American Association for Respiratory Care

Board of Directors Meeting

Grand Hyatt
San Antonio, TX

October 13-14, 2016

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive and Finance Committee Meetings – October 12, 2016
Board of Directors Meeting – October 13-14, 2016

Wednesday, October 12

2:00-3:30pm Executive Committee Meeting (Committee Members only) – San Jacinto (2nd floor)

4:00-5:00pm Finance Committee Meeting (BOD and HOD members are encouraged to attend) – Republic A-C (4th floor)

Thursday, October 13

7:30am Breakfast available – Republic A-C

8:30am Color Guard/Flag Presentation at House Meeting – Texas Ballroom A

9:00am-5:00pm **Board of Directors Meeting –** Republic A-C

9:00am Call to Order
Announcements/Introductions
Disclosures/Conflict of Interest Statements
Approval of Minutes pg. 8
E-motion Acceptance pg. 22

General Reports pg. 23
- President pg. 24
- Past President pg. 26
- Executive Director Report pg. 27 (A)
- Government & Regulatory Affairs pg. 41
- House of Delegates pg. 51
- Board of Medical Advisors pg. 53
- President's Council pg. 54 (R)

10:00am BREAK

10:15am Standing Committee Reports pg. 55
- Audit Subcommittee pg. 56
- Bylaws Committee pg. 57 (R) (A)
- Elections Committee pg. 61
- Executive Committee pg. 64
- Finance Committee pg. 65
- Judicial Committee pg. 66
- Program Committee pg. 67
- Strategic Planning Committee pg. 71

12:00pm Lunch Break

1:30pm Reconvene – JOINT SESSION

3:30pm BREAK

3:45pm Specialty Section Reports pg. 72

- Adult Acute Care pg. 73
- Continuing Care-Rehabilitation pg. 74
- Diagnostics pg. 75
- Education pg. 76
- Home Care pg. 78 (R) (A)
- Long Term Care pg. 80
- Management pg. 81
- Neonatal-Pediatrics pg. 83
- Sleep pg. 84
- Surface to Air Transport pg. 85

4:15pm Special Committee Reports pg. 86

- Benchmarking Committee pg. 87
- Billing Code Committee pg. 88
- Diversity Committee pg. 89
- Federal Gov't Affairs pg. 91
- Fellowship Committee pg. 92
- International Committee pg. 93
- Membership Committee pg. 98 (R)
- Position Statement Committee pg. 100
- State Gov't Affairs pg. 101
- Virtual Museum pg. 102

5:00pm RECESS

5:00pm Daedalus Board Meeting

Friday, October 14

8:00am-5:00pm **Board of Directors Meeting**

8:00am Call to Order

Special Representatives pg. 103
- AMA CPT Health Care Professional Advisory Committee pg. 104
- American Association of Cardiovascular & Pulmonary Rehab pg. 105
- American Heart Association pg. 106
- Chartered Affiliate Consultant pg. 107
- Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) pg. 108
- Commission on Accreditation of Medical Transport Systems pg. 110
- Extracorporeal Life Support Organization (ELSO) pg. 111
- International Council for Respiratory Care (ICRC) pg. 112
- The Joint Commission (TJC) pg. 114
- National Asthma Education & Prevention Program pg. 117
- Neonatal Resuscitation Program pg. 118

10:00am BREAK

10:15am Roundtable Reports pg. 119

10:45am Ad Hoc Committee Reports pg. 121
- Advanced RT Practices, Credentialing, and Education pg. 122 (R) (A)
- Research Fund for Advancing Respiratory Care Profession pg. 123 (R)
- RTs and Disease Management pg. 124
- State Initiatives pg. 125 (R) (A)
- Student Website Enhancement pg. 126
- Taskforce on Competencies for Entry into Respiratory Care Professional Practice pg. 127 (A)

12:00pm Lunch Break

1:30pm Other Reports pg. 128
- American Respiratory Care Foundation (ARCF) pg. 129
- Commission on Accreditation for Respiratory Care (CoARC) pg. 140 (A)
- National Board for Respiratory Care (NBRC) pg. 141

2:00pm UNFINISHED BUSINESS pg. 144

NEW BUSINESS pg. 145

- Policy Review
  - BOD.024 – Board of Directors – AARC Disaster Relief Fund
  - BOD.027 – Board of Directors – Surveys Conducted by the Association
  - CT.009 –Committees – AARC Fellowship Selection Committee (A)
  - SS.003 – Specialty Sections – Leadership
- Board Assessment Survey

3:30pm **ANNOUNCEMENTS**

TREASURER'S MOTION

ADJOURNMENT

(R) = Recommendation
(A) = Attachment

Recommendations

(As of September 29, 2016)

AARC Board of Directors Meeting

October 13-14, 2016 • San Antonio, TX

Presidents Council

Recommendation 16-3-8.1 "That some members of the Presidents Council be involved in the AARC 60th Anniversary planning."

Bylaws Committee

Recommendation 16-3-9.1 "That the AARC Board of Directors find that the Kansas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment 'Kansas Society for Respiratory Care')."

Recommendation 16-3-9.2 "That the AARC Board of Directors find that the New Jersey Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment 'New Jersey Society for Respiratory Care')."

Recommendation 16-3-9.3 "That the AARC Board of Directors find that the Vermont-NH Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment 'Vermont-NH Society for Respiratory Care')."

Home Care Section

Recommendation 16-3-54.1 "That the Board of Directors charge the Executive Office with the task of investigating the feasibility and financial impact of combining the home care section, long term care section, and continuing care section."

Membership Committee

Recommendation 16-3-24.1 "That the AARC Board of Directors add a student member to the AARC Membership Committee."

Recommendation 16-3-24.2 "That the AARC Board of Directors add a recent graduate who transitioned to an active member to the AARC Membership Committee."

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Recommendation 16-3-31.1 "Continue the work of the Ad Hoc Committee through the term of the incoming AARC President, Brian Walsh."

Recommendation 16-3-31.2 "Revise the committee's membership based on the input from the committee chairs."

Recommendation 16-3-31.3 "Accept the committee's "Project Status Report" and the committee's "Needs Assessment Outline" as informational items."

Recommendation 16-3-31.4 "Accept the "Request for Proposal for Needs Assessment Study for the Occupation of the Advanced Practice Respiratory Therapist" as information to solicit services from an organization to conduct a needs assessment study for the occupation of an advanced practitioner in respiratory care."

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Recommendation 16-3-30.1 "That the president-elect consider tasking the committee with revising the application to include a structured call for proposals with timelines and with more detailed information as part of the application."

Ad Hoc Committee on State Initiatives

Recommendation 16-3-33.1 "Continue the work of the Ad Hoc Committee through the term of the incoming AARC President, Brian Walsh."

Recommendation 16-3-33.2 "Revise the committee's membership based on the input from the committee chairs."

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

June 29, 2016 • Ponte Vedra, FL

Minutes

Attendance

Frank Salvatore, RRT, MBA, FAARC, President
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President-elect
George Gaebler, MSEd, RRT, FAARC, Past President
Cynthia White, MS, RRT-NPS, AE-C, CPFT, FAARC, VP External Affairs
Lynda Goodfellow, EdD, RRT, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Timothy Op't Holt, EdD, RRT, AE-C
Lisa Trujillo, DHSc, RRT
Doug McIntyre, MS, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Stefans, BS, RRT
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Keith Lamb, BS, RRT-ACCS, FCCM
Natalie Napolitano, MPH, RRT-NPS, FAARC
Ellen Becker, PhD, RRT-NPS, FAARC
Kimberly Wiles, BS, RRT, CPFT

Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Terence Carey, MD, BOMA Chair

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Director Regulatory Affairs
Tony Lovio, CPA, Controller
Kris Kuykendall, Executive Administrative Assistant

JOINT SESSION

Joint Session was called to order at 8:15am EDT.

A moment of silence was observed for the recent passing of Bill Lamb.

John Wilgis presented the credentialing report.

Board of Directors Secretary/Treasurer, Karen Schell, called roll and declared a quorum.

Deb Skees presented the Military Liaisons Program report.

Jamy Chulak, president of the Florida Society for Respiratory Care, gave welcoming remarks.

John Hiser presented the International Committee report.

Elections Committee member, Jim Lanoha, presented the slate of candidates for the 2016 election:

Secretary/Treasurer:	Karen Schell, Cynthia White
VP Internal Affairs:	Natalie Napolitano, Lynda Goodfellow
VP External Affairs:	Doug McIntyre, Sheri Tooley
Director at Large:	John Wilgis, Felix Khusid, Raymond Pisani, Susan Rinaldo Gallo
Adult Acute Care:	Carl Hinkson, Maria Madden
Diagnostics:	Ralph Stumbo, Katrina Hynes
Education Chair:	Donna Gardner, Georgianna Sergakis
Management:	Christy Clark, Cheryl Hoerr

Anne Marie Hummel presented the Government Affairs report.

Raymond Pisani, Chair of the Bylaws Committee, presented the first reading of the AARC Bylaws.

Executive Session
Lynda Goodfellow moved to go into Executive Session at 9:30am EDT.
Motion carried

Cheryl Hoerr moved to come out of Executive Session at 9:50am EDT.

Joint Session ended at 9:55am EDT.

CALL TO ORDER
President Frank Salvatore called the meeting of the AARC Board of Directors to order at 10:05am EDT.

DISCLOSURE
President Salvatore reminded members of the importance of disclosure and potential for conflict of interest. Board members noted any conflicts of interest on a sheet of paper that was distributed.

Brian Walsh – Research relationships with Draeger, Vapotherm, SCCM, Aerogen, GE
Karen Schell – Advisory member – FDA Pulmonary Allergy Committee – Community member, CoBGRTE
Lisa Trujillo – CoBGRTE, MSRT Advisory Board, Northeastern University
Lynda Goodfellow – NAECB Board member, CoBGRTE member
Ellen Becker – CoBGRTE member, Association Asthma Educators, Board of Directors Chicago Asthma Consortium
Tim Op't Holt – CoBGRTE member
Shawna Strickland – Advisory Committee, Tarrant County College RT program
Natalie Napolitano – Research relationships with Aerogen, Nihon-Kohden, Draeger, CVS Health, CoBGRTE member, Allergy & Asthma Network Board member
John Lindsey – Advisory Committee member National Park College and Seark College
Keith Lamb – Medtronic, Bayer, Masimo
Cheryl Hoerr – Adjunct Faculty, Lindenwood University
Cyndi White – Advisory Board Phillips, Northeastern, CoBGRTE
Tom Kallstrom –Board member of Allergy & Asthma Network
Kimberly Wiles – Advisory Board member – West Penn/IUP School of Respiratory Care
John Wilgis – American Hospital Association, Florida Hospital Association, HHS – Centers for Disease Control and Prevention, Asst Secretary for Preparedness and Response

President Salvatore introduced two students who came to observe the Board of Directors meeting.

APPROVAL OF MINUTES

Tim Op't Holt moved to approve the minutes of the April 9, 2016 meeting of the AARC Board of Directors.
Motion carried

Natalie Napolitano moved to approve the minutes of the April 10, 2016 meeting of the AARC Board of Directors.
Motion carried

E-motions

Karen Schell moved to ratify the May 11, 2016 E-motion approval of **E16-1-26.8** "That the AARC Board of Directors approve the Safe Initiation and Management of Mechanical Ventilation AARC/UHC White Paper."
Motion carried

GENERAL REPORTS

President

FM 16-2-4.1 Karen Schell moved that the Board of Directors ratify the goals and committee appointments of the Committee on Diversity.
Motion carried

FM 16-2-4.2 George Gaebler moved that the Board of Directors ratify the goals and committee appointments of the Ad Hoc Committee on the AARC Research Fund for Advancing the RC Profession.
Motion carried

Executive Director/Office
Lynda Goodfellow moved to accept Recommendation 16-2-1.1 "That the Board of Directors approve up to $494,000 to perform an assessment of our IT management system and implementation of updates or replacement of the current IT management system."
Motion carried

George Gaebler moved to accept Recommendation 16-2-1.2 "That the AARC Board of Directors approves the addition of a Roth contribution option to the employee 401K retirement plan via the following:

> WHEREAS, the AARC sponsors the tax qualified plan known as the American Association for Respiratory Care Employees Retirement Plan (the "Plan"); and
>
> WHERAS, the AARC wishes to amend the Plan to allow employees to make elective deferral contributions in the form of Roth 401(k) contributions and wishes to allow participants to do in-plan Roth conversions of their pre-tax balances within the Plan.
>
> With respect to the amendment of the Plan, the following resolutions are hereby adopted:
>
> **RESOLVED**: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;
>
> **RESOLVED FURTHER**: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;
>
> **RESOLVED FURTHER**: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law."

Motion carried

Executive Office Referrals
16-1-53.1 "That the AARC develop a program to recognize outstanding clinical preceptors in respiratory care education." Brian Walsh moved to operationalize this recommendation.
Motion carried

Board of Medical Advisors (BOMA)
Dr. Carey commented on the APRT and stated that there were no objections raised during the BOMA conference call. BOMA is looking for more direction on how to proceed and support the AARC. BOMA was asked to review/revise the position statement – Administration of Sedative and Analgesic Medications by Respiratory Therapists – and concluded that no changes needed to be made at this time.

HOD
House Speaker, Jakki Grimball, gave highlights of her submitted written report.

Tim Op't Holt moved to accept the General Reports as presented.
Motion carried

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 11:00am EDT.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 11:10am EDT.

STANDING COMMITTEES REPORTS

Bylaws Committee
Lynda Goodfellow moved to accept Recommendation 16-2-9.1 "That the AARC Board of Directors find that the Colorado Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Colorado Society for Respiratory Care")
Motion carried

Lynda Goodfellow moved to accept Recommendation 16-2-9.2 "That the AARC Board of Directors find that the Delaware Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Delaware Society for Respiratory Care")
Motion carried

Lynda Goodfellow moved to accept Recommendation 16-2-9.3 "That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Missouri Society for Respiratory Care")
Motion carried
Cheryl Hoerr abstained.

Lynda Goodfellow moved to accept Recommendation 16-2-9.4 "That the AARC Board of Directors find that the North Carolina Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "North Carolina Society for Respiratory Care")
Motion carried

Lynda Goodfellow moved to accept Recommendation 16-2-9.5 "That the AARC Board of Directors find that the Ohio Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Ohio Society for Respiratory Care")
Motion carried

Lynda Goodfellow moved to accept Recommendation 16-2-9.6 "That the AARC Board of Directors find that the Oklahoma Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Oklahoma Society for Respiratory Care")
Motion carried

AARC BYLAWS REVISIONS RECOMMENDATIONS

FM16-2-9.7 Recommendation 1: Proposed by HOD
Lynda Goodfellow moved "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws":
Article III, Section 7(a).

b. Specialty Sections representing particular areas of interest within respiratory care shall be made available to Active, Associate, and Special Members of the Association. The purpose, organization and responsibilities of Specialty Sections shall be defined in the policies and procedures of the Association. A seat on the Board of Directors will be granted to those Specialty Sections with a minimum of 1000 active members, limited to six seats total as defined in the policies and procedures of the Association.

Current Version

b. Specialty Sections representing particular areas of interest within respiratory care shall be made available to Active, Associate, and Special Members of the Association. The purpose, organization and responsibilities of Specialty Sections shall be defined in the policies and procedures of the Association. A seat on the Board of Directors will be granted to those Specialty Sections consisting of at least 1000 active members.

Motion carried

FM 16-2-9.8 Recommendation 2: Proposed by HOD
Lynda Goodfellow moved "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws":
Article IV, Section 1(b).

c. Officers of the Association shall not concurrently be officers, board members, or staff of the national respiratory care credentialing, accreditation bodies, or chartered affiliates.

Current Version

c. Officers of the Association shall not concurrently be members of national respiratory care credentialing or accreditation bodies.

Motion carried

FM 16-2-9.9 Recommendation 3: Proposed by HOD
Lynda Goodfellow moved "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws":
Article V, Section 1(a).

a. The executive government of the Association shall be vested in a board of no more than eighteen (18) Active Members consisting of at least five (5) Officers, and twelve (12) Directors-at-Large, and/or Section Chairs serving as a Director from the top six Specialty Sections with a minimum of 1000 active members of the Association. So as long as the number of Section Chairs serving as Directors is at least six (6), the

number of at-Large Directors shall be equal to the number of Section Chairs serving as Directors. If the number of Sections Chairs serving as Directors is less than six (6), the number of at-Large Directors shall be increased to assure a minimum of twelve (12) Directors on the Board of Directors. The Immediate Past Speaker of the House of Delegates, the Chair of the President's Council and the Chair of the Board of Medical Advisors shall serve as non-voting members. Directors shall be elected in accordance with the provisions of Article XII, Section 2 (b).

b. Members of the Board of Directors shall not concurrently be officers, board members, or staff of the national respiratory care credentialing, accreditation bodies, or chartered affiliates.

Current Version

a. The executive government of the Association shall be vested in a board of at least seventeen (17) Active Members consisting of five (5) Officers, at least six (6) Directors-at-Large, and a Section Chair serving as a Director from each Specialty Section of at least 1000 active members of the Association. So long as the number of Section Chairs serving as Directors is at least six (6), the number of at-Large Directors shall be equal to the number of Section Chairs serving as Directors. If the number of Section Chairs serving as Directors is less than six (6), the number of at-Large Directors shall be increased to assure a minimum of seventeen (17) members of the Board of Directors. The Immediate Past Speaker of the House of Delegates, the Chair of the Presidents Council, and the Chair of the Board of Medical Advisors shall serve as non-voting members. Directors shall be elected in accordance with the provisions of Article XII, Section 2 (b).
b. Members of the Board of Directors shall not concurrently be members of national respiratory care credentialing or national respiratory care accreditation bodies.

Motion carried

FM 16-2-9.10 Recommendation 4: Proposed by AARC Board of Directors

Lynda Goodfellow moved "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws":

ARTICLE IX- PRESIDENTS COUNCIL

a. The Presidents Council shall be composed of Past Presidents of the Association and individuals who have been elected to membership in the Council.
b. The Presidents Council shall serve as an advisory body to the Board of Directors and perform other duties assigned by the Board of Directors, including, but not limited to selection of the Jimmy A. Young Medalists, life membership, and honorary membership.
c. The Presidents Council shall elect a Chair from its membership to serve a one-year term beginning immediately following the Annual Business Meeting.
d. The Chair of the Presidents Council shall serve as a non-voting member of the Board of Directors and preside at meetings of the Presidents Council.
e. The Presidents Council shall meet annually following the Annual Business meeting of the Association.
f. The Presidents Council may appoint committees as necessary to complete its duties.

g. In the event of a vacancy in the Chair, the vacancy shall be filled according to the procedure defined by the Association. AARC President will appoint a Council member to serve the duration of the term.

Current Version

a. The Presidents Council shall be composed of Past Presidents of the Association who have been elected to membership by the Council.
b. The Presidents Council shall serve as an advisory body to the Board of Directors and perform other duties assigned by the Board of Directors.
c. The Presidents Council shall elect a Chair from its membership to serve a one-year term beginning immediately following the Annual Business Meeting.
d. The Chair of the Presidents Council shall serve as a non-voting member of the Board of Directors and preside at meetings of the Presidents Council.
e. The Presidents Council shall meet annually following the Annual Business meeting of the Association.
f. The Presidents Council may appoint committees as necessary to complete its duties.
g. In the event of a vacancy in the Chair, the vacancy shall be filled according to the procedure defined by the Association.

Motion carried

FM 16-2-9.11 Recommendation 5: Proposed by House of Delegates

Lynda Goodfellow moved "That the AARC Board of Directors and the House of Delegates approve the following amendment to the AARC Bylaws":

Article VII. Section 3(b).

b. The House Speaker may appoint members to the House Committees. In the event of vacancies occurring in any House Committee, the Speaker may appoint members to fill such vacancies.

Current Version

b. The House Speaker may appoint members to the House Committees, subject to the approval of the House of Delegates. In the event of vacancies occurring in any House Committee, the Speaker may appoint members to fill such vacancies, subject to the approval of the House of Delegates.

Motion carried

Program Committee

FM 16-2-15.1 Lynda Goodfellow moved that the AARC Board of Directors approve New Orleans, LA as the destination for AARC Congress 2019.

Motion carried

Lynda Goodfellow moved to accept the Standing Committee reports as presented.

Motion carried

SPECIALTY SECTION REPORTS

Lynda Goodfellow moved to accept the Specialty Section reports as presented.
Motion carried

SPECIAL COMMITTEE REPORTS

Benchmarking
Cyndi White moved to accept Recommendation 16-2-17.1 "That the AARC Board of Directors charge the Executive Office with continuing to investigate hiring an internal IT resource to revise and update the Benchmarking System database and report back to the Board (and Committee) by the Summer Forum Board meeting."
Accepted for information only, person has been hired and working for 2 weeks.
Motion carried

Position Statement Committee
Cyndi White moved to accept Recommendation 16-2-26.1 "Allow the committee to continue reviewing / revising Position Statements according to the three year schedule."
Accepted for information only.
Motion carried

Cyndi White moved to accept the Special Committee Reports as presented.
Motion carried

SPECIAL REPRESENTATIVES REPORTS

Cyndi White moved to accept the Special Representatives reports as presented.
Motion carried

ROUNDTABLE REPORTS

Board liaisons gave updates on their respective Roundtables and their activity.

Cyndi White moved to accept the Roundtable reports as presented.
Motion carried

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 12:00pm EDT.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 1:35pm EDT.

President Salvatore introduced two students who came to observe the Board of Directors meeting.

AD HOC COMMITTEE REPORTS

John Wilgis, Chair of the Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education, and Ellen Becker gave the Board an update with timelines and RFPs for conducting a needs assessment.

FM 16-2-1.4 Keith Lamb moved that the Executive Office conduct a financial impact analysis of the APRT to include the request for proposal, exam development, and state licensure support.
Motion carried

Cyndi White moved to accept the Ad Hoc Committee reports as presented.
Motion carried

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 2:55pm EDT.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 3:10pm EDT.

OTHER REPORTS

The reports from ARCF, CoARC, and NBRC were reviewed.

Tim Myers encouraged the Board to purchase their tickets to the 2016 ARCF Fundraiser as soon as possible.

Cyndi White moved to accept the other reports.
Motion carried

RECESS
President Salvatore called a recess of the AARC Board of Directors meeting at 3:30pm EDT.

Meeting minutes approved by AARC Board of Directors as attested to by:

_____ _____

Karen Schell — Date
AARC Secretary/Treasurer

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

June 30, 2016 – Ponte Vedra, FL

Minutes

Attendance

Frank Salvatore, RRT, MBA, FAARC, President
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President-elect
George Gaebler, MSEd, RRT, FAARC, Past President
Cynthia White, MS, RRT-NPS, AE-C, CPFT, FAARC, VP External Affairs
Lynda Goodfellow, EdD, RRT, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Timothy Op't Holt, EdD, RRT, AE-C
Lisa Trujillo, DHSc, RRT
Doug McIntyre, MS, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Stefans, BS, RRT
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Keith Lamb, BS, RRT-ACCS, FCCM
Natalie Napolitano, MPH, RRT-NPS, FAARC
Ellen Becker, PhD, RRT-NPS, FAARC
Kimberly Wiles, BS, RRT, CPFT

Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Terence Carey, MD, BOMA Chair

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Director Regulatory Affairs
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Frank Salvatore called the meeting of the AARC Board of Directors to order at 8:00am EDT. Secretary-Treasurer Karen Schell called roll and declared a quorum.

UNFINISHED BUSINESS

Karen Schell moved to approve Policy BOD.002 – Board of Directors – Liaisons to Committees, Taskforces, Focus Groups, Panels, and Special Representatives.
Motion carried

Lynda Goodfellow moved to approve the new policy "Position Statements and White Papers".

FM 16-2-84.1 Ellen Becker moved to make a friendly amendment to change "white paper" to "issue paper".
Motion carried

Taskforce on Competencies for Entry into Respiratory Therapy Practice
FM 16-2-83.1 Tim Op't Holt moved that the Board of Directors accept the Taskforce on Competencies for Entry into Respiratory Therapy Practice report.

Natalie Napolitano moved to refer to the Neo-Peds Section for input and report back at the October 2016 Board meeting.
Motion carried

Strategic Workgroups gave updates of their work since the last Board meeting.

RECESS
President Salvatore recessed the meeting of the AARC Board of Directors at 9:45am EDT.

RECONVENE
President Salvatore reconvened the meeting of the AARC Board of Directors at 10:00am EDT.

President Salvatore updated the Board on a meeting with CoBGRTE meeting that took place earlier in the week.

George Gaebler moved to ratify the replacement of Bill Lamb's Board seat by Cam McLaughlin.
Motion carried

FM 16-2-81.1 Karen Schell moved to nominate Laura McFarland to replace Suzanne Bollig as the AARC representative for NBRC.
Motion carried

POLICY UPDATES

BOD.023 – Board of Directors – Board of Directors Listserv
George Gaebler moved to approve as amended.
Motion carried

CT.001 – Committees – Committee Charges
Tim Op't Holt moved to accept with date change.
Motion carried

CT.009 – Committees – AARC Fellowship Selection Committee
Lynda Goodfellow moved to refer to the president-elect.
Motion carried

(See attachment "A" for all policies.)

President Salvatore led a discussion about a recent State Society survey.

FM 16-2-1.3 George Gaebler moved to refer to the Executive Office to develop a cost analysis on providing state society support and report back in October 2016.
Motion carried

NEW BUSINESS
President Salvatore reviewed a new policy with the Board - AARC State Society Community Policy/Procedure. A new/edited version will be sent out via Connect for approval in the coming weeks. The Executive Office will review/revise based on the discussion.

Treasurers Motion
Karen Schell moved that expenses incurred at this meeting be reimbursed according to AARC policy.
Motion carried

MOTION TO ADJOURN
Tim Op't Holt moved to adjourn the meeting of the AARC Board of Directors.
Motion carried

ADJOURNMENT
President Salvatore adjourned the meeting of the AARC Board of Directors at 11:45am EDT.

Meeting minutes approved by AARC Board of Directors as attested to by:

_____ _____

Karen Schell Date
AARC Secretary/Treasurer

E-Motions

(Since Last Board Meeting in June 2016)

None

General Reports

President Report

Submitted by Frank Salvatore – Congress 2016

The following is an accounting of my activities done prior to and around the June 2016 Board meeting:

1. July 20, 2016 – National Health Council – Advocacy Training – Washington, DC
2. August 3-5, 2016 – Tristate Respiratory Care Conference – Biloxi, MS
3. September 7-8, 2016 – New York Society for Respiratory Care Conf. – Verona, NY
4. September 14-15, 2016 – North Carolina Society for Respiratory Care Conference – Wilmington, NC
5. September 16, 2016 – Wyoming Society for Respiratory Care Conference – Video Presentation
6. October 6, 2016 – New Jersey Society for Respiratory Care Conference – Atlantic City, NJ
7. October 12-14, 2016 – AARC Fall Board Meeting – San Antonio, TX
8. October 15-18, 2016 –AARC International Congress and Meetings – San Antonio, TX.

The following are actions and/or letters sent on behalf of the AARC:

1. Comments to CMS (CMS-5517-P) Merit-Based Incentive Payment System and Alternative Payment model – June 27, 2016.
2. Nominated Laura McFarland to represent the AARC on the NBRC Board – July 11, 2016
3. Conference Call with Dr. Beth Hagen of the Community College Baccalaureate Association to introduce our professions advancement plan and to see if the CCBA could help us with that aspect of moving AS programs in community colleges to a Baccalaureate Degree conferment. August 2, 2016.
4. Letter to Kansas Board of Regents supporting MS programs – August 1, 2016
5. Letter to Robert A. Iger – CEO Disney regarding VICE media and its relationship with the tobacco industry – August 3, 2016.
6. Comments to CMS (CMS-1656-P) Medicare Program: Various programs were commented on – August 31, 2016.
7. Comments to CMS (CMS-1654-P) Medicare Program revisions = September 6, 2016
8. Comments to Minnesota Community Measurement – regarding measure specifications for COPD Health Status Measure – September 14, 2016.

It has been an honor and a privilege to serve this profession as its President. The members of the AARC Board of Directors in 2015-2016 have served our profession with extreme dignity and respect for our profession. The work done by these boards has been groundbreaking and will propel our profession forward. The courage of the boards has been evident by its grappling with tough issues and putting into ink positive steps to move our profession educationally forward. Although the fruit of these boards labors will not come to fruition until years from now, let it be known that the rubber met the road with these boards. I look forward to serving as your immediate Past-President and look to help Dr. Brian Walsh as he leads us forward for the next two years of his presidency. As always, thank you for your service to our patients and profession.

I also would be remiss if I didn't thank the many men and women who serve our profession from within the confines of the AARC Executive Office. There are many within its walls who do fantastic work for our profession. I want to thank especially Tom Kallstrom our Executive

Director. His guidance and desire to advance our profession makes me keenly aware that we have the right person in that role. His counsel and advice to me as President was much appreciated. To all the Associate Executive Directors, I thank you for your service as well. The work that you do and cohesion of all is evident by the high quality of effort and work you put forward. To the ladies of Government Affairs, Cheryl and Ann Marie, you've been an asset to this profession and our organization owe a huge debt of gratitude. The work you do on behalf of our state societies and federal efforts are unequaled in other professional organizations. Finally, to Kris Kuykendall, your organizational skills are impeccable. Thank you for your service to our board, we'd be very much in disarray if it wasn't for you.

Frank

I will create an addendum document to this if issues/communication arises from the date this report was due.

Past President Report

Submitted by George Gaebler – Congress 2016

Verbal report at meeting.

Executive Office

Submitted by Tom Kallstrom – Congress 2016

Recommendations

None

Report

Welcome to San Antonio. We look forward to hosting a productive Fall 2016 BOD meeting followed by our 62nd International Congress. So far 2016 has been a busy year and productive year. Below is an update since the June Board meeting.

MEMBERSHIP

As of September 1, 2016, our membership numbers were 46,785. We will have a more current number to report at the board meeting in October. The retention rate through August was 81.0% and there were 6,007 new members.

Early Student Renewals

The membership, customer service, and IT teams have automated the student renewal process making it easier for students and staff. As of September 1, 2016, 574 early student renewals have been processed in 2016.

Retired Members

The membership, customer service, and IT teams have identified a way for retired members who have selected the senior membership tier to renew online. The membership and publications teams have identified ways to feature the senior membership in future articles to promote awareness of the program. We have also been piloting a new outreach program for members eligible for the senior membership tier.

Leadership Workshop

Planning for the 2017 meeting is underway.

Specialty Sections

The membership department has been working with the specialty sections to hold virtual meetings this spring. In 2016, 9 of the 10 sections held virtual meetings. However, these meetings were sparsely attended and re-evaluation of the format and logistics of future virtual meetings is underway. A section chair meeting will be scheduled for November or December 2016 as new chairs transition into these roles.

SUMMER FORUM 2016

The Summer Forum meeting was a smashing success. An all-time record attendance (400) traveled to Pointe Vedra Beach, FL for this year's event. It far exceeded financial and budgetary expectations.

AARC CONGRESS 2016

AARC Congress 2016: The 62nd International Respiratory Convention & Exhibition will take place Oct. 15-18, 2016 in San Antonio, TX. The Program is currently posted on-line and in hard copy in the July edition of the AARC Times.

- Mr. J.R. Martinez, wounded U.S. Army veteran, actor, best-selling author and motivation speaker will deliver the keynote address
- During the Opening Ceremony we will be attempting to break and set a world's record. The record set will be the largest number of people assembled in one room who do a pinwheel blow for 60 seconds. Guinness will be on hand to validate this. In order for this to be properly vetted we have asked for at least 40 people to serve as monitors during the event. We would like to thank the following Board and House Leadership members who have stepped up and will be serving as monitors: Keith Siegel, John Wilgis, Kerry McNiven, Curt Merriman , Jacki Grimball, Pattie Stefans, Debra Skees, Cheryl Hoerr, Dianne L Lewis, Cheryl Hoerr, Lisa Trujillo, John Lindsey, Kim Wiles, Karen Schell, Cyndi White, Tim Op't Holt, Ellen Becker, Natalie Napolitano.

• Richard "Pitch" Picciotto; FDNY Battalion Commander will deliver the Closing Ceremony address. Mr. Picciotto was the senior-most fire chief to have survived the collapse of the World Trade Center. He will tell his harrowing story of bravery, leadership and patriotism with Congress attendees. Mr. Picciotto suffered a 40% loss of his lung function following 9/11 and will thank those in attendance for the care they provide him and all first responders from Sept. 11

• Plenary Sessions:

Richard Casaburi, MD – Thomas L. Petty Memorial Lecture (Pulmonary Rehabilitation)
Ira Cheifetz, MD – Donald F. Egan Lecture (ECMO)
Eddie Fan, MD – Kittredge Lecture (ARDS)

• More than 200 presentations covering all aspects of Respiratory Care and other healthcare related topics.

CRCE by Content Category

o Adult Acute Care: 27.26
o Management: 15.08
o Neo/Peds: 21.46 o Sleep: 16.82
o Education: 9.86
o Clinical Practice: 29.0
o Pulmonary Function: 7.54
o Sleep: 6.38
o Patient Safety: 2.90
o BioTerrorism/Emergency Preparedness: 0
o Ethics: 1.16

Maximum CRCE any one attendee can earn (<u>not including</u> pre-courses or breakfast/lunch symposia): 15.66
TOTAL CRCE offered for the entire meeting: 116

OPEN FORUM

More than 250 abstracts are scheduled for presentation during 12 Open Forum sessions, including Poster Only displays in the Exhibit Hall. Ten (10) Editor's Choice posters have been

selected as the “Best of the Best” and will have their own presentation ceremony. Researchers will have the ability to display their poster and present their findings through the use of a PowerPoint slide deck.

PATIENT ADVOCACY SUMMIT

Our 2nd annual patient advocacy summit will be held Fri. Oct. 14 where caregivers, patients, family and representatives from the pharmaceutical industry will convene to discuss the disease process of the chronic pulmonary patient and strategies for better self-management. As of this writing, nearly 80 people have registered for the event with soft commitments from 2 pulmonary rehabilitation groups. Billy Dawson, a country western star from Nashville will attend the event, perform and interact with attendees.

PRE-COURSES

Mechanical Ventilation (Sponsored by Draeger)
Vascular Access Workshop (Sponsored by Teleflex)
CDC – Preparing for a Pandemic

BREAKFAST/LUNCH SYMPOSIA

Oct. 15 (Breakfast) – F&P Healthcare
Oct. 16 (Breakfast) Getinge Group a.k.a. MAQUET
Oct. 16 (Breakfast) Masimo
Oct. 16 (Lunch) Precept Medical Communications via Boehringer Ingelheim
Oct. 16 (Wine & Cheese Reception) ACHL via Boehringer Ingelheim
Oct. 17 (Breakfast) Medtronic
Oct. 17 (Breakfast) Healthcarematterscme via Mallinckrodt
Oct. 17 (Lunch) Mature Health via Mylan Pharmaceuticals

EXHIBIT HALL HOURS
Saturday: 11:00 am – 4:00 pm
Sunday: 9:30 am – 3:00 pm
Monday: 9:30 am – 2:00 pm

The AARC will continue to sell exhibit space to participating exhibitors for AARC Congress 2017 as well as allow them to select preferred locations. Exhibits Coordinator, Annette Phillips, will meet privately with more than half of this year’s exhibitors to transact booth purchases and space locations for next year’s show.

CONVENTION NEWS TV
Convention News TV a.k.a. AARC-TV will be back for a 4th year in a row to provide video and news coverage of the meeting. In addition, CNTV has also been contracted to produce this year’s Awards Ceremony in an effort to provide attendees with a more polished, elegant, event that would be more synonymous with something like the Oscars, the Grammy’s, or CMA Awards. They will be responsible for script writing, lighting, music, video transitions, etc.

We will also be hosting a “Big Ideas Theater” in the AARC booth where CNTV will interview AARC dignitaries, VIPs, speakers, etc. Every 30 minutes, CNTV will conduct a 15-20 minute interview with individuals who will be recorded and broadcast live in the AARC, booth as well

as record and archive the videos in which the content can be aired throughout the year.

a2z
The AARC is continuing its partnership with a2z, a technology service provider that allows for an enhanced exhibitor experience. Exhibitors are able to make purchases and select booth location at this year's meeting on-line, while attendees were able to preview the exhibit hall floor plan and learn more about participating exhibitors and the products they sell. Attendees were also able to email exhibitors to set up on-site appointments.

SPECIAL PROJECTS

Life & Breath
The Life & Breath public relations and recruitment video will be revised in 2017. The new product will have multiple types of video for various audiences and purposes. We are seeking sponsorship for this video.

Higher Logic
The AARC continues to participate in a study being conducted by the AARConnect vendor, Higher Logic. The goal is to improve membership retention and engagement rates of new members using a strategy of automated actions that require minimal staff time after setup. Results thus far have been encouraging. The AARC's success rates continue to be featured in Higher Logic presentations to organizations both in the US and overseas. The strategy is still building out and results are expected from the study in approximately 12-14 months. Higher Logic has also featured the AARC's success in automation rules in a recent webinar.

CDC Tips from Former Smokers Campaign
The AARC completed work with the CDC to promote the 2016 Tips from Former Smokers campaign in September 2016. We have been asked by the CDC to continue this partnership in FY 2017.

Student Engagement Book
Mentoring Excellence: AARC & Lifelong Learning is a collection of tips and ideas for incorporating AARC resources into the classroom and curriculum from respiratory care educators. The book is organized by resource type for easy navigation and also includes a list of quick links at the back of the book. The book was printed and mailed to all respiratory care programs in the United States in early September 2016. It is also posted on the AARC website and in the AARConnect Education Section community.
http://www.aarc.org//app/uploads/2016/09/mentoring-excellence.pdf

EDUCATION

NBRC Collaboration
The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. As of September 7, 2016, over 2,100 different individuals uploaded their AARC transcripts to the NBRC Continuing Competency Program since the program launch. The NBRC is updating their database and this program will undergo minor edits for efficiency.

Respiratory Care Education Annual
The RCEA published issue 25 in September 2016. Four manuscripts were accepted for publication in addition to the special paper that addresses learner attributes and the changing face

of education. Contributors to this paper are Dr. Will Beachey, Dr. Ellen Becker, Dr. Doug Gardenhire, Dr. Kathy Myers-Moss, Dr. Kathy Rye, and Dr. Dennis Wissing. The call for papers for 2017 will be open until February 2017.

Pulmonary Disease Educator course
The online pulmonary disease educator course content is in post-production with an anticipated January 2017 launch. Co-sponsoring organizations include the Cystic Fibrosis Foundation, COPD Foundation, Allergy & Asthma Network, American Association for Cardiovascular and Pulmonary Rehabilitation, American Lung Association, and Pulmonary Hypertension Association.

CDC Strategic National Stockpile Ventilator Workshops
Discussions with the CDC for 2017 workshops began in August 2016.

Additions to Education
Several courses have been added or are in development for addition to the AARC University in 2016. The Congenital Heart Defects course, in collaboration with Duke Pediatrics, was released in March 2016. A comprehensive neonatal-pediatric specialist review course is in development and is tentatively scheduled for launch in fall 2016. The Pulmonary Disease Educator course will be added to AARC University when complete. Collaboration with Marilyn Barclay, Sleep Section Chair, is underway to develop new sleep-focused content. Sponsored course from Mallinckrodt focused on pulmonary vasodilator device safety will likely be added before the end of 2016.

2016 Educational Product Sales/Attendance Trends at a glance (as of 8/31/16)

	2016 YTD	2015	2014	2013	2012	Comments for 2016
Webcasts and JournalCasts	6,322 (372)	9,149 (410)	8,812 (383)	7,511 (442)	6,289 (370)	Per session attendance in parentheses
Asthma Educator Prep Course	177	183	268	203	224	On budget
COPD Educator Course	519	859	820	570	420	Trending over budget
Ethics	2,933	1,928	1,757	2,361	2,711	Trending well over budget
RT as the VAP Expert	41	63	115	81	275	Under budget
Alpha-1	55	74	125	98	330	Slightly under budget
Exam Prep	163**	180*	39	40		*F&P grant (150) + 30 **F&P grant (138) + 25
Leadership Institute	73	68	89			On budget
Asthma & the RT	430	446	172			Trending well over budget
ACCS	124	121				Trending well over budget
PFT: Spirometry	307	228				Trending well over budget
PFT: Pediatrics	84	43				Trending well over budget
PFT: Advanced Concepts	197	79				Trending well over budget
Tobacco Training	194	85				Trending well over budget
Congenital Heart Defects	95					Trending well over budget

The AARC Executive Office has been busy this year in promoting the value of RTs and the profession in comments to CMS, FDA, and other Government agencies, various Congressional Committees and as co-signers with other stakeholders regarding a variety of topics. Over 20 documents have been sent to date. To give you an overview, following are some of the topic areas. A few examples of the comments are also attached for your information.

- The need for CMS to add quality measures as part of the new physician payment system that includes spirometry, pulmonary rehabilitation and management of patients in need of supplemental oxygen, including the integration of RTs in the care team and evidence-based standards such as AARC's CPG on Home Oxygen.
- Questions relating to mechanical ventilation that should be included in a CMS survey regarding patient/family experiences with care in long-term care hospitals
- Support for the inclusion of "clinical staff" that could include RTs part of CMS' chronic care management services with respect to 24/7 access to care
- Increases in pulmonary rehabilitation rates
- Opposition to new payment policies for certain off-campus outpatient departments that could affect pulmonary rehab programs
- Encouraging the President to require FDA to publish final deeming rules regarding their authority to regulate all tobacco products
- Strong opposition to Disney for having a stake in a media outlet that assists big tobacco in marketing deadly cigarettes to young people.
- Encouraging Congressional leaders to request the Congressional Budget Office to estimate long-term health savings in future cost estimates that are possible from wellness and disease prevention, especially for patients suffering from chronic conditions.
- Support for funding CDC's National Asthma Control Program
- Sign-on to various letters to FDA and Congressional Committees as a member of the Tobacco Partners' Coalition that deal with:
    - Regulatory review of marketing new tobacco products
    - Riders to appropriations bills by big tobacco regarding premium cigars that would prevent FDA from implementing its deeming rule
    - Allocation of funds to CDC for the Office of Smoking and Health to reduce the consumption of tobacco products
    - Encouraging Major League Baseball to restrict smokeless tobacco at sports events
    - Establishing a "track and trace" system to combat illicit trade in tobacco products
- Sign-on to various letters to CMS and others as a member of the Telehealth Coalition that deal with:
    - Expansion of telehealth services under Medicare
    - Greater use of connected health technology for patients with chronic conditions
    - Urging CMS to move to a connected continuum of care through implementation of the new physician payment system
    - Improving AHRQ's technical brief involving a literature review of telehealth and remote patient monitoring studies

PLEASE SEE ATTACHMENTS:

"CMS-3327-NC.AARC.Comments"
"CMS-5517-P.AARCComents.FINAL"
"Disney letter"
"Letter to Senate Appropriators Prior to CR9.7.16"

Information Technology
We have contracted with a consulting firm to help us catalog and evaluate our current processes. The company will provide a review, along with recommendations, and then present a list of program options that may meet our needs. Following that conversation, we will receive an RFP with all the relevant data to go forward, either upgrading or replacing our current database system. System selection will not be complete until early 2017.

Our PCI survey was again signed for another year. The requirements keep becoming more extensive and obtrusive. As a result, we are increasing the monitoring on our network. We are also in the process of adding another system to improve our detection and testing capabilities.

The current clinical trial closed recruitment in September. It is scheduled to continue throughout at least 2017.

The move to the cloud has been mostly successful. The service recently tried to upgrade our Exchange server and ran into an issue. This caused disruptions and odd behavior for a few people. Fortunately, they were responsible for resolving the issue, rather than us trying to circumvent a known issue. We are still looking at all the services we are using and trying to optimize them to save further costs.

RESPIRATORY CARE Journal

We continue to receive more manuscripts that we are able to publish.

On September 9 we launched a project to move the Journal website to a platform with more options and more user-friendly. The new website should go live in early November. The AARC is also working with the website host whereas members will use their AARC user name and password to access the online Journal.

As it has been the case since the first OPEN FORUM in 1973, the Journal and staff are responsible for the administration to present the FORUM sessions at the AARC Congress. Two years ago we changed the format from having all abstracts presented as Poster Discussions only to Posters Only, Poster Discussions, and Editors' Choice. Each author of the latter category is also required to submit a manuscript to RESPIRATORY CARE prior to the Congress. This requirement has proven effective in more submissions by therapist. In 2014 we had 6 Editors' Choice selections, one of which was published, 3 are undergoing major revisions, and 2 were rejected. Eleven abstracts were selected as Editors' Choice last year and as of today, 5 have been accepted, one requires minor revisions, 2 major revisions, and 3 have been rejected. Ten abstracts were selected in this category in 2016:

- *Supraglottic Airway Placement By Respiratory Therapists For In Hospital Cardiac Arrests Decreases Time To Continuous Cardiopulmonary Resuscitation*
  Presenter: William D Rosandick MSc RRT, Marshfield, WI
- *Interdisciplinary Approach To Early Detection Of Sleep Disordered Breathing In A Select Patient Population*
  Presenter: Ashley Adams RRT, Philadelphia PA
- *Accessing Initial Response To High-Frequency Jet Ventilation In Premature Infants With Respiratory Failure*
  Presenter: Craig R Wheeler RRT-NPS, Boston MA

- *Impact Of A Respiratory Therapy Assess And Treat Protocol On Cardiothoracic Readmissions*
  Presenter: Robert T Dailey MHA RRT, Charlottesville VA
- *The Impact Of Pharmacy And Respiratory Therapy Education On 30-Day Hospital Readmission*
  Presenter: Richard Rice MEd RRT, Cleveland OH
- *Spontaneous Breathing Trials And Conservative Sedation Practices Reduce Mechanical Ventilation Duration In Patients With Acute Respiratory Distress Syndrome*
  Presenter: Vivian C Yip BS RRT, San Francisco CA
- *Severity of Hypoxemia In Acute Respiratory Distress Syndrome Influences The Percentage Of Patients Who Respond To Aerosolized Prostacyclin*
  Presenter: Gregory Burns RRT, San Francisco CA
- *A Respiratory Care Practitioner Disease Management Program For Patients Hospitalized With COPD*
  Presenter: Patty C Silver MEd RRT, St. Louis MO
- *Evaluation Of Endotracheal Tube Scraping On Airway Resistance And Weaning Trial Success In Difficult To Wean Mechanically Ventilated Patients*
  Presenter: J Brady Scott MSc RRT-ACCS FAARC, Chicago IL
- *General Care Improvement Project: COPD 30-Day Readmissions. Search For GOLD*
  Presenter: Kris Hammel RRT RPFT, Rochester MN

Abstract submissions in 2016 and comparison to years past:

	Submissions	Accepted	Rejected	Editors' Choice	Poster Discussions	Posters Only
2016	235	206 (86%)	29 (14%)	10	164	32
2015	283	222 (78%)	61 (22%)	11	173	38
2014	361	254 (70%)	107 (30%)	6	154	94
2013	398	287 (72%)	111 (28%)	-	287	-
2012	419	328 (78%)	91 (22%)	-	328	-
2011	347	271 (78%)	79 (22%)	-	271	-

We would like to thank the Program Committee for their wholehearted support of the 43rd OPEN FORUM. Special thanks also to Monaghan Medical for their unrestricted educational grant to enable the presentation of the FORUM.

The June 2015 issue contained the proceedings from the 54th Journal Conference on *Controversies in Respiratory Care*. This year's Conference addressed the issue of *Pediatric Respiratory Care* with publication in 2017. Next year's topic is *Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications*. As you know, presentation and publication of the Conferences are enabled by the ARCF and we cannot thank them enough for these significant and timely state-of-the-art proceedings.

Our Mission

RESPIRATORY CARE deals with the subject area of the same name, and thus publishes articles pertaining to disorders affecting the cardiorespiratory system, including their

pathogenesis, pathophysiology, manifestations, diagnostic assessment, monitoring, prevention, and management. Because the practice of respiratory care prominently involves equipment and devices, the development, evaluation, and use of these things feature prominently in what the Journal publishes. However, as indicated by the word "care" in its name, the Journal also emphasizes the patient, and on improving all aspects of the care of individuals affected by respiratory disease.

In addition to the reports of original research and the other article types, an important function of RESPIRATORY CARE is the publication of state-of-the-art special issues arising from conferences convened by the Journal. These Journal Conferences have been an integral part of the Journal for 35 years.

All manuscripts submitted to RESPIRATORY CARE are subjected to peer review. The Editor relies on evaluations by members of the Editorial Board and outside experts in deciding whether submitted manuscripts should be accepted for publication, revised for further peer review, or rejected.

Advertising and Marketing

Advertising

Print advertising remains to be a rollercoaster ride from year to year, quarter to quarter as people gravitate toward digital options. AARC Times is tracking well ahead of 2016 budget and the previous year. Respiratory Care is behind 2016 budget and the prior year and likely will not achieve budget target even with strong September, October and November.

Digital advertising on aarc.org continues to remain consistent and strong through our partner, Multiview. In fact, ***all*** of aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2016 and well into 2017. We are expecting increased interest and sales through the AARC Respiratory Care Marketplace with a redesign of the website and more featured options. RESPIRATORY CARE JOURNAL website and our retargeting advertising with Multiview is ahead of projections for 2016.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads continue to be highly favorable compared to prior years and budget and will exceed 6 figures in income for 2016. New opportunities with a new quarterly Industry Showcase newsletter (x2 in 2016) and a digital job board at AARC Congress have attracted high interest and additional unbudgeted dollars for 2016.

All these conditions projects to be very favorable to last year's revenue and exceed our aggressive projections for the 2016 budget.

Corporate Partners

2016 Partners: Carefusion, Masimo, Medtronic, Monaghan, Philips/Respironics, Draeger, Maquet, Teleflex, Boehringer Ingelheim, Astra Zeneca, Mallinckrodt, ResMed and Fisher Paykel.

We will see all 2016 Corporate Partners return in 2017. We have seen some partners step up in their activities and others step back a little changing the dynamics of our relationships with them around revenue generating activities.

Marketing
We continue to look at new vehicles through social media sites and electronic newsletter to better market the AARC, as well as, its educational and professional products. Many of these venues will also open up additional and new advertising and sponsorship opportunities as well and have maintained a strong interest throughout 2016. The ability to better track and monitor our endeavors is proving us critical feedback on the optimal methods to move marketing endeavors forward.

We are also looking at "value added" products through our Membership Affinity program that may my find highly desirable. We have also been approached with 3-4 other affinity membership programs on items that people utilized in their everyday lives that we will investigate further for possible membership enhancements. Those being currently evaluated include travel member discounts (Choice hotels and all rental cars) as well as both new student and loan consolidation programs that run through a third party dashboard.

Products
Benchmarking subscriptions have remained flat in 2016 as the economic reigns are tightening for hospitals with approximately 60-65 hospitals around the US and in Middle East (2). 2017 will launch a Benchmarking 2.0 Program that has had an overhaul and additions based on marketing research feedback. We have also brought the database and program "in-house" which will allow us to meet subscriber needs quicker while eliminating monthly costs and redesign expenses. We are also looking at a "view only" option based on a 2-year analysis of our program.

In 2017, we will look to provide updates to both the URM and Competency products since it has been several years since they have both been updated. New editions always generate strong interest and sales.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd that handle all products and the necessary shipping. 2015 was our fourth year outsourcing RC Week products to Coleman. We came in right about our budget target in 2015 and realized a similar royalty to last year. 2016 appears to be tracking slightly ahead of 2015 as we had a "2-3 weeks" with an earlier launch and some more focused marketing strategies. With RCW coming after Congress, our heaviest sales will come after the deadline for Fall Board reports.

Sponsorships and Grants
We continue to work to acquire sponsorships and grants for our various educational products and other projects (Non AARC Congress related) in 2016. We expect that 2016 will a good year in both of these areas that meet and exceed 2016 budget projections and prior years for new projects not carried over from prior years.

We have received funding for revisions for all three-aerosol guides for the 4th quarter of 2016 in addition to funding for a new Guide on PAH. We have also exceeded budget for the Patient Advocacy Summit budget and 2015 budget while adding new company sponsors to the AARC. We have also received sponsorship for the new Benchmarking program (with others interested) to offset our costs with the redesign.

We are also finalized joint grant ventures with the Pulmonary Fibrosis Foundation and the Allergy and Asthma Network that will crossover in 2016 and 2017.

Executive Office Referrals

(from June 2016 BOD meeting)

- ***FM16-2-1.4*** "That the Executive Office conduct a financial impact analysis of the APRT to include the request for proposal, exam development, and state licensure support."

Result: Shawna Strickland has received an unofficial quote of $25,000 for the initial survey (one stakeholder group). Prior conversations with NBRC indicate that exam development costs ~$250,000.

- ***FM16-2-1.3*** "That the Executive Office develop a cost analysis on providing state society support and report back in October 2016."

Result: Major fiscal impact comes from FTEs needed to complete the work on behalf of the states.

- AARC Affiliate AARConnect Community Policy/Procedure (see below)

American Association for Respiratory Care
Policy Statement

Policy No:

SECTION:

SUBJECT: **AARC Affiliate AARConnect Community Policy/Procedure**

EFFECTIVE DATE:

DATE REVIEWED:

DATE REVISED:

Definition of an AARC Affiliate AARConnect Community: A place for affiliate members to share information that supports the mission and vision of the state society and AARC. AARC staff provides oversight of the AARConnect platform. The Affiliate Communities by the nature of the discussions are a reflection of the Affiliate and its members and is monitored by the affiliate leadership. This document is subject to change, according to evolving membership consensus and interaction. The following guidelines cover all messages sent – whether to an entire discussion or to an individual community member.

1. **Have a clear topic in mind and state it in the subject line**. Clear subjects enable members to relate to content easier. It also makes messages easier to find when searching.

2. **Post only content that you are authorized to post**. When acting on behalf of the Leadership of the Affiliate, clearly state your position and who authorized the posting. If posting with a personal message, note that the post is not an authorized Affiliate post. Avoid posting copyright protected materials. Official posts should not include advertising events or products that compete with the AARC and/or affiliate.

3. **Safeguard privacy**. Participation is limited to AARC members and affiliate leadership. However, online forum security cannot be guaranteed and as such your posts may not remain private. Ensure posts meet HIPAA and other relevant guidelines and regulations.

4. **Stay on topic**. Posts should be relevant to the Affiliate forum. Posts are subject to moderation or deletion if found to be off topic, if reported as inappropriate, or if they fail to support the mission and vision of the affiliate or AARC.

5. **Be professional**. Discuss issues, not people. Posts should be professional. Discussions should not include political messaging.

6. **Follow guidelines for surveys**. If you are interested in surveying members for research purposes, please contact the affiliate leadership to receive permission to post surveys. Surveys posted without permission will be removed. Oversaturation of community members with surveys for industry or personal gain, often result in members removing themselves from the list.

7. **Do not post commercial messages**. This includes job postings, products, services, or meetings or events. Official affiliate sponsored events are allowed when posted by the appointed/elected leadership of the affiliate.

Policy Amplification:

1. Affiliate President must agree to code of conduct, which will be sent annually with Affiliate Affirmation. State Societies who do not sign the affiliate affirmation will not be eligible to have an Affiliate Community.
    a. On the initial implementation, the AARC will provide an interim Affiliate Community Agreement that will cover the period between the implementation and the 2017 Affiliate Agreement completion date.
2. The Affiliate Community will replace listserv and/or the need to contact the AARC HOD Liaison in order to post to its members within the state.
3. Leadership of the affiliate must appoint a member of their executive committee or board to manage, create and monitor all posts for the affiliate.
    a. When officially posting as an affiliate officer, authors should identify themselves as acting on behalf of the elected officers. Personal opinions should be identified as such and it should be made clear that they are not the official statement of the affiliate. AARC urges caution when posting on the state forum in that capacity.
4. Job postings are not allowed. These types of posts constitute advertising which is not permitted on AARConnect.
5. No direct solicitation of any type for meetings, events, products or services is allowed, either through lists or direct messaging to other members. These types of posts constitute advertising which is not permitted on AARConnect. This is already stated in #7 above
6. Use caution when discussing any services or products. Information posted on the lists is available for all to see, and comments are subject to libel, slander, and antitrust laws.
7. **AARC reserves the right to modify postings**. Affiliate officers are held to a high level of excellence and accountability. Repeat offenders may be subject to moderation or restricted access.
    a. **Individual Violations (e.g. – allowing individuals to post non-sanctioned state affiliate events or inappropriate use/responses by individuals)**:
        i. First Violation – Depending on the severity, a message may be deleted. A message informing the poster will be sent.
        ii. Second Violation – Depending on the severity, a message may be deleted. The poster will be put on moderation, and messages will be reviewed before being potentially posted online.

b. **State Affiliate Violations (e.g. – postings that violate the affirmation agreement between the state affiliate and AARC)**:
    i. First Violation – Depending on the severity, a message may be deleted. The state affiliate will lose their access to the AARConnect community for six months and forfeit their AARC revenue sharing for that time period.
    ii. Second Violation – Depending on the severity, a message may be deleted. The state affiliate will lose their access to the AARConnect community for a year and forfeit their AARC revenue sharing for that time period.
c. Disposition of withheld State Affiliate Revenue sharing. The AARC will hold the funds in a holding account and at the end of the year will disburse the funds equally to the state affiliates that had no violations during the preceding year.

State Government Affairs Activity Report
BOD/HOD Fall 2016

Cheryl A. West, MHA
Director Government Affairs

Introduction

The majority of the state legislatures adjourned in late summer for the remainder of the year. Because this is an election year and a Presidential one at that, legislators both state and federal aimed to complete business early in order to return to their home district to campaign for office.

Because this Report is written and delivered to you well before the November 8th election, we continue to encourage you to vote (of course) and to participate in town hall meetings or other public events where as respiratory therapists you can raise awareness, even if briefly, about the profession and your patients .

This Report will provide an update on RT related state issues that have occurred since the Summer Report.

RT Licensure Law Sunset

As you know most state laws, whether related to professional licensure laws or not, have a review provision embedded in the law itself- the so called Sunset Provision. This provision is deliberately included so that every 5 to 7 years depending on the state, a review of how the law is "performing" and meeting its mandate is undertaken, usually by the State Audit Division. The Review can offer recommendations to the legislature to continue or not to continue the law or more often suggest revisions on how to improve the law. This Review provides the rationale for a legislature to continue the law, make revisions to the law or repeal, i.e. Sunset, the law.

As a recap, and as far is known the following states have recently had their RT licensure laws reviewed under Sunset and have received the recommendation to "continue".

Alabama (Quick law to continue)

Arizona (Audit Review recommends continuation and law continues)

Colorado (Audit Review, recommends continuation and small revisions & law passed to continue)

Hawaii (Audit Review with recommendation to continue and intense & successful legislative effort/law that will continue RT licensure law permanently)

New Jersey (Quick rule to continue)

New Mexico (Audit Review and legislation to continue)

Tennessee (Quick law to continue)

Utah (Quick rule to continue)

RRT "Only" Licensure Efforts

To date 2 states have implemented the RRT only for licensure requirement: **OH** (by reg) **CA** (by law) and a third **AZ** (via reg) is about to this requirement starting January 1 2017.

GA has proposed a reg/rule change to their oversight Board, the GA Composite Medical Board, to move to the RRT only. Because of a change in Medical Board member composition, a new physician member has raised questions about the change and what initially appeared to be a straight forward approval by the Composite Medical Board now must undergo further review by the state's legal division.

OR- is moving towards requesting a new rule that would implement the RRT only for future licenses.

NC over the past several years**, NC** has had legislation under consideration that would require the RRT only. However the looming issue in NC is how to address the Supreme Court ruling on the power of licensure boards to regulate non-licensed personnel (and issue discussed at length in previous Reports). Because NC was the state where the Supreme Court case originated, the state is in essence ground zero for how best to implement the SCOTUS ruling without gutting the purpose of licensing (to protect the public). Thus the NC legislature has become highly focused on the "SCOTUS issue" letting other issues (RRT only) become less of a priority, and made moving through the Sunset process far more difficult.

Legislation That Includes RT

AZ (enacted) revises obsolete RT licensure law language and deletes temporary licenses

CA (enacted) has a bill that authorizes the RC Board to issue sanctions if a licensee has committed unsafe practices **CA** also has a Resolution encouraging the Dept. of Consumer Affairs and other departments to set fair licensing fees, RTs are included in the long list of named professions.

CT (reported in Summer Report but worth repeating) enacted a bill that permits advanced practice nurses to supervise RTs and issue orders. Current CT law already allows PAs to write RT orders

DE extensive bill covering numerous professions, RTs have a duty to report unprofessional conduct.

MS (enacted) permits the MS RC Licensure Council to set RT licensing fees

NJ legislation concerning immunity from civil liability for certain health care professionals, including RTs. **NJ** also has an interesting bill that would require the Department of Consumer Affairs and other state Agencies to develop a curriculum to train licensed health professionals in providing treatment to an individual with a developmental disability, RTs are included in the list of professionals

OH would permit CRNAs to give RTs orders (current law permits PAs and NPs to do so)

TN (enacted) a Senate Resolution that honors and commends the Neonatal/Pediatric Respiratory Therapists of Tennessee.

WV (enacted) a non-controversial bill that repeals outdated provisions in the RT licensure law

Legislation of Interest

HI (enacted) establishes a licensure program for suppliers of durable medical equipment

IL (enrolled) requires all DMEs in IL under the state's various health insurance coverages (Medicaid) to be accredited by one of the accrediting agencies approved by CMS/Medicare. **IL** also enacted a bill requiring schools to develop an asthma action plan

NY (enacted) amends the public health law to include certain respiratory diseases (and obesity) within disease management demonstration programs. Another **NY** bill requires schools to provide parents educational material regarding asthma, chronic bronchitis and other chronic respiratory diseases

PA has adopted the following 4 "Awareness /Weeks/Months/ Days": Pulmonary Rehabilitation Week, Sleep Apnea Month and Kick Butts Day and World Asthma Day

LA (enacted) institutes a moratorium on new pediatric day health facility licenses starting July 1, 2016, through July 1, 2024. FYI the current legal definition of what services can be provided in a pediatric day care facility includes RTs. **LA** also has enacted a bill that requires certain healthcare service providers to perform criminal background history checks on non-licensed personnel prior to employment

MA Governor's Recommended Veto deletes certain MA programs including Special Commission on Chronic Obstructive Pulmonary Disease (the veto message noted other research entities study COPD and that this Commission was tasked with issuing a Report in 2012 and failed to deliver it)

NY (enacted) very extensive bill includes provisions addressing the need for long term care beds for vent patients, and another section discusses reimbursement for pediatric vent patients

VA (enacted) requires the registration of nonresident medical equipment suppliers

Telehealth Legislation

The Summer Report provided an extensive list on the various and numerous state telehealth bills. As with most legislation bills can be introduced but only a limited few are enacted into law. This Report provides updates (at the time it is being written) on the telehealth bills that have been enacted or on their way to enactment (enrolled/engrossed). Also note that most states have telehealth laws already operational which are something state societies should review.

AK (enacted) relating to diagnosis, treatment, and prescription of drugs without a physical examination by a physician and other licensed health professionals

CT (enacted) revises current CT telehealth law to specifically RTs as telehealth providers. **CT** also enacted a separate law requiring the Dept. of Social Services that within available state and federal resources, provide coverage under the Medicaid program for telehealth services for categories of health care services that the commissioner determines are appropriate

FL (enacted) extensive telehealth bill ex. of provisions: establishes certain practice standards for telehealth providers; provides for the maintenance and confidentiality of medical records; provides registration requirements for out-of-state telehealth providers

HI (enacted) enhances access to telehealth by requiring the State Medicaid managed care and fee-for-service programs to cover services provided through telehealth

ID (enacted) comprehensive bill that mentions only the term "provider" but does not limit it to a particular profession (does not specify physician, but does say "providers practice") there could be an interpretation that any licensed profession practicing within their scope could provide telehealth services.

KY (enacted) this telehealth bill seems more focused on the operational side of setting up telehealth services

LA (enacted) pertains just to physicians and the conditions that must be met to provide telehealth services. Another **LA** another bill (enacted) clarifies that a physician providing telehealth services does not have to maintain an office within the state

MD (enacted) states that health care providers are eligible to receive reimbursement for health care services that are delivered through telemedicine. Defines health care provider as a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care

MO (enacted) any licensed health care provider may provide telehealth services as long as those services are within the scope of practice

RI (enacted) after January 1, 2018 requires health insurance policies, plans or contracts issued to include provisions for the reimbursement of telemedicine services in the same manner as these policies reimburse for health care services provided through in-person consultation or contact

SC (enacted) sets a variety of standards that a physician must follow and adopt when the physician has a relationship with a patient solely through telemedicine

VA (enacted) establishes a 3 year pilot demo project for telemedicine, to be delivered in medically underserved areas, appears to focus on physician and nurse practitioners

WA (enacted) slightly revises the telehealth law already on the books to include the home as a place where telehealth services may be delivered

WV (enacted) 2 bills one that revises law and addresses telemedicine as delivered by a physician (has to be state based) and the other sets out practice standards for physicians to follow

One final point: in 2015 **Delaware** passed a telehealth bill that specifically includes RTs as telehealth providers, this spring specific regulations were written that outlines the rules under which RTs can provide these services.

Tobacco Legislation

As noted in earlier Reports states are taking four major tracks when addressing tobacco issues:

The first is to raise tobacco taxes (which both deters younger smokers or potential smokers as well as increases state revenues): **AK, CA, HI, IN** (enacted)**, LA** (enacted)**, MI, NE, NJ, NM, OK, PA** (enacted) **RI** (tax on "little cigars), **UT, VA, VT, WV**

The next is to revise laws to include electronic and vaping devices under the umbrella of tobacco products (again as a cost deterrent to young people and to raise revenues): **CA** (enacted), **HI** (enacted)**, KY, MI, MS, NH, NJ, NM, OH, OR, UT, VT** (enacted) **WA** (enacted)**, WV**

Another focus to raise the age (usually 21) when tobacco products may purchase (as a deterrent to young people): **AK, CA** (enacted)**, HI** (enacted), **IN, IL** (verify age including Internet sales) **KY, MD, MA, MS, OK, RI, VT, WA** and **WV**

And finally legislation introduced to prohibit smoking in specific areas: **AK** public places, **CA** a variety of bills covering college campuses, public beaches and (enrolled) within 250 yards of sporting events; **DC** at sporting events and would include chewing tobacco; **FL** & **GA, HI** no smoking in car with a minor, **KY** public places and offices, **LA** schools (enacted), **MD** and **RI** schools and specifically electronic smoking devices, **MN** sports arenas **MS, NJ, RI** has numerous tobacco related bills that impose bans: colleges, parks and beaches, public housing and

for smokeless tobacco in public schools, also **NJ** has a bill banning smoking in casinos and one that would allow 1 night per week cigar free at racetracks, another bill would prohibit pharmacies from selling tobacco products, **NY** & **OK** in public housing, **VT** (enacted) restrictions on E cigarette use

COMMENT: It is interesting to note that clearly there is much legislation addressing tobacco issues but notably few bills actually have been enacted. It's especially "interesting" that as much that has been made for increasing the age to purchase tobacco products few states have actually passed the legislation. As noted in the Summer Report, Washington State defeated a bill to raise the tobacco purchase age to 21. That defeat was attributed by some to the concern over the loss of state revenue from decreased tobacco sales…….

Nurse Practitioner and Physician Assistants

States continue to introduce and in some cases enact legislation that would expand the authority of nurse practitioners (NPs) and in some cases physician assistants (PAs). FYI most state laws require that PA's work *under the supervision* of a physician meaning more direct oversight i.e. physical onsite supervision. Nurse Practitioners/ Advanced Practice Nurses on the other hand are usually required to have a *collaborative* relationship with a physician. That translates into far more independence and the option of having an office not physically linked with the office of the collaborating physician.

Most of these bills are focused on lessening the requirements that PAs and NPs must work under physician supervision and/or collaboration. Others expand the scope of practice of these professionals.

AK (enacted)**, AZ, CT** (enacted), **GA, MS, MO, NJ, OK, PA** expands the scope of practice of the NP

FL (enacted) allowing more prescription writing authority for PAs, **UT** (enacted) similar bill to **FL** that expands prescriptive authority of NPs

Legislation permitting physicians to delegate an expanded list of services/procedures**: CO** (enacted) specifically for the PA, **FL** (enacted) for the NP. **PA & TN (**bills not enacted) physicians may delegate more services to the NP

NM & **NJ** bills that provide for *collaboration* not *supervision* between the physician and the PA

WV removes the NP/physician collaboration requirement; another bill (enacted) gives NPs the same authority as physicians when documenting care

VA has several bills that reduce the oversight of NPs by physicians; one bill (enacted) allows NPs to opt out of participation as part of the "patient care team", again providing more autonomy. Another bill also enacted gives more autonomy to nurse midwives and CRNAs)

WA expands hospital privileges to NPs

CO (enacted) an interesting bill now will permit reimbursement for health care services performed by pharmacists who have special training.

A verbal update will be provided at the Fall Meeting for any new updates and developments that have occurred after submission of this Report.

Federal Government Affairs Activity Report

Board of Directors - October 2016

Cheryl A. West, MHA, Director Government Affairs
Anne Marie Hummel, Director Regulatory Affairs

The Congress

Because this is an election year and a Presidential one at that, Congress has been in recess for a considerable part of the past 6 months, returning only for a few short weeks post Labor Day. Most legislation on the Hill is in "pause mode" waiting for the outcome of both the Presidential election as well as the results of the Congressional elections, i.e., the House of Representatives (all 435 seats) and the Senate (approximately 1/3 of the seats). Depending on "who wins what" will be a determining factor as to whether Congress comes back to complete a flurry of legislation in the Lame Duck session prior to Christmas or will wait until the new Congress and New President are sworn in in January.

Legislation

HR 2948 – Medicare Telehealth Parity Act

As you know, H.R. 2948, the Medicare Telehealth Parity, was again this year's focus of AARC's recent Capitol Hill Advocacy Day. The outreach effort this year surpassed our expectations. As of August 29, 2016, we have 64 co-sponsors for our bill, more than any other telehealth legislation. When you consider we started with a total of 29 co-sponsors based on our last advocacy day, this is a great achievement and we salute our state society leaders and the state PACT reps for an amazing job well done. To recap, the bill will expand access to telehealth services beyond rural areas, add respiratory therapists as telehealth practitioners, include respiratory services as a telehealth benefit, add an individual's home as a telehealth site, and provide incremental coverage of remote patient monitoring for certain chronic conditions that include COPD.

Targeted Lobbying Effort in Support of RT and Telehealth Legislation

In a follow-up to our Hill Day, AARC's lobbyists met with various key legislators and assessed the Members of Congress who have significant influence on the direction and provisions of the various telehealth bills circulating in Congress. They recommended AARC organize a targeted lobbying effort from specific state societies and therapist advocates to reach out to these specific Members. The objective is to reinforce to these key members the importance of including respiratory therapists in any iteration of future telehealth legislation. An informational webcast was delivered in early August by our lobbyists and state leadership has reached out to those targeted key Members.

The State of Telehealth on the Hill

According to our lobbyists, there are two activities underway that could yield some action before the end of the year. The Senate Finance Chronic Care Working Group is expected to include telehealth provisions limited in scope and be low in cost. You may recall that AARC submitted comments on their Policy Options paper last fall, citing the provisions of the Parity Act in any draft legislation they may consider and also supporting RTs as part of the care team under the Independence at Home Demonstration. The House Energy and Commerce Telehealth Working Group which includes Gregg Harper, Peter Welch and Greg Walden, all-cosponsors of HR 2948,

is also preparing a limited telehealth package and while we have lobbied for RTs to be included, it is too early to speculate as to what the bill will look like. Overall, there are several concerns that can sway the outcome. These include the following:

The CONNECT for Health Act, a bill that would lift current telehealth restrictions but would not specifically allow RTs to be practitioners, may score too high;

The Medicare Telehealth Parity Act, unlike the CONNECT Act, only has House support and does not have a companion Senate bill.

The Congressional Budget Office remains concerned that telehealth won't provide anticipated savings

If there are further developments at the time of the meeting, we will provide a verbal update.

AARC Capitol Hill Advocacy Day 2017

Plans for the AARC Hill Advocacy Day are under way. We are aiming for the end of March or the beginning of April, but as this report is written a firm date has not yet been set.

We plan on continuing our efforts in include RTs in any telehealth legislation in the next Congress. As you know because 2017 will be a new Congress any bills not acted on in 2016 will have to be re-introduced in 2017. That will be our first order of business. Of course, we will continue to be open to any legislative opportunity that may present itself that will enhance the respiratory profession or assist the pulmonary patient and will add that to our legislative agenda as appropriate.

Preventive Health Savings Act – H.R. 3660 and S. 3126

As part of the larger multi-stakeholder Telehealth Coalition, we were given an opportunity to sign-on to a letter developed by the Healthcare Leadership Council in support of bills introduced in both the House and Senate that would permit leaders in Congress to request that the Congressional Budget Office (CBO) estimate the long-term health savings that are possible from preventive health initiatives. The full name of the legislation is: "A bill to amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings." Over 100 organizations signed-on to the letter.

Recognizing the significant burden that chronic disease places on healthcare and the economy, the letter to co-sponsors of both bills highlights the facts that 1) "preventing or delaying the onset of new cases and mitigating the progression of chronic disease will improve the health of Americans while lowering healthcare costs and overall spending" and 2) "long-term benefits from current preventive health expenditures may not be fully recognized, if at all, in cost estimates from CBO."

This has been a long-standing issue for AARC, particularly as we tried to prove to Congress and the CBO that savings from self-education training and education could go a long way to lowering costs by slowing the progression of the disease and reducing costly acute care interventions.

Regulations and Other Issues of Interest

CMS has published final regulations for the FY 2017 update to payments for acute care hospitals and proposed rules for calendar year 2017 hospital outpatient PPS payments and the physician fee schedule. If there are any provisions that may impact respiratory therapists or the profession as a whole, they are usually found in these regulations.

Inpatient Acute Care/Long-Term Care Hospital PPS Update for FY 2017

In the last report we noted that CMS was proposing refinements to the pneumonia cohort (i.e., hospitalizations that meet inclusion and exclusion criteria) under the Hospital Readmissions Program that could mean better access to care by respiratory therapists. The proposed changes would align the pneumonia payment measure with those that include mortality, readmissions, and excess days in acute-care after a hospitalization for pneumonia.

On August 22, 2016, CMS finalized its proposed revisions to the pneumonia measure without change. By doing so, CMS believes expansion of the principal discharge diagnosis (i.e., includes aspiration pneumonia and patients with a principal discharge diagnosis of sepsis with a secondary diagnosis of pneumonia) will capture a better representation of patients who receive clinical management and treatment for pneumonia, will ensure the measure includes more complete and comparable populations across hospitals, and will capture the full range of unplanned readmissions, such as patients who end up in emergency departments (ED) or under observation status, since ED visits represent a significant proportion of post-discharge acute care and use of observation days has rapidly increased three-fold between 2001- 2008. CMS is still reviewing whether to include sociodemographic status in future revisions.

The Merit-based Incentive Payment System (MIPS)

As discussed in previous reports and meetings, a new physician payment system – the Merit-based Incentive Payment System (MIPS) – was created when Congress passed legislation to repeal the sustainable growth rate. It goes into effect in 2019; however the baseline year to begin collecting data starts January 1, 2017. To recap, there will be four components to the program that will factor into a physician's performance and potential for an incentive payment. These include quality, resource use, clinical practice improvement activities, and advancing care information (e.g., health technology and interoperability).

There are numerous respiratory-related quality measures that clinicians can report. However, since they have the flexibility to choose measures and reporting that best demonstrate performance relative to their practice, we assume pulmonologists, rather than primary care physicians, will choose from those measures as chronic lung disease is the focus of their practice.

AARC submitted extensive comments on the regulation recommending that CMS: 1) add a new spirometry evaluation measure to ensure that it meets the standard of care as the primary test to diagnose COPD; 2) add quality measures for pulmonary rehabilitation that assess the percentage of patients in such programs that improve their quality-of life health scores and their functional capacity; and 3) add an element to the clinical practice improvement activities domain to address the needs of patients who need long-term oxygen therapy. We recommend using evidence-based guidelines such as AARC's Home Oxygen Therapy Clinical Practice Guideline and integrating the care team with respiratory therapists to improve oxygen utilization and medication adherence as well as conduct self-management education and training.

Pulmonary Rehabilitation and Respiratory Therapy Payment Rates

As you may have seen by now through AARC notifications, the proposed payment rate for pulmonary rehabilitation programs (G0424) in the hospital outpatient setting has increased significantly from $55.94 in calendar year 2016 to $161.29 for calendar year 2017. This increase may be due in part to the Toolkit AARC helped develop as a guideline for hospitals to appropriately calculate the charges for pulmonary rehabilitation combined with CMS' annual reevaluation of the Ambulatory Payment Classification Groups to determine which services have similar resource use and are comparable from a clinical standpoint. Individual respiratory

therapy codes (G0237, G0238 and G0239) are also set to increase based on the proposed rates as follows

HCPCS Code	Short Description	CY 016 Rate	**CY 2017 Rate**
G0237	Therapeutic procedure strength endurance	$ 91.18	**$265.56**
G0238	Other respiratory procedure, individual	$ 55.94	**$161.29**
G0239	Other respiratory procedure, group	$ 30.51	**$ 95.66**

Payment for Certain Services Furnished by Off-Campus Provider-Based Departments (PBD)

Section 603 of the Bipartisan Budget Act of 2015 requires that certain services furnished by off-campus PBDs no longer be paid as part of the hospital outpatient prospective payment system (HOPPS) but rather, beginning January 1, 2017, be paid as part of the physician payment system. The intent of the legislation is to curb the practice of hospital's buying up physician practices that result in the hospital receiving additional Medicare payment for similar services that were provided in the physician practice prior to acquisition. CMS proposes to include cardiac and pulmonary rehabilitation as clinical families for purposes of Section 603 implementation.

Working with AACVPR, NAMDRC collected data that demonstrate to CMS that including cardiac/pulmonary programs as part of their proposed rules is illogical, predominantly because Medicare pays so little for pulmonary rehab in the physician setting (around $30) and the capital investment in equipment and space requirements do not fit into any physician office model.

AARC submitted comments to CMS that reiterated concerns of AACVPR, NAMDRC and other pulmonary organizations, including the COPD Foundation. The comments recommend CMS exempt these programs from proposed rules that would alter the current ability of hospitals to bill Medicare for these services through HOPPS.

Home Mechanical Ventilation

As you know from previous reports and discussions, on March 24, 2106, AARC was part of a multi-society submission asking CMS to reconsider a national coverage determination for home mechanical ventilation that would also include coverage of bi-level devices (currently a separate local coverage policy). By CMS' own rules, we should have received a response within 60 days. At the time of this report, it has been over 150 days with no specific answer from CMS except "it's under review."

At the request of NAMDRC, AARC participated in a meeting with a key staffer for Senator Mike Crapo (ID-R) to discuss CMS' inaction and to determine if the Senator, in his role as COPD Caucus Co-Chair, would facilitate a meeting with the Senate Legislative Counsel to start the process of drafting legislation sometime after recess. Such action has the support of a number of pulmonary patient advocacy organizations. Senator Crapo's staff will reach out to CMS to find out what is going on and report back to us.

In the interim, it was suggested that a similar meeting be held with Senator Richard Durbin (IL-D), also COPD Caucus Co-Chair, in order to establish bipartisan support if the legislative route is the only reasonable way to resolve the issues. A conference call was also held with a key staffer of the Senate Finance Committee.

Payment Rates for Durable Medical Equipment (DME) in Non-Competitive Bid Areas

By January 1, 2017, CMS must adjust DME payment rates in rural areas and non-competitive areas to those rates set in competitive bid areas. To do that CMS began a phase-in of the transition at the beginning of this year in order to meet the January 2017 deadline. This has had an impact on suppliers in these areas that are dealing with additional cuts who are not part of the competitive-bidding program.

Before the Congressional recess and as reported in the June Board report, AARC signed letters of support to the House and Senate co-sponsors regarding the "Patient Access to Durable Medical Equipment Act of 2016", a bill that would roll back part of this year's cut for suppliers not in the bidding program. Unfortunately, while both the House and Senate both passed bills before recess, they were not able to reconcile differences in the bills before leaving town. This will be an issue that the Industry will continue to pursue once Congress reconvenes after Labor Day.

Programs of All-Inclusive Care for the Elderly (PACE)

The Programs of All-Inclusive Care for the Elderly (PACE) is a Medicare/Medicaid program that helps the frail and elderly to meet their health care needs in the community in which they live instead of a nursing home or other care facility. In August 2016, CMS proposed to revise and update the program for the first time since 2006. While the PACE program services a relatively small number of people now, the proposal is intended to encourage states to further expand the programs. Participates must be 55 or older; reside in the PACE organization's service area, be certified as eligible for nursing home care by their state, and be able to live safely in a community setting at the time of enrollment.

Under current provisions, regulations are very specific as to the composition of the interdisciplinary team (e.g., may be employed or contracted staff) and which of the team members must evaluate the participants in person as part of the initial assessment. CMS is proposing alternatives to current provisions that would allow more flexibility in the function and composition of the team that could open the door for inclusion of respiratory therapists. AARC expects to submit comments to CMS which are due October 17, 2016.

Conclusion

The AARC will continue to aggressively pursue both our legislative and regulatory agendas. We will continue to take advantage of opportunities and oppose challenges. Updates will be provided at the fall meeting.

House of Delegates Report

Submitted by Jakki Grimball – Congress 2016

Recommendations

None

Report

- Continued working with the Executive Office, House Officers, House Committee Co- Chairs and Delegates on House business.
- Updated and revised House document pertaining to objectives, goals, strategies and charges. Updated and revised HOD committee calendars and disseminated documents to the House via AARConnect.
- Continued monthly conference calls with House Officers and the AARC liaisons to mutually share information and support House objectives, goals, strategies and charges.
- Held quarterly conference calls with House Committee Co-Chairs and Officers to share information and in support of House objectives, goals, strategies and charges
- Participated in conference calls with President Salvatore, AARC leadership and liaisons to share information and collaborate House activity with AARC and AARC Board actions and plans.
- Worked with Speaker Elect Siegel to assist in collaborate on HOD objectives and tasks
- Worked with the House Officers and the House Liaisons to determine Officer obligations and expectations for spring Board of Directors, summer and winter meetings.
- Began serving as Co-Chair on the AARC Cultural Diversity Committee per President Salvