall be documented and also meet accreditation standards.

AARC, therefore, supports recognition of individuals with competencies from the aforementioned accredited formal education programs for the purpose of providing care which includes a subsection of the respiratory care scope of practice with the caveat that such provision be limited to the elements contained within each credentialing examination's matrix respectively.

Effective 11/98
Revised 12/08

Revised 11/2011

Attachment #2

Guidance Document on Scope of Practice

The American Association for Respiratory Care (AARC) is aware that a credentialing examination is required by law in the vast majority of states in order to provide respiratory services described in their respective respiratory care practice acts.

The American Association for Respiratory Care (AARC) has received several inquiries regarding its opinion of competency documentation for persons who possess credentials other than Certified Respiratory Therapists (CRT) and Registered Respiratory Therapists (RRT) for the purpose of permitting these individuals to provide part of the scope of practice for respiratory therapists as described in respiratory care practice acts throughout the United States.

AARC believes that to ensure safe and effective care for all consumers requiring respiratory therapy, documentation of the provider's competency to do so must possess the same rigor and validity as the examination processes that CRTs and RRTs must undergo in order to achieve their respective credentials.

The credentialing examinations for CRT and RRT are accredited by the National Organization for Competency Assurance's (NOCA) accrediting arm, the National Commission for Certifying Agencies (NCCA). AARC recognizes that the credentialing examinations for Certified Pulmonary Function Technologist (CPFT), Registered Pulmonary Function Technologist (RPFT), and the Registered Polysomnographic Technologist (RPSGT) have also been accredited by the National Commission for Certifying Agencies (NCCA), assuring that these examinations are valid and reliable measures of competence within the limits of their respective examination matrices. AARC, therefore, supports recognition of individuals with the aforementioned credentials for the purposes of providing care which includes a subsection of the respiratory therapy scope of practice with the caveat that such provision be limited to the elements contained within each credentialing examination's matrix respectively.

5/2003

Attachment #3

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Hazardous Materials Exposure

~~The Problem~~

The Environmental Protection Agency (EPA) defines a hazardous material as any substance or material in a quantity or form that poses an unreasonable risk to health, safety, and ~~property~~ environment when transported. These materials are extremely hazardous to the community during an emergency spill, or release, as a result of their physical or chemical properties.

The Centers for Disease Control and Prevention (CDC) have classified emergency response and hospital personnel as high risk groups for exposure to infectious and toxic substances. Additionally, with the potential for attacks with weapons of mass destruction, pre-hospital and hospital healthcare workers have an increased risk of exposure to toxic, biological, and/or radioactive agents.

The AARC's Position

- The Respiratory Therapist, as well as all other healthcare professionals, must insure their personal safety before entering ANY hazardous situation.
- Respiratory Therapists must be knowledgeable in treating, reversing, and avoiding the effects of hazardous materials.
- Respiratory therapists must be alert to the potential effects of hazardous materials and be able to provide care to patients when needed.
- Respiratory therapists, while providing care, must assure that they do not become victims, or carriers, of the same entities that have harmed their patients. This can be

accomplished through the use of personal protective equipment, isolation and decontamination procedures, and quarantine when recommended by professionals trained in hazardous materials incidents.

- The AARC supports efforts toward an epidemiological approach to the prevention of hazardous material exposure.
- The AARC supports the institutional development of appropriate hazardous material exposure guidelines that adhere to standards from both the Occupational Safety and Health Administration and ~~t~~ The Joint Commission ~~on Accreditation of Healthcare Organizations.~~
- The AARC encourages and endorses the inclusion and participation of respiratory therapists in the development of a community-wide plan for the management of exposure to hazardous materials.

Effective 5/7/02
Revised 12/08

Revised 11/2011

Attachment #4

Position Statement

Pre-Hospital Ventilator Management Competency

It is the position of the American Association for Respiratory Care that all persons involved in the setup, initiation, application, and maintenance of mechanical ventilators in the pre-hospital setting be formally trained in both the clinical and disease-specific applications of mechanical ventilation. To meet the goals of mechanical ventilation and promote positive outcomes, pre-hospital care givers must be trained to understand the age-specific the application of positive airway pressure has on the cardio-pulmonary system, as well as the mechanisms available for the monitoring of these interactions. The pre-hospital provider must also be familiar with proper assessment of the airway and the indications for changes in the settings ~~of~~ on a mechanical ventilator.

~~Further~~, T~~t~~he American Association for Respiratory Care promotes the use of standardized terminology to promote understanding of the applications and pre-hospital management of mechanical ventilators. Furthermore, the AARC recommends that all pre-hospital providers of mechanical ventilation be required to demonstrate competence, at regular intervals, in the use and manipulation of all mechanical ventilators used ~~by the pre-hospital provider~~ during the transport of sick and injured patients.

Effective ~~12/07~~ 9/2011

Attachment #5

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Pulmonary Rehabilitation

A pulmonary rehabilitation program is a physician-supervised, evidence based, multifaceted approach to providing services designed for persons with pulmonary disease and their families. A program includes, but is not limited to, physician prescribed exercise, education and training, psychosocial and outcomes assessment. The goals of this respiratory disease management approach are to improve, or maintain, the patient's highest possible level of independent function and to improve their quality of life. Pulmonary rehabilitation is a multi-disciplinary program and should be included in the overall management of patients with respiratory disease. The respiratory therapist, by virtue of specialized education and expertise, is uniquely qualified to function as the leader of a successful pulmonary rehabilitation program.

Effective 1973
Revised 12/08

Reviewed 11/2011

Attachment #6
Position Statement
Review Schedule
Originaly Proposed:
2/20/07
Last Approved by BOD:
12/09, 12/10
Last Update:
11/8/10, 3/4/11

Statement Title	Original Statement Date	Most Recent Review or Revision	Years Since Last Review or Revision (2011-X)	Schedule Review for 2011	Schedule Review for 2012	Schedule Review for 2013	Schedule Review 2014
AARC Statement of Ethics and Professional Conduct	1994	2009	2		X		
Administration of Sedative and Analgesic Medications by Respiratory Therapists	1997	2010	1			X	

Competency Requirements for the Provision of Respiratory Therapy Services	1998	2008	3	X			X
Continuing Education	1990	2009	2		X		
Cultural Diversity	1994	2010	1			X	
Definition of Respiratory Care	1987	2009	2		X		
Delivery of Respiratory Therapy Services in Long Term Care Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	2009	2010	1			X	
Hazardous Materials Exposure	2002	2008	3	X			X

Health Promotion and Disease Prevention	1985	2011	0				X
Home Respiratory Care Services	2000	2010	1			X	
Inhaled Medication Administration Schedules	2008	2011	0				X
Licensure of Respiratory Care Personnel	1990	2009	2		X		
Pre-Hospital Mechanical Ventilator Competency	2007	2007	4	X			
Pulmonary Rehabilitation	1973	2008	3	X			X
Respiratory Care Scope of Practice	1987	2010	1			X	
Respiratory Therapist Education	1998	2009	2		X		

Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists	1998	2010	1			X	
Respiratory Therapy Protocols	2001	2010	1			X	
Telehealth	2001	2010	1			X	
Tobacco and Health	1991	2011	0				X
Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child, or Adult Patient	2009	2009	2		X		
Verbal Orders	1990	2011	0				X
				7	**7**	**8**	**7**

Public Relations Action Team

November 2011

1. Each member will agree to do interviews (radio) and provide information for the written press release that corresponds to the interview topic.

    - No requests for interviews have been received.

2. 2. Continue to assist **Your Lung Health** with reading and editing, clinical stories, messages, etc. for the website. These will be assigned through the EO on a PRN basis.

    - No requests to assist with **Your Lung Health** activities have been received.

3. 3. Communicate with each State Affiliate encouraging the establishment of a public relations committee.

    - Affiliate Presidents were contacted by email during the summer and asked to inform the PRAT Chair whether a PR Committee is established in their affiliates and were encouraged to form a PR Committee if one was not already established. Twenty-one affiliates responded to the request. Here is a summary of the responses I received:

        - AK – no committee- uses BOD as PR team
        - AR- no committee-uses BOD to handle PR issues
        - CT- has committee chaired by VP of External Affairs
        - DE – "does not have a committee and does not have enough participation to put one together"
        - FL – several committees overlap the PR function. The request was taken to the FSRC BOD at their most recent BOD meeting by President Sheryle Barnett but the decision was made not to establish a separate PR committee at this time.
        - GA – has Membership and PR Committee Chair- Jerry Etheridge
        - IA- has Membership and PR Chair- Cathy McDaniel
        - KS- has active PR Committee chaired by Karen Schell
        - KY-has PR Chairperson- June Sorensen
        - MA- does not have PR Committee
        - MI- has PR Chair- Gary Jeromin
        - MN- has one person on PR Committee-Susan Knight
        - MO –has PR Chair-Wendy Gardner
        - NC- does not have PR Committee
        - NM- has a PR Committee "but it is nonfunctioning"
        - NV-does not have PR Committee

- NY-has a PR Affairs Committee
- OH- has a chairperson, Jerry Edens but no committee
- OK- has an inactive committee
- SD- PR Committee chaired by Past President
- UT-has newly formed committee established in 2011

4. 4. Update the current Public Relations material and develop a mechanism to make the PR "tool" more easily available to the State Affiliates.

- To date, the EO has not requested that any PR materials be updated.

Although there has been minimal activity this year, I appreciate the willingness of Jerry Edens, Frank Freihaut, Kathy Rye and Ken Thigpen and Sam Giordano, our EO liaision, to assist with this committee.

Respectfully submitted,

Trudy Watson

State Government Affairs Committee Report
Tom McCarthy, RRT; Chair

October 2011

The vast majority of State legislatures have been out of session over the last several months. This has given the committee time to review the impact that the prior State sessions have had on the profession of Respiratory Care.

The overwhelming majority of statutes, either passed or considered, dealt with Sleep Medicine. More specifically, areas of training, education, certification and scope of practice. Unfortunately, most these statutes had a potentially negative effect upon the profession of Respiratory Care by either overlapping scopes of practice so that Respiratory Care could be practiced with lower educational and credentialing standards or excluding Respiratory Care Practitioners from practicing Respiratory Care in a Sleep Medicine environment.

In addition, the committee will be reviewing State laws & regulations as they pertain to the rehabilitation of ventilator patients in long term care facilities.

The committee expects to see more of the same as State legislatures go back into session for 2012 and we are working with to prepare for these sessions.

Special Representatives Reports

AMA CPT Health Care Professional Adv Comm

Reporter: Susan Rinaldo Gallo

Last submitted: 2011-09-23 09:24:40.0

Recommendations

Report

Ann Marie and I will be attending the annual CPT/HCPAC October 13th I can give a verbal update at the BOD meeting.

Two current issues are:

•1. The revalued new PFT codes. Rumor has it that reimbursement for these new, more concise codes has been reduced. Decreasing the values when codes are modified has become the norm.

•2. There is a new push to apply for a code for HFCWO (the Vests). Hill Rom has hired a consultant to do the heavy lifting and the AARC and ACCP will assist.

American Association of Cardiovascular & Pulmonary Rehab

Reporter: Debra Koehl

Last submitted: 2011-10-07 07:32:53.0

Recommendations

Recommend continued work with AACVPR in regards to monitoring and communicating with CMS changes in PR reimbursement changes.

Report

Attended AACVPR Annual Meeting in Anaheim October 5-8, 2011.

- Participated as AARC Representative in committee meeting in regards to CMS proposal to change reimbursement rate to PR programs. Communicated information to Anne Marie Hummel.
    - Also includes Trina Limberg, Gerilynn Connors and Lana Hilling
- Member of the Professional Liasion Committee.
    - Trina Limberg is a member until 2012, I will stay on until 2014.
- Member of the PR portion of the Annual Program Committee for AACVPR.
    - Assuring PR is well represented at annual program committee.

At this time the biggest concern that both the AARC and the AACVPR must focus on in regards to PR is the proposed reduction in payment reimbursement for PR. This is based on audits CMS has done on PR services. Anne Marie Hummel is well aware of this and we have been communicating with AACVPR on propsoed strategies which includes education of our members. This monitoring and committee work also includes ATS, NAMDRC and ACCP.

American Association of Critical Care Nurses

(Karen Gregory)

American Heart Association

Committee Report on American Heart Association's BLS Subcommittee.
By Brian K. Walsh, RRT-NPS, FAARC

Recommendations: Be it resolved, that the AARC Board of Directors contact the AHA to offer the support of a Respiratory Therapist on the PALS and ACLS subcommittees.

Rational: To my knowledge no other subcommittees have respiratory therapy representation, yet will be making recommendations for vitally important guidelines that impact the practice of respiratory therapists globally. If the AHA cannot afford to support the two additional members, I suggest that the AARC appoint a Dallas / Fort Worth individual so that travel is not an acquired expense for the majority of the meetings.

Report: I attended the fall ECC meeting on September 19th - 22nd. The focus of the meetings was targeted at the 2015 guidelines goals and increasing bystander CPR. Many folks are having success with dispatcher assisted CPR, which has been shown to increase the likelihood that someone will perform CPR. The AHA has also developed some additional educational tools that target school aged children. Its call "Be the Beat". Here is the link for more information - http://bethebeat.heart.org/.

Respectfully,

Brian K. Walsh, RRT-NPS, FAARC

Amer Soc for Testing and Materials

ASTM activity related to respiratory care topics is monitored for issues or concerns. Activity related to oxygen conserving devices is being discussed in Germany in October. Slow progress is being made, yet a standard that addresses the issues with these devices is progressing.

Chartered Affiliate Consultant

Reporter: Garry Kauffman

Last submitted: 2011-09-19 18:32:50.0

Recommendations

Report

As approved by President Stewart, I worked with the Iowa State Society (IaSRC) leadership in August to update their vision, create core strategies and values, as part of the process to create an operational plan to guide their society to improve performance in various domains (e.g. membership, finances, leadership development, public recognition). I have continued to support those state societies with whom I have been engaged over the past three years as requested.

As discussed at the last board meeting, I stand ready to utilize the chartered affiliate consultant in a series of web casts aimed at improving the chartered affiliate leadership capabilities, with the potential of archiving the webcasts to serve as orientation and training for future chartered affiliate leadership. If approved, it would be my pleasure to participate

Respectfully submitted September 19, 2011

Garry W. Kauffman, MPA, FACHE, RRT, FAARC

Committee on Accreditation of Air Medical Transport System

Reporter: Steven Sittig

Last submitted: 2011-09-30 19:56:20.0

Recommendations

No Recommendations at this time

Report

The CAMTS Board of Directors will be meeting in St. Louis October 13-15th just prior to the National Air Medical Conference. On the agenda we have approximately 20 programs up for reaccreditation to be discussed. We are also scheduled to finalize a levels of critical care to be rolled out at the air medical conference for input from attending transport programs.

CAMTS is also putting on three pre conference events on Just Culture and Preparing for Accreditation.

The CAMTS board conducted its summer meeting in Denver in July. In addition to program accreditation decisions, the finances and budget were discussed and revenue is up and the overall financial picture was very positive.

Extracorporeal Life Support Organization

Charge #1 I continue to represent the AARC as the Respiratory Liaison to the Extracorporeal Life Support Organization (ELSO)

Update on ELSO's investigation into pursuit of an certification for ECMO Specialists:

The ELSO organization has elicited the help of a consulting firm to determine the steps necessary for this process to begin. Before pursuing certification, the first step is to establish a comprehensive education cirriculum for this speciality. Along with Pat English, RRT, I have completed the initial step in reviewing appproximatley 1/3 of the the active ELSO centers tests and exams that they currently use for initial and annula training. These tests were placed into categories according to subject. This information was then presented at the recently held ELSO conference in Pheonix Arizona in September. I will continue to assist along with Pat and the Education Committee Section of the ELSO Steering Committee to forward this process. The Chair of the Education committee, Mark Oguino has a meeting with the consulting company to determine the next step in establishing this cirriculum and the extent to which we need the consultant's help. This endeavor will be costly to ELSO, but has been deemed worthy by the organization and will also provide an excellent avenue for the many RRTs who are ECMO Specialists for advancement.

Respectfully submitted,

Donna M. Taylor

International Council for Respiratory Care Report

International Council for Respiratory Care (ICRC)
BOD Report Fall 2011

Recent Developments: For the first time Mainland China will be represented by member Governors at the ICRC Business Meeting in Tampa, Florida. This is a significant development for the Council and will provide a new and broadened perspective as the ICRC continues to work toward the globalization of respiratory care. The Council unanimously elected the following two individuals a Governors for China:

Yuan Yue-hua, RN, Respiratory Therapist - 2009 AARC International Fellow, Governor for China

Xiangyu Zhang, MD, FCCP, FACCM - 1998 AARC International Fellow, Governor for China

Revision of the AARC International Mission Statement: The ICRC Executive Committee has been asked to serve as one of several constituent groups to make recommendations for revision of the AARC International Mission Statement. There will be a comprehensive review of the entire AARC International Mission Statement & associated Goals. It appears that the AARC President Karen Stewart will review recommendations on the Mission Statement to include formal input from the ICRC Executive Committee, the AARC International Committee, and the ARCF Trustees. The Committee will discuss this item at the Meeting in Tampa.

The 2011 ICRC Business Meeting will be held in conjunction with the AARC 57th International Congress in Tampa Florida. The meeting is scheduled as follows:

ICRC Business Meeting
DATE: Monday, November 7, 2011
TIME: 7:30 a.m. - 4:30 p.m.
LOCATION: Tampa Marriott Waterside Hotel & Marina
Florida Ballroom, Salons V – VI

The 2011 ICRC Business Meeting Agenda follows:

INTERNATIONAL COUNCIL FOR RESPIRATORY CARE

Business Meeting – Tampa Marriott Waterside – Florida Ballroom Salons V - VI

Monday, November 7, 201l - 7:30 a.m. – 4:30 p.m.

AGENDA

I. **8:00 a.m. -** Welcome, **Jerome M. Sullivan, PhD, RRT, FAARC**, President, ICRC
Recognition of Award Winners – **Hector Leon Garza, M.D., International Achievement Award & Toshihiko Koga, M.D., International Medal**

II. **8:10 a.m. -**Introduction of All Participants and Guests

III. Report AARC International Committee – **John D. Hiser, M.Ed., RRT, FAARC & Debbie Lierl, M.Ed., RRT**

IV. Reports of International Fellows

V. **9:00 a.m. - Special Presentation – Yuan Yue-hua, RN, Respiratory Therapist, & Xiangyu Zhang, MD, FCCP, FACCM Governors for China**
"Status of Respiratory Care in China: A Broader Perspective"

BREAK – 10:00 A.M.

VI. **10:10 a.m. -** International Respiratory Care Education Recognition System (IERS) & WHO Prevention & Control of Communicable Diseases - **Louis Sinopoli, PhD, RRT & Jerome M. Sullivan**

VII. **10:30 a.m.** - Welcome from AARC – **Karen Stewart, MS, FAARC, President**

VIII. **10:35 a.m. -** International Perspectives – **Sam Giordano**, **MBA, RRT,** Executive Director, AARC

IX. **10:45 a.m**. - National Board for Respiratory Care (NBRC)
Gary Smith, BS, FAARC, Executive Director & Homer Rodriguez, RRT, FAARC,Director, International Affairs

X. **10:55 a.m.** - Report from Mexico, **Hector Leon Garza, MD, Governor for Mexico**

XI. **11:10 a.m**. - Report from Canada**, Christiane Menard, CSRT Exec. Dir. & James McCormick, President**

XII. **11:25 a.m. –** Report from Columbia, **Ruben Restrepo, MD, RRT, FAARC, & Marcela Spraul, RRT, BSA, Governors for Columbia**

XIII. 11:40 a.m. - Report from Japan, Lead speaker **Kazunao Watanabe, MD, Governor for Japan (three Speakers)**

BOX LUNCH BREAK – 12 O'CLOCK P.M.

For further information in Tampa, please contact:
Jerome M. Sullivan *Tampa Marriott Waterside Phone: 813-221-4900*
Email: Jerome.Sullivan@utoledo.edu, Mobile: 419-276-5583

XIV. **1:10 p.m. -** Report of Executive Committee – **Recommendations – Action Items for vote, Hassan Alorainy, Member Executive**

XV. **1:30 p.m.** – Report from Taiwan, **Chia-Chen Chu, MS, SRRT, FAARC, Governor for Taiwan &**
Yen-Tang Lin, MS, RRT, RCP, CEO BGA Healthcare Company

XVI. **1:50 p.m. -** Report from Turkey, **Arzu Ari, PhD, RRT, Governor for Turkey**

XVII. **2:10 p.m. -** Report from Italy, **Sergio Zuffo, PT**, **Governor for Italy**

XVIII. **2:30 p.m. –** Report from South Korea, **Kook-Hyun Lee**, **MD**, **Governor for South Korea**

XIX. **2:40 p.m. -** Report from The Philippines, **Noel Tiburcio, PhD, RRT-NPS, Governor for The Philippines** – Update on Status of RT in the United Arab Emirates

XX. **2:55 p.m. -** Report from Chile , **Daniel Arellano, PT, & Jose Landeros PT, RTC Governor for Chile**

XXI. **3:10 p.m. -** Report from Argentina, **Gerardo Ferrero, PhD, RRT** & **Gustavo Olguin, PT, RTC, MHCA**, **Governors for Argentina**

XXII. **3:30 p.m.** - Report for Costa Rica, **Yorleny Vargas Prado, MS, RRT**

XXIII. **3:50 p.m. -** Report for Indian Association for Respiratory Care, **Arvind Bhome, MD, Governor for India & Vijay Deshpande, MS, RRT, FAARC**

XXIV. **4:05 p.m.** - Ratification of Governors and Officers

For further information in Tampa, please contact:

Jerome M. Sullivan *Tampa Marriott Waterside Phone: 813-221-4900*
Email: Jerome.Sullivan@utoledo.edu, Mobile: 419-276-5583

Joint Commission - Ambulatory PTAC

Reporter: Suzanne Bollig

Last submitted: 2011-10-06 14:12:19.0

Recommendations

None at this time.

Report

The Ambulatory Care Professional and Technical Advisory Committee (PTAC) held two meetings via conference calls on July 14 and September 8, 2011.

Summary PTAC 7-14-11 Meeting

The PTAC was asked to review and continue to discuss the results of the field review regarding proposed Standard IC.02.04.01 addressing influenza vaccination for staff and licensed independent practitioners of the Ambulatory Care and office-Based Surgery accreditation programs.

Initial discussion of this proposed standard took place in March of 2011 with mixed opinions among the participants if the proposed standard would support patient safety and quality of care and if an undue burden would be imposed on the affected organizations. The conclusion after the initial discussion included a recommendation that the proposed influenza vaccination standard be implemented in a phased approach.

Summary PTAC 9-08-11 Meeting

The PTAC was asked to review and discuss *Ambulatory Care* National Patient Safety Goals (NPSGs) on 1) NPSG.06.01.01 *alarm management* and 2) NPSG.16.01.01 *overuse of health care treatments, procedures, and tests* proposed for field review.

NPSG.06.01.01: One of the first NPSGs introduced in 2003 addressed some components of alarm management but was retired once sufficient attention had been brought to the issue. Concerns are again being raised about alarms in many health care setting including ambulatory care organizations. The ECRI institute has identified alarm hazards (including "alarm fatigue") as a serious enough problem that they have ranked them at or near the top of the ECRI''s Top Ten List of Health Technology Hazards. PTAC committee members were asked were asked to determine if alarm management was an important safety issue and if the proposed NPSG addressed the safety issue. The general consensus was that alarm management was an important safety issue that a NPSG needed to address. Further review and refinement of the language for the proposed NPSG will continue.

NPSG.16.01.01: The Joint Commission believes that the overuse of treatments and procedures is a serious safety issue but emphasizes their interest is quality and patient safety and is not focused on cost or an effort to dictate clinical practice. A field review is planned for late fall 2011 and a revised draft of the NPSG will be presented to the PTAC for discussion in the spring of 2012.

Joint Commission - Home Care PTAC

Reporter: Dianne Lewis

Last submitted: 2011-10-02 13:00:13.0

Joint Commission-Home Care PTAC Report

Recommendations

None

Report

A conference call was held in August on Proposed Revision to the Emergency Management Drill Requirements. Its purpose was to discuss the following recommendation: The PTAC is asked to review and discuss, prior to field review, the purposed revision to E.M.03.01.EP1 addressing the use of tabletop exercises for the Home Care accreditation program.

Unfortunately I was not able to attend the call.

Joint Commission - Lab PTAC

Lab PTAC Report to the Board

The Lab PTAC meeting was conducted September 8th, 2011

Update on the Board of commissioners meeting in August, 2011
A strong theme was the continued discussion on high reliability in healthcare and handoff; where the transitions of care have occurred, when they leave the laboratory, when they are leaving the hospital, how things are managed when the patient is at home or going into transitional care.

There was a Review of Face to Face Meeting and Liaison Network Forum held this summer at the Joint Commission.

It is time for the PTAC elections. PTAC election time occurs every two years

The Joint Commission is in the midst of the deeming process by CMS. No changes can be made until that process is complete. Once the deeming process is completed, field review will be conducted.

Joint Commission continues to have a good correlation of with ISO and QSE.
The ISO monograph was completed. This is crosswalk of JC standards to ISO and QSE. The monograph will be distributed once it completes internal review.

ANSI will release new quality control standards manual later this year or early 2012.

AARC- annual meeting is coming up in November 5-8 in Tampa, Florida. This was noted in the round table discussion.

National Asthma Education & Prevention Program

Reporter: Natalie Napolitano

Last submitted: 2011-09-28 13:17:46.0

Summary of NIH NAEPP Coordinating Committee and School Subcommittee Activities

School Subcommittee

Update on NAEPP projects:

• NAEPP *Suggested Emergency Nursing Protocol for Students with Asthma Symptoms Who Don't Have a Personal Asthma Action Plan* (2011 update that added Epi-Pen). This plan is suggested to be used in all schools for students that have asthma and do not have an asthma action plan for the school nurse to follow. The finalized form with 2011 revisions can be seen at: http://www.ashaweb.org/files/public/Asthma/Management%20of%20Asthma%20Exacerbations%20Students%20Without%20Plan.pdf

• NAEPP *Asthma and Physical activity in the school* (2011 Update) has been revised and will be available in late October.

• Updates are beginning on *Managing Asthma: A Guide for Schools.* Can be viewed at http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm. I will be reviewing the document and sending in my suggestions. Please send me any suggestions for updates that anyone may have.

The Centers for Disease Control and Prevention''s (CDC) Division of Adolescent and School Health (DASH) recently announced the release of the 2010 School Health Profiles (Profiles) survey results.

The report, *School Health Profiles 2010: Characteristics of Health Programs Among Secondary Schools in Selected U.S. Sites,* includes results from surveys conducted in 49 states, 19 large urban school districts, 5 territories, and 2 tribal governments that obtained weighted data.

The Profiles surveys have been conducted every 2 years since 1996 by education and health agencies among middle and high school principals and lead health education teachers. Profiles monitors -

• School health education requirements and content

• Physical education requirements

• School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition

• Asthma management activities

• Family and community involvement in school health progams

Accompanying fact sheets for the report focus on

• Chronic disease prevention

• Selected topics (health education; HIV, STD, and pregnancy prevention; asthma management; and school health coordination)

• Combined Youth Risk Behavior Survey and Profiles results (related to obesity, sexual risk behaviors, and tobacco use)

Key findings in asthma management include:

• Across **states**, the median percentage of schools in which teachers tried to increase student knowledge on asthma increased from 47.0% to 53.5%.

• Across **states**, the median percentage of schools that had an asthma action plan on file for all students with known asthma increased from 46.1% to 57.7%.

• Across **states**, the median percentage of schools that provided additional psychosocial counseling or support services as needed to students with poorly controlled asthma increased from 46.3% to 52.0%.

• The percentage of schools that provided specific services for students with poorly controlled asthma ranged as follows:

• **Provided referrals to primary healthcare clinicians or child health insurance programs:** from 33.8% to 95.2% across states (median: 63.0%), from 49.9% to 96.2% across cities (median: 73.2%), and from 29.8% to 100.0% across territories (median: 69.2%).

Summary of NAEPP Meeting on September 26th and 27th

• The main focus of this meeting, other than to update the group on NIH activities, was to get feedback on the NACI and NAEPP from Past and Present as well as suggestions on where we should be moving in the future. There were 2 sets of break out working group sessions to collect this information for NIH NAEPP, one for the NACI and one for NAEPP. I was asked in advance to moderate one of the NAEPP working groups and happily took on this role as a representative of AARC.

• NIH was asked to coordinate the President''s Task Force on Environmental Health Risks and Safety Risks to Children and this group coordinated a Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities (Part 1) that is currently going thorough clearance and should be released by the end of the year for public view. This Task force is asking for federal dollars to be committed to projects that will be able to make a difference in environmental risks that effect children''s health and that will take a closer look into reducing disparities in asthma.

• We received an update on all the NACI project grantees and these grants are set to end in February of 2012. Most groups are planning to publish the results of their programs and we will get notice of when these results are published.

• It was agreed to so an update to the current NIH NAEPP Guidelines for Diagnosis and Management of Asthma. It will be an update and not a complete revision. It is felt that there is not enough new data for a complete revision. NIH will be putting out RFI''s soon for info or

research questions that will be included in the update. Once they have the research questions their will than solicit for recommendations for individuals to be included in the expert panel to perform the reviews and update. ***I will inform you all with these occur so that the AARC can be sure to provide info and options for this important update.***

Natl Coalition/Hlth Pro Edu - Genetics

Reporter: Linda Van Scoder

Last submitted: 2011-09-30 11:55:02.0

Recommendations

Recommendations

No recommendations.

Report

At the beginning of September I provided the AARC''s feedback on the proposed NCHPEG strategic plan. The gist of my response was that they needed to be sure that they were addressing the needs of the health professions that aren''t heavily involved in genetics at this time. Over the last few years their activities have started to skew more toward supporting genetic counselors.

The annual NCHPEG meeting was held September 26 & 27 but I did not attend. I continue to monitor communications from the Genetic Alliance for opportunities to partner with our patient groups.

National Sleep Awareness Roundtable

Reporter: Mike Runge

Last submitted: 2011-09-30 08:26:35.0

Recommendations

None

Report

No report at this time, will refer to Ann Marie Hummel for comment.

Other

Neonatal Resuscitation Program

Reporter: John Gallagher

Activity Report:

The NRP Steering Committee (NRPSC) last met March 21 & 22, 2011 in Elk Grove, Illinois as scheduled. The meeting focused on details surrounding the rollout of 6th edition textbook materials. A large focus was placed on changes to the testing materials, which included guidance for committee and liaison members as they prepared new test questions. Strategic planning for the next five years was a key topic driven by Dr. Halamek as he prepared to resign his Chair position. It was agreed that simulation would be the cornerstone of training while the elements of virtual reality would be explored as the next wave of advanced learning.

The newest provider resource is now available. The Neonatal Resuscitation Program is proud to present iNRP, an innovative mobile Web application for iPhone, Android and other smartphones. It features the updated full-color algorithm for neonatal resuscitation, based upon the 2010 ILCOR guidelines. The app includes an animated metronome to help healthcare professionals recognize and practice the optimum rate for delivering ventilations, and ventilations with compressions.

The NRPSC has welcomed new members this year. Dr Henry Lee (replacing Dr George Little) and Dr. Eric Eichenwald have been designated as regular members. Dr Patrick McNamara has been named the liaison from the Canadian Pediatric Society. Drs. Jane McGowan and Myra Wyckoff now serve as Co-Chairpersons for the NRPSC.

The next meeting is scheduled for October 12 & 13, 2011 in Boston, Massachusetts.

Respectfully,

John T. Gallagher, BSHS, RRT-NPS

Simulation Alliance Society

Reporter: Robert Chatburn

Last submitted: 2011-09-08 08:04:28.0

Recommendations

Nothing to report

Roundtable Reports

Asthma Disease Mgmt Roundtable

Reporter: Eileen Censullo

Last submitted: 2011-09-08 09:04:05.0

Recommendations

Nothing to recommend

Report

I am planning to discuss with Tom Kallstrom the ability to hold a web conference with the asthma roundtable and want to send a message to see if there is any interest in holding a roundtable meeting at Congress.

Consumer Roundtable

(See Executive Director Report)

Disaster Response Roundtable

Reporter: Steven Sittig

Last submitted: 2011-09-24 22:54:35.0

Recommendations

No Recommendations at this time

Report

The Disaster Roundtable was able to submit several accepted lecture proposals for the 2011 AARC Congress dealing with Disaster Response including presentations from the Medical Reserve Corp and the National Medical Disaster System. These federal programs are to be onsite in the convention hall to actively recruit RT''s needed to fill needed roles in critical care post disaster events.

A request was made for a Disaster Roundtable meeting at the AARC Congress, but available rooms at the conference center were limited and I was told there was likely not enough interest to pursue.

Geriatrics

(Mary Hart)

There isnt much news to report from the Geriatric Roundtable.

We have some new ideas for next year to enhance RT education/geriatric assessment/management. We will be developing a "quick and simple list for caregivers " of the top twenty things you need to know about when caring for a geriatric patient. Will also be reviewing all the geriatric info online AARC and revise if needed. May need to add a few patient focused pieces.

Hyperbaric Roundtable

Reporter: Clifford Boehm

Last submitted: 2011-10-09 19:53:23.0

Recommendations

Continue to present HBO as an alternative career path to respiratory therapists

- we will present an updated course at the next AARC Congress in Tampa
- course will present reasons for the RT to consider his/ her role in the care given critically ill patients being treated with HBO therapy

Informatics Roundtable

Reporter: Garry Kauffman

Last submitted: 2011-09-19 18:34:30.0

Recommendations

Report

As Informatics Roundtable chair, I continue to monitor postings and provide contacts to those requesting assistance. While the attendance at last year's Informatics meeting at the Congress was minimal, I recommend that we again invite those interested to attend. Our goal will be to assess issues important to members and to provide, as resources permit, services as requested.

Respectfully submitted September 19, 2011

Garry W. Kauffman, MPA, FACHE, RRT, FAARC

International Medical Mission Roundtable Report

Recommendations

- No Recommendations at this time

Report

Our roundtable membership has increased to 60 to date. We are planning to meet as a group again at the AARC Congress in Tampa. The date and time will be posted on the discussion board once room space has been secured. This was requested a few weeks ago. Conversations on the board have included discussions of fund raising, donations, international fellows and personal international experiences. We expect this group to continue growing.

Thank you!

Other

Military Roundtable

Reporter: David Vines

Last submitted: 2011-09-02 00:00:00.0

Recommendations

- None
- Nothing new to report.

Neurorespiratory Roundtable

Reporter: Lee Guion

Last submitted: 2011-10-02 15:02:06.0

Communication using the AARC Connect social/professional networking site have picked up slightly but have not begun to reach the amount of traffic seen prior to the switch.

Reasons noted:

- lack of transition from the listserv format with some former members not signing on and now lost as contacts;
- employers blocking the site due to social networking format which allows links to Facebook, among others; and
- 2 log-in steps with passwords required by the AARC and members'' employers' firewall requirements, requiring additional time.

However trivial this may sound, it appears to be a barrier to communication among members by adding time to an already very busy work day.

I am from the San Francisco Bay Area where social media sites and a culture of constant e-connection reign. Smaller nonprofit organizations and special interest-groups are returning to the listserv format due to its accessibility and ease of use on smart phones and other handheld devices. Clicking "reply" or "reply to all" and sharing information is preferred to multiple log-ins and the additional cost of data streaming in non-WiFi areas.

Report

Members submitted abstracts to the 2011 AARC Congress and several will be presenting in Tampa in November. We will use this opportunity to meet and discuss goals for the coming year. A new chair for 2012-2013 will be sought.

Research Roundtable

Reporter: John Davies

Last submitted: 2011-10-05 11:39:20.0

Recommendations

We plan on a research roundtable meeting at the International Congress to identify topics that illicit discussion from the various members of the roundtable.

Report

There have been sporadic discussions. We need to become more focused on a particular topic to get more involved discussions.

Simulation Roundtable

Reporter: Julianne Perretta
Last submitted: 2011-10-05 09:53:37.0

Simulation Roundtable Report

Recommendations

Face to face meeting at the AARC International Congress-have made request for space through Tom Kallstrom.

There were 4 chosen abstracts for the 57th International Congress''s Open Forum sessions (Education 1 and 2) on the use of high-fidelity simulation as a learning methodology. In November, after the Open Forum sessions, I will be inviting each of these 4 abstract authors to open a discussion thread in our forum to allow members to ask questions and share ideas with these folks.

Will request the Roundtable members to suggest one or more topics for submission to the 2012 AARC meetings. Will request from the AARC a method for the submission to be from the Roundtable, rather than an individual. Is this possible?

Add videos to the Roundtable library illustrating key points of Simulation as a learning methodology.

Report

Members of the Roundtable have voluntarily posted documents, templates, and articles for review and use by other members. Will continue this sharing of ideas and request for information via the AARConnect portal. The Roundtable has also allowed for networking and sharing of ideas offline, in a face to face format.

In September 2011 the AARC Times published an article on Simulation. Two of the featured simulation faculty members are members of the Simulation Roundtable, Scott "Woody" Woodcox and Julianne Perretta.

At the 57th International Congress, there will be a three part workshop entitled "Novel Uses for Patient Simulation", given by two Simulation Roundtable members, Roberta Hales and Julianne Perretta. There were 4 chosen abstracts for the 57th International Congress''s Open Forum sessions (Education 1 and 2) on the use of high-fidelity simulation as a learning methodology.

Tobacco Free Lifestyle Roundtable

Reporter: Jonathan Waugh

Last submitted: 2011-09-07 16:52:23.0

Recommendations

• No recommendations.

Report

• Work has begun on the "Clinician Guide for Tobacco Cessation," a joint effort between the TFL Roundtable in and the AARC executive office. The co-chairs are Georgianna Sergakis and Rita Mangold. This will be a companion to the patient guide on tobacco cessation "Why Quit Using Tobacco?" which was released at the 2010 AARC congress. Steve Nelson and his staff did a great job finding funding to print the patient guide but with great difficulty. Therefore we are planning for an electronic publication of the clinician guide.

• A number of TFL members have contributed to publications this past year or were "in the news" in various ways.

• The TFL is ready to assist with educational programs and curricula for tobacco-related training.

Other

• No other items.

Ad Hoc Committee Reports

Ad Hoc Committee on Cultural Diversity

Reporter: Joseph Huff

Last submitted: 2011-10-06 19:39:26.0

Recommendations

[NONE]

Report

Charge: Develop a mentoring program for AARC members with the purpose of increasing the Diversity of the BOD and HOD.

Status: The Committee will be mentoring a therapist at the Fall HOD Meeting. Deborah Waggoner (CV follows) will be attending the HOD Meeting in November. Deborah is from Miami Florida and is the Manager of Respiratory Clinical Care, South Miami Hospital. Deborah's information is attached.

Ray Fausto attended the Summer HOD Meeting in Vail. Ray was a pleasure to have attend the Meeting. Ray was excited and enthusiastic about attending the House Meeting. Since returning back to Los Angelis he has gotten involved in his local chapter. Ray said he would like to attend the HOD Meeting again.

Charge: The Committee and the AARC will continue to monitor and develop the web page and other assignments as they arise.

Status: Ongoing

Attachments

DEBORAH MIAO WAGGONER

18524 Southwest 90th Court • Miami, Florida 33157 • miaowag@aol.net • 305-253-1833

PROFESSIONAL WORK EXPERIENCE

2005 to -Present

South Miami Hospital - South Miami, Florida

Manager Respiratory Clinical Care

- Assists Director with the department daily operations including budget, technical changes, and staff development.
- Substitutes in the absence of the Director
- Prepare reports, department policies and procedures.
- Develop competencies for the staff and special care areas (i.e. Intubation program)
- Monitoring continuous ongoing performance improvement projects
- Oversees and evaluates ordering and purchasing of equipment.
- Manages the clinical areas in ways that ensure compliance with relevant laws.
- Counsels and mentors employees, performs employees' evaluations.
- Participates in several hospital wide committees.
- Assist in coordinating hospital Cultural Diversity Event –representing China
- Participates in Hospital Joint commission Accreditation readiness

1999-2005

South Miami Hospital - South Miami, Florida

Respiratory Nurse Clinician

- Oversee the daily operation of critical care areas.
- Responsible for orientation of new staff for floor care and critical care area.
- Perform as clinician in teaching staff and patient.
- Develop goals and standards of practice for respiratory care.
- Develop and implement techniques and programs directed toward improvement of patient care.

1989-1999

South Miami Hospital - South Miami, Florida

Senior Critical Care Specialist

- Supervise all personnel assigned to critical care areas.
- Provide educational training for all staff.
- Evaluate and counsel staff performance.
- Assist in ordering supplies and payroll input.

1986-1989

South Miami Hospital - South Miami, Florida

Alternate Day shift Supervisor

- Responsible for assigning and coordinating staff in all areas.
- Interact with staff, patients, health care workers and physicians.
- Ensure adequate support in equipment and personnel for excellent patient care.

- Act as preceptor for staff in all areas.

1983-1986
South Miami Hospital - South Miami, Florida
Staff Therapist (RRT 1)

- Critical care areas: Routine care in addition to all aspects of mechanical ventilation, both adult and neonatal.
- Pulmonary Lab: Arterial blood gas analysis, pulmonary function test.
- Hyperbaric oxygen therapy: Operation and maintenance of Sechrist Monoplace Chamber; routine care of patient education, set up and usage of HBO ventilator and on call for emergence situations.
- Hemodynamic monitoring: Assistance with insertion of invasive line such as arterial line, Swan-Ganz line, central venous line, ICP line in critical care areas or surgery; maintenance, calibration, and troubleshooting of all invasive pressure lines; performance of cardiac outputs and cardiac profiles.

EDUCATION

1994 ***Associate of Science Nursing***
University of the State of New York - Albany, NY

1983 ***Associate of Science Respiratory Therapy***
Miami Dade Community College - Miami, FL

1971 **Master of Science Zoology**
West Virginia University - Morgantown, WV

1965 **Bachelor of Science Biology**
Millsaps College - Jackson, MS

LICENSES & CERTIFICATES

BCLS Current Certification
ACLS Current Certification
DPR License for Respiratory Therapy (RT 0001111)
DPR License for Registered Professional Nurse (RN 292891
CHT Certified Hyperbaric Technologist (1221)

PROFESSIONAL SOCIETIES

American Association for Respiratory Care	Member since 1983
Florida Society for Respiratory Care	Member since 1983
Undersea and Hyperbaric Medicine Society	Member since 1998
American Association of Critical-Care Nurse	Member since 1998
Florida Board of Respiratory Care	1999 - 2009

Ad Hoc Comm on Officer Status in the US Uniformed Services

Ad Hoc Committee on Home Oxygen

From Kent Christopher, MD

October 4, 2011

"The comprehensive and extensive literature review has been completed and articles have been sourced. The task force is now beginning distribution of the articles among its members for thorough review and grading."

Ad Hoc Committee on AARC Leadership Institute

AARC BOD Report: Fall 2011
Ad-Hoc Committee: AARC Leadership Institute

Original Charge: That this Ad Hoc Committee develop a Management, Research and Educational leadership Institute.

Vision Statement

The Learning Institute will be the first AARC sanctioned program designed to provide advanced training to ensure the future continuity of leadership, discovery, and education within the profession of Respiratory Care.

Mission Statement

The mission of the Learning Institute is:

To foster leadership talent
To teach the skills of academic leadership
To advance the science of respiratory care

Summary of Activities Spring 2011:

RFPs for the Core Curriculum courses was completed and made available on the AARC Web site at: http://www.aarc.org/headlines/10/11/leadership_institute/. The original project time line is as stated below with the time revisions in parentheses:

RFP announcement – Nov 1, 2010
Letter of Intent – Nov 15, 2010
Informational webcast – Nov 22, 2010
Response to webcast questions – Nov 29, 2010
RFP closure date – Dec 31, 2010 **(January 26, 2011)**
Contract sent to accepted authors – Jan 31, 2011 **(Date remains open)**
Contract acceptance – Feb 15, 2011 **(Date remains open)**

A conference call was conducted on January 26th to review the RFPs submitted. There were only five to consider and of this number only three were selected by the committee to present examples of their work. Since that time two of the candidates have declined leaving us with only one viable candidate who desires to work on only one of the five core modules.

Based upon the outcome of the RFP process, the committee will need to reconsider the original plan for completion of the Core Curriculum. Although it is disappointing that we are not on target to achieve our original timeline, a quality product is our first priority as well as establishing a development process that can be duplicated for the various tracks.

Possible reasons for the less than stellar RFP response will be determined by the committee but certainly the amount put forth as payment for each module will need to be evaluated.

I would like to thank my committee members and the Executive Office staff for all they have done this year to keep this project on track and moving forward.

Summary of Activities Summer 2011

On June 6th I had a telephone conference call with Tom Kallstrom and Steve Nelson from the AARC Executive office on the status of the project. As we stand now:

1) The committee has researched and completed competencies for all proposed courses including Core, Education, Management and Research classes.
2) The competencies have been reviewed and validated by experts in each content area.
3) RFPs issued for development of the core course competencies into on line educational models.
4) No successful RFP candidates remain for completion of the Core curriculum.

Possible causes for our lack of curriculum developers has yet to be totally identified but may include the following:

- An inability to recruit curriculum developers from our usual pool of volunteers due to the non-respiratory specific content matter ie: Communication, Health Information Management and Informatics, Financial Planning and Budgeting Principles, Small Group Problem Solving and Decision Making, Basic Management Skills.

- It may be possible that the next step is actually two steps instead of one ie: first hire someone to expand the course competencies into full course content and then hire a second individual to put it online in an appropriate educational format. Our RFP approach was aimed at hiring one person to do both jobs.

- The money offered for the completed project was too low, ie: $2500.00 for nine hours of completed course materials.

With most instructor led classes, a lot of the material is put into outlined form as it is expected that the instructor will fill in a lot of the blanks, such as integrating or leading the learning methods. But with elearning, all the content is written and formatted to get it to perform the learning methods by itself. Thus elearning has traditionally been a lot more expensive up front as it cost more to develop. The rate of pay could vary from $65 - $150.00 per hour based upon developer background and experience.

Estimated average design times to create one-hour of training:

- **34:1 -- Instructor-Led Training (ILT)**, including design, lesson plans, handouts, PowerPoint slides, etc.
- **33:1 -- PowerPoint to E-Learning Conversion**
- **220:1 -- Standard e-learning**, which includes presentation, audio, some video, test questions, and 20% interactivity.
- **345:1 -- 3rd party courseware**. Time it takes for online teaching publishers to design, create, test and package 3rd party courseware

Given these considerations, the project is currently at a standstill until possible next steps can be identified. The Executive Office is currently investigating private companies that can be contracted to complete this portion of the project. A phone conference call schedule for June 20th was cancelled to give them more time to gather data. Once we have obtained some price quotes, the entire committee will be convened to decide on a course of action with revised timeline.

Summary of Activities Fall 2011

On July 13th a meeting was conducted with a company that claimed to be the single largest provider of interactive and print patient education and consumer health information solutions in the country. The purpose of the meeting was to discuss the ability and the desire of the company to submit a bid for completion of the 5 core modules. Participating in the meeting was the company vice president, and a staff member, Tom Kallstrom, Steve Nelson and Toni Rodriguez by phone. The company expressed an interest in the project and requested 30 days to prepare a quote. The quote would include the cost to develop, design, and place online a complete package of five modules.

By mid August we received no solid proposal but only an email indicating that the current cost estimate to complete the work was in the "mid six figures which I knew wouldn't fly." We have received no further correspondence.

On September 28th I had a conference call with Tom Kallstrom to discuss the current status of the project. We discussed several next steps but pretty much agreed that we would need to go back to the drawing board. Our passion and AARC commitment to the project remains strong. All has not been a loss because we did learn several

things:

1) We really have no idea what it will take to produce a module i.e.: time for script writing, incorporation of tests quizzes etc., links to reference sites, documents and videos, as well as incorporation of learning activities. It is hard to attract developers when we know so little about what we are asking for. Also the committee pulled 40 hours out of a hat but is that an appropriate time frame for a student to accomplish the learning objectives? It may require more or less time.
2) The cost for development of online teaching material is much more than we budgeted. The final cost is very much linked to what services are required. The more material provided to the developer the lower the cost. It might be better to view the process as two steps: 1) writing the course material and 2) having an on line instructional designer format it for instruction.
3) Once we have a module scripted and ready for the Moodle platform what will be the problems encountered in getting it to run? Can Moodle support the more innovative of the educational technology software that will make the learning interactive?
4) Finally we need a viable example of a module to shop around to: potential instructional designers, to our membership, and to vendors who might be interested in funding the project. We need a prototype module to explore and test our theories.

The entire committee will be reconvened before the end of the year to discuss these and other issues related to the project.

Committee Members:
Chair: Rodriguez, Toni Ed.D, RRT; Members: Chatburn, Robert (Research Institute Chair) MHHS, RRT-NPS, FAARC; Ford, Richard (Management Institute Chair) RRT, FAARC; Myers, Timothy BS, RRT-NPS; Van Scoder, Linda (Education Institute Chair) EdD, RRT, FAARC
Staff Liaisons: Giordano, Sam MBA, RRT,FAARC, Tom Kallstrom, RRT FAARC,

Ad Hoc Committee on 2015 & Beyond

2015 committee continue the work to identify the needs for the profession for 2015 and beyond. During the summer and early fall months both the president, Karen Stewart and the past president, Tim Myers have presented the activity of the 2015 committee at a number of state meetings. The gap analysis of the attributes has been completed. Two sub committees have been formed within the education section. One comprised of directors for associate degree programs and the other bachelor degree programs. These committees have been charged with reviewing the competencies from conference two. There charge includes a comparison of the competencies currently used in their programs and to identify gaps of what is used today to the projected competencies for the future.

President Stewart had met with stakeholders such as the National Network of Health care Programs in Two year Colleges and the Association of Schools of Allied Health Professions.

President Stewart has requested similar analysis to be completed by the NBRC and COARC.

Respectfully submitted:

Karen J. Stewart, MSc, RRT, FAARC

Ad Hoc Committee to Recommend Bylaws Changes

Reporter: George Gaebler

Last submitted: 2011-10-07 09:05:51.0

Recommendations

I recommend that the BOD accept the Policy attached for action to be taken when Charted Affiliate Bylaws are in conflict with the AARC Bylaws

Report

I believe there will be probably some changes to this policy before the BOD meets. I will therefore bring copies to the BOD meeting should that occur.

The main point of contention that must be decided is whether any withholding of revenue sharing is appropriate. The rest of the policy is what we decided and discussed in the July BOD meeting.

Attachments

Please contact Kris Kuykendall to obtain the following attachment(s):

- Bylaws.doc (see attachment “Ad Hoc Cmte to Rec Bylaws Attachment #1”)
- Bylaws Conflict Policy.doc (see below)

11

American Association for Respiratory Care
Policy Statement

Policy No.: HOD.001

SECTION: Chartered Affiliates
SUBJECT: Chartered Affiliate Bylaws in Conflict with AARC Bylaws
EFFECTIVE DATE: November 3, 2011
DATE REVIEWED:
DATE REVISED:
REFERENCES:

Policy Statement:
The Bylaws of the Chartered Affiliates shall not be in conflict with the Bylaws of the AARC

Policy Amplification:

1. Affiliate bylaws will only be reviewed for compliance with AARC Bylaws. Errors in grammar, spelling or internal inconsistencies will be the responsibility of the Chartered Affiliate. The Bylaws Committee may make recommendations regarding grammar, spelling, or internal inconsistencies but will not delay the approval process over such issues.

2. Affiliate Bylaws will be considered in conflict with the AARC bylaws if non-AARC members are allowed to vote and/or hold a voting position on the Affiliate's Board of Directors.

3. Affiliate Bylaws will be considered in conflict if Active members of the **AARC** are not automatically Active members of the **Charted Affiliate**.

4. If affiliates Bylaws are in conflict with the AARC Bylaws the Bylaws Committee will notify the Affiliate in writing that The Affiliates Bylaws are in conflict with the AARC Bylaws including the reason.

5. Therefore the Affiliate will have their Affliliate Charter revoked until the Chartered Affiliate makes changes to their bylaws to bring them into compliance with AARC Bylaws.
   a. The charter affiliate shall lose their voting powers in the House of Delegates until the bylaws are revised and accepted by the AARC Board of Directors.
   b. If after a period of one year the Affiliates Bylaws are still not in compliance, the AARC
   c. Board will take action to begin to withhold Affiliate revenue sharing starting at one quarter of revenue sharing every six months.
   d. This would be a three year process whereby revenue would dwindle to zero after three years of non-compliance.
6. The AARC Bylaws Committee shall notify the AARC Board of Directors of the rejection of an affiliates bylaws so the revocation of the charter can proceed through the Executive Committee

DEFINITIONS:
ATTACHMENTS: AARC Bylaws

Ad Hoc Committee to Review Age Membership Discount

(Tom Lamphere)

Ad Hoc Committee on Section/Roundtable Membership

Reporter: Lynda Goodfellow

Last submitted: 2011-10-06 08:48:05.0

Recommendations

No Recommendations

Report

A set of questions has been developed for Section Chairs to use during their assigned times in the AARC booth during the upcoming Congress meeting. Information will be discussed with all section chairs to generate a report back to the April AARC BOD.

ARCF
CoARC
NBRC

ARCF Report

November 2011

There is very little to report in the three months since the last Board meeting. This is a quiet time of the year for the Foundation. We were able to realize some modest gains in the market before the recent volatility brought back uncertainty. Our overall portfolio remains basically unchanged at this point.

We had a successful Respiratory Care Journal Conference in September on the Chronically Critically Ill Respiratory patient. It was fully subscribed and brought in $75,000. We are now seeking support for the 50th Journal Conference titled "Oxygen" scheduled for April 2012. We expect that given the broad appeal of this topic, it will also be financially successful.

The Foundation again supported a number of awards that will be presented on Sunday, as well as five International Fellows this year.

Thank you for allowing me to serve you again for another year.

Michael T. Amato, MBA

CoARC Report

The CoARC Report is an attachment to the Board Book – listed as "CoARC Update to AARC Nov 2011"

MEMORANDUM

Date: October 6, 2011

To: AARC Board of Directors, House of Delegates and Board of Medical Advisors

From: Gregg L. Ruppel, MEd, RRT, RPFT, FAARC, President

Subject: NBRC Report

I appreciate the opportunity to provide my final update as President on activities of the NBRC. Since my last report in June 2011, the NBRC Long Range Planning Committee, Executive Committee, Adult Critical Care Examination Committee and State Licenusre Liaison Group met in September, and the Board of Trustees and committees will meet in December to conduct examination development activities and discuss business related items pertinent to the credentialing system. The following details the current status of examinations and significant activities in which the Board and staff are currently involved.

Sleep Disorders Specialty Examination

As previously reported, the NBRC submitted a request to the AASM for official recognition of the NBRC's Sleep Disorders Specialty Examination in its Standards for Accreditation for Sleep Disorders Centers. We are happy to report a response has been received from the AASM stating its Board of Directors approved our request to modify the language of the AASM Standards for Accreditation to recognize respiratory therapists who have earned the CRT-SDS and/or RRT-SDS credentials. Specifically, Standard B-8 will be revised to indicate that the NBRC's Sleep Disorders Specialty Examination is an equivalent examination accepted by the AASM. As a result of this determination, we will develop and initiate a marketing plan to engage more respiratory therapists to become CRT-SDS and/or RRT-SDS. We will likely call upon the AARC to assist in these efforts.

Ohio Examination Requirements Workgroup

The NBRC has had a representative serving on the Ohio Examination Requirements Workgroup since early 2011. The workgroup's purpose was to evaluate the Ohio Respiratory Care Board's proposal to amend OAC 4761-5-01 and related rules to require the candidates for licensure in the state of Ohio to pass the written and clinical simulation

portions of the RRT Examination as a condition for licensure issuance in the state of Ohio. The Ohio Board has now accepted this workgroup's recommendations and is beginning the process of offering amendments to its rules and regulations to have the RRT be the minimum credential requirement in the future. As you are likely aware, the NBRC supports the CRT credential as the minimum requirement for licensure and our representative to the Ohio Workgroup will be submitting a minority report opposing these proposed recommendations.

2011 Examination and Annual Renewal Participation

To date, we have received nearly 34,000 applications across all examination programs; this is approximately 3,000 applications more than this time last year.

2012 annual renewal notices were mailed to credentialed practitioners in early October and credentialed practitioners are encouraged to renew their status by December 31. For 2011, we processed a record number of active status renewals totaling over 44,000.

Examination Statistics – January 1 – September 30, 2011

The NBRC has administered nearly 32,500 examinations thus far in 2011. Pass/fail statistics for the respective examinations follow:

Examination	***Pass Rate***	
CRT Examination – 11,363 examinations		
	Entry Level	Advanced
First-time Candidates	72.9%	79.4%
Repeat Candidates	20.6%	28.1%
Therapist Written Examination – 10,448 examinations		
First-time Candidates	67.5%	
Repeat Candidates	30.8%	
Clinical Simulation Examination – 9,290 examinations		
First-time Candidates	61.7%	
Repeat Candidates	54.5%	
Neonatal/Pediatric Examination – 997 examinations		
First-time Candidates	75.0%	
Repeat Candidates	48.5%	

Sleep Disorders Specialty Examination – 26 examinations

First-time Candidates	100%
Repeat Candidates	100%

CPFT Examination – 266 examinations

First-time Candidates	72.8%
Repeat Candidates	40.5%

RPFT Examination – 58 examinations

First-time Candidates	82.5%
Repeat Candidates	68.8%

Your Questions Invited

It has been my honor to serve as President of the NBRC for the past two years. If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need to be fully informed. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and all of the sponsoring organizations of the NBRC, as well as the accrediting agency. We have significant issues to consider in the future, and I am confident that by working together and promoting understanding of the topics under discussion we will continue to advance the profession and ensure the integrity of the credentialing process.

Unfinished Business

New Business

COPD Alliance pg. 296

Policy Review

- BOD.001 – Awards pg. 298
- BOD.002 – Board of Directors Liaisons to Committees, Task Forces, Focus Groups, Panels, and Special Representatives pg. 300
- BOD.007 – Fiduciary Responsibility pg. 303
- BOD.018 – Position Description/Profiles (Office: Vice President of Internal Affairs) pg. 306
- BOD.026 – Open Communications Policy pg. 308

House Resolutions pg. 309

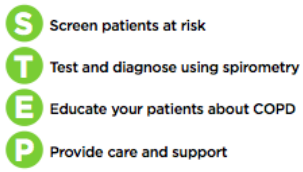
Breathing new life into the recognition and management of COPD

Thomas Kallstrom, MBA, RRT, FAARC
Associate Executive Director and Chief Operating Officer
American Association for Respiratory Care

Dear Tom:

Chronic obstructive pulmonary disease (COPD) currently ranks as the third leading cause of death in the United States and is growing much more quickly than projected. This situation intensifies the need for medical professionals to STEP forward in the fight against COPD. The COPD Alliance wants The American Association for Respiratory Care (AARC) to become a member of the Alliance with founding members: *the American Academy of Nurse Practitioners, American Academy of Physician Assistants, American College of Chest Physicians, American College of Osteopathic Family Physicians, and the American College of Osteopathic Internists.* As a member of the COPD Alliance, you will join the more than 300,000 health-care professionals currently involved in the early recognition, diagnosis, and management of COPD. To have the AARC considered for membership, please complete and return the attached application.

As part of our efforts, the COPD Alliance has initiated the STEP campaign to help guide the management of COPD patients with tools and resources to support each STEP you take:



Please consider supporting STEP:

- Encourage your members to incorporate STEP principles into their practices.
- Have your members take advantage of the many tools and resources on COPD.org.
- Display a button on your Web site showing your support for the COPD STEP program.
- Post your logo on the COPD.org Web site.
- Link to COPD.org from your Web site.
- Encourage other esteemed health-care organizations to join our mission and goals.

In recognition of your commitment to the COPD Alliance and its STEP campaign, you will be listed on the COPD.org Web site, with corresponding links back to AARC, as well as having your organization's name listed on appropriate published materials.

Please feel free to contact us by phone at (847) 498-8123, or at mbourisaw@chestnet.org if you have any questions or would like to discuss ways in which you can become involved.

Sincerely,

Brian W. Carlin, MD

Brian Carlin, MD, FCCP
Chair, COPD Alliance

Michael Bourisaw

Michael Bourisaw
Director, Business Development

COPD Alliance Membership Application

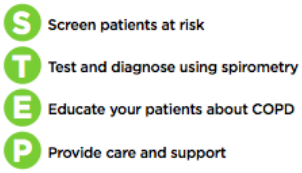
Name of Organization:
Number of members:_____
Mailing Address:
City: State/Province: Zip: Country:
Telephone: Fax:
Person (staff or member) who will be designated to participate in COPD Alliance activities:
Name: e-Mail: Phone:
How did you learn about the COPD Alliance?

- Request from COPD Alliance
- From a colleague. Name _____
- Mail from the COPD Alliance
- Journal Ad
- COPD Alliance Exhibit
- E-Mail
- Secondary e-mail
- Other_____

Briefly describe your organization's mission:

Our organization agrees with the stated mission and objectives of the COPD Alliance, as outlined below:
Yes/signature:_____
Printed name_____
Date_____
Mission:
As a multidisciplinary alliance, our mission is to bring clinicians together to improve patients' quality of life through recognition and management of chronic obstructive pulmonary disease (COPD). We're focused on education, shared resources, collaboration, and teamwork. We created this alliance for one simple reason - better the outcomes for our patients.

Objectives:
To provide needed resources that allow clinicians to incorporate STEP into their practices.



Where applicable, organization will provide a link from its Web site to the COPD Alliance Web site at COPD.org.
Please return to:
Michael Bourisaw
Director, Business Development
3300 Dundee Road
Northbrook, IL 60062
mbourisaw@chestnet.org

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **Awards**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2011

DATE REVISED: July 2005

REFERENCES: AARC Bylaws

Policy Statement:

Policy Amplification:

1. The AARC Executive Committee shall serve as the central clearinghouse and review body for newly established AARC awards and/or major revision of currently existing awards.

2. The Board of Directors shall be responsible for:

   A. Submitting nominations for AARC Life and Honorary membership awards to Presidents Council.

   B. Submitting nominations for certain awards for related organizations such as the American Respiratory Care Foundation (ARCF)

3. The Jimmy A. Young Medal:

   A. Each year at the annual meeting of the Presidents Council, the Chair of the Presidents Council shall issue a call for nominations for the Jimmy A. Young Medal, distribute the selection criteria and a roster of past medalists. Members of the Presidents Council will have sixty (60) days from the date of the annual meeting of the Presidents Council to submit nominations for the Jimmy A. Young Medal. Each nomination must be accompanied by a summary of the nominee's achievements and contributions, limited to two typed pages, and must be submitted within the sixty (60) day period to the Jimmy A. Young Nominations.

B. The profiles and ballots will be distributed to each member of the Presidents Council. The ballots must be postmarked no later than 90 days following the President's Council annual meeting.

C. Within twenty-one days following the established postmark deadline for return of the ballots, the ballots will be opened and counted by a Council member appointed by the Chair. Two AARC members must witness the opening and counting of the ballots. The result will be reported to the Chair of the Presidents Council.

American Association for Respiratory Care
Policy Statement

SECTION:	Board of Directors
SUBJECT:	**Board of Directors Liaisons to Committees, Task Forces, Focus Groups, Panels, and Special Representatives**
EFFECTIVE DATE:	December 14, 1999
DATE REVIEWED:	November 2011
DATE REVISED:	July 2005
REFERENCES:	**Position Descriptions/Profiles for the offices of**: **Vice President of Internal and External Affairs**

Policy Statement:
The Vice President for External Affairs will serve as liaison to the BOD for all Special representatives while the Vice President for Internal Affairs will serve as liaison to the BOD for Standing Committees, Special Committees, Specialty Sections and Round Tables**.** Additional Board liaisons may be assigned to AARC Committees, Task Forces, Focus Groups, Panels, and Special Representatives, with the exception of the Finance and Executive Committees at the discretion of the President.

Policy Amplification:

1. When Board liaisons are assigned by the President in addition to the Vice Presidents for Internal and External Affairs, the responsibilities of the liaison and the group(s) to which the liaison is assigned shall be as contained within this policy.

2. It shall be the joint responsibility of the liaison, Vice Presidents for Internal and External Affairs and the Committee/Task Force/Focus Group/Panel chair or special representative to assure that regular communication is maintained.

    2. The Vice Presidents for Internal and External Affairs and Board Members appointed as liaisons shall be directed to develop and maintain clear lines of communication between the Board and Committees, Task Forces, Focus Groups, Panels, and Special Representatives.

A. The objective shall be to identify an individual in addition to the President whose primary function is to serve as a resource to Committees, Task Forces, Focus Groups, Panels, and Special Representatives.

B. The Vice President for Internal and External Affairs shall serve as Committees, Task Forces, Focus Groups, Panels, and Special Representative Spokesperson during Board discussions and/or deliberations with comments solicited from Board members or AARC Staff Members that have served as liaisons as indicated.

4. The Vice Presidents for Internal and External Affairs as well as appointed liaisons shall contact the committee chair or special representative as soon as assignments are made and explain the role of the liaison.

   A. No Board liaisons to committees shall have the authority to issue committee charges, authorize changes in committee reporting schedules, approve committee member appointments, or represent the Board or President unless so directed by the President.

   B. Liaison, other than the Vice Presidents for Internal and External Affairs, shall not represent the Committees, Task Forces, Focus Groups, Panels, or Special Representatives without permission of the Committee/Task Force/Focus Group/Panel Chair or the Special Representative.

5. Each Committee/Task Force/Focus Group/Panel Chair or Special Representative shall keep the Vice Presidents for Internal and External Affairs informed of the progress in completing charges and seek assistance as to methods of operations and project completion which conforms to existing policies and procedures.

   A. Committee/Task Force/Focus Group/Panel Chair and Special Representatives shall provide their assigned Vice President for Internal and External Affairs with copies of all correspondence and with their reports prior to submission to the Board of Directors.

   B. The Vice Presidents for Internal and External Affairs shall review reports from assigned Committees, Task Forces, Focus Groups, Panels, or Special Representatives to assure clarity, completeness and consistency of construct, as well as compliance with the approved format.

6. The quality of communication between Committees, Task Forces, Focus Groups, Panels, and Special Representatives *and their assigned Vice Presidents for Internal and External Affairs and* liaisons shall be critical to the discussions and deliberations of the Board.

A. *The Vice Presidents for Internal and External Affairs* and liaisons must assure that they are fully informed of the activities of their assigned Committees, Task Forces, Focus Group, Panels, or Special Representatives and be prepared to represent both the word and the intent of the group(s) they represent to the Board.

B. The Vice Presidents for Internal and External Affairs should also be prepared to formally evaluate the performance of the Committee/Task Force/Focus Group/Panel Chair and Special Representatives.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **Fiduciary Responsibility**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: November 2011

DATE REVISED: July 2005

REFERENCES:

Policy Statement
Directors and Officers of the AARC shall retain fiduciary duty to manage the Affairs of the Association so that its property will be used for the purpose for which it has been entrusted.

Policy Amplification:

1. Association Directors and Officers shall be considered "fiduciaries" and therefore have a status similar to that of trustees.

2. Directors and Officers shall act solely for the benefit of members of the Association in scrupulous good faith and candor.

3. Directors of the AARC shall not serve as voting members of the following corporations during the tenure of their directorship: the National Board for Respiratory Care, and Committee on Accreditation of Respiratory Care.

3. The fiduciary standards applicable to Directors and Officers of the AARC shall be as summarized below to provide background for determining conduct to which a Director or Officer should adhere.

   A. Duty of Loyalty
      The duty of loyalty for an AARC Director or Officer requires that he or she not exploit Association opportunities, or misuse inside information, or cast a vote on a matter in which a Director or Officer has an adverse interest.

   B. Doctrine of Corporate Opportunity
      Where a business opportunity is in line with the Association's activities, and is one in which the Association has a legitimate interest or expectancy, the opportunity belongs to the Association. A Director or Officer who diverts the opportunity and embraces it as her/his own will be considered a constructive

trustee for the benefit of the Association and holds all of the profits and benefits received there from for the Association.

C. Use of Inside Information

A Director or Officer who acquires special knowledge or information by virtue of his/her fiduciary relationship with the AARC is not free to exploit that knowledge or information for his/her own personal benefit. Just as trustees have no right to retain for themselves the profits yielded by property placed in their possession, but must account to their beneficiaries, and AARC Director or Officer who is entrusted with or obtains potentially valuable information may not appropriate that asset for his/her own use. A Director or Officer may also be held accountable where he/she has disclosed such information to another person who then gains an advantage over members of the general public or the Association and its members.

D. Duty of Care

The duty of care requires that AARC Director and Officers exercise reasonable care and good faith in carrying out their responsibilities. A Director or Officer should exercise the same care and skill which an ordinarily prudent person would exercise under similar circumstances in his or her own personal affairs, by accepting the office, Directors and Officers implicitly undertake to give their best judgment to the AARC, and may be held liable for negligent or unauthorized acts.

In the event that any Director or Officer of the Association should have any direct or indirect interest in or relation with, any individual or corporation which has entered, or proposes to enter, into any transaction with the Association, such Director or Officer must notify the Board of Directors of such interest or relationship, and must thereafter refrain from discussion or voting on the particular transaction in which he or she has such interest. Such a Director or Officer must also refrain from otherwise attempting to exert influence on the Association, its Officers, Board of Directors, or employees to effect its decision to participate or not to participate in such actual or proposed transaction. The types of transactions here considered include, but are not limited to, those involving:

1) the sale, purchase, lease or rental of any property, supplies or other asset(s) between a Director or Officer and the Association.

2) employment or the rendition of services

3) the award of any grant, contract or subcontract, or

4) investment or deposit of any funds of the Association

If and when the particular transaction is discussed in a meeting, the minutes of that meeting must reflect that a disclosure was made by the interested Director or Officer. Furthermore, a Director or Officer must not in any direct or indirect manner compete with the association or secretly act on behalf of creditors.

Any questions not directly answered should be brought before the entire Board of Directors.

4. Each Board member shall complete a "Conflict of Interest" statement as directed by the President.

5. Smoking is prohibited during meetings of the Board of Directors and each Board member shall complete a "Tobacco-Free Policy and Pledge".

DEFINITIONS:

Conflict of Interest:
A conflict of interest is defined as any situation in which a Director or Officer has a direct or indirect outside personal interest which has the potential of being contrary to the best interest of the Association.

Fiduciary Duty:
A fiduciary duty is the highest form of legal duty owned by one person to another.

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **Position Description/Profiles**
OFFICE: Vice President of Internal Affairs

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: May 8, 2004, November 2011

DATE REVISED:

POSITION DESCRIPTION/PROFILE

Office: Vice President of Internal Affairs

DUTIES

Summary of Duties

The Vice President for Internal Affairs (1) serves as the Association's liaison to internal committees and (2) performs duties as assigned by the President and Board of Directors. The Vice President of Internal Affairs is responsible to the President of the Association to carry out all assigned duties. In the event of a vacancy in the office of President-elect, the Vice President for Internal Affairs will assume the duties but not the office, of the President-elect until the next scheduled election and shall also continue to fulfill the assigned duties of the office of Vice President.

Specific Duties

1. Serves as a member of the Executive and Finance Committees
2. Serves as the Association's liaison to Association committees, except Finance and Executive, Specialty Sections without Board representation, and Chartered Affiliates The liaison duties include communication with the designated group's representation of the Association, as authorized by the President, at designated meetings, and may require presentations to designated groups as authorized by the President.
3. Presents reports and recommendations to the Association's Board on behalf of the designated groups and communicates actions taken by the Board of Directors, as appropriate.
4. Performs all duties and responsibilities of the Association as a voting member of the Board of Directors.

Minimum Requirements

1. Must be an active member of the AARC.
2. Must have served at least one full term on the Board of Directors or Executive Committee.
3. Must be able to be away from his/her place of employment a minimum of 14 days during the term of office.
4. Must have the resources to maintain timely communication with the designated groups and with the President.
5. Must be knowledgeable of the Association's mission and policies.
6. Must have demonstrated timely and effective communication skills.
7. Must have demonstrated the ability to conduct business meetings in an appropriate manner.
8. Must project a professional image that is reflective of the Association.
9. Must have served in a leadership role at the Affiliate level.

Preferred Characteristics

1. Should have demonstrated leadership skills through the implementation of multiple projects.
2. Should have served on one or more AARC committees. Preferably should have served as chair of one or more AARC Committees.

American Association for Respiratory Care
Policy Statement

Policy No.: BOD.026

SECTION: Board of Directors

SUBJECT: **Open Communication Policy**

EFFECTIVE DATE:

DATE REVIEWED: July 2005, November 2011

DATE REVISED: July 2005

REFERENCES: GP.1174 - 1997

Policy Statement:

The general membership will be informed as is reasonably possible regarding both the actions and plans of its chosen leaders.

Policy Amplification:

1. All actions taken by any Board, committee or any other official group of the AARC are considered public information insofar as our membership is concerned with the exception of

   A. Actions taken by in officially declared "Executive Session"
   B. Sensitive areas which may tend to unnecessarily embarrass innocent persons.
   C. Sensitive areas that may lead to legal redress as directed by legal consul.
   D. Information whose public exposure would tend to cause financial or other hardship to the Association.
   E. Information clearly marked as "confidential" by the author

2. The Officers and employees of the Association are charged with making such public information available to the general membership upon request at the earliest possible time and in every reasonable manner.

DEFINITIONS:

ATTACHMENTS:

House of Delegates Resolutions – November 2011

Resolution: 07-11-05

Resolution Author: Jim Lanoha

E-mail: lsrcdelegate@gmail.com

Phone Number: 225-931-8448

Author's State: Louisiana

Co-Sponsors and Their States: TBD

"Be it resolved that the AARC establish a limit to the amount funded to members applying for disaster relief.

Rationale:

1. Policy currently has no limit.
2. The AARC President has the authority to approve funding criteria under current policy.
3. It standardizes the amount of funds provided eliminating any disparity from one requesting member to another.
4. This would allow the president to refer to the policy and continue to use the sliding scale provided.

Impact of Resolution:

General Membership, Affiliates, AARC Officers and BOD

Implementation Cost:

$0

Ongoing Cost:

$0

Relationship to AARC Strategic Plan:

Increase organizational effectiveness

Resolution: 05-11-06

Resolution Author: Deborah Hendrickson

E-mail: djhendrickson@charter.net

Phone Number: 608-222-0413

Author's State: Wisconsin

Co-Sponsors and Their States: Paul Eberle (UT), Emily Zyla (MI), Eric Anderson (WA)

"Be it resolved that the AARC BOD strongly consider the addition of the Past Speaker of the AARC HOD as a voting member of the Board of Directors."

Rationale:

1. The Past Speaker of the House of Delegates now acts in an advisory capacity to the AARC BOD during official meetings.
2. The Past Speaker of the HOD has been elected to this position by the HOD and the HOD represents the members of the AARC affiliates.
3. The addition of voting privileges to the Past Speaker would represent the opinion of elected representatives of the AARC affiliates.

Impact of Resolution:

General Membership, HOD, Affiliates, AARC Officers and BOD

Implementation Cost:

$0

Ongoing Cost:

$0

Relationship to AARC Strategic Plan:

Develop human resources, increase membership, increase organizational effectiveness.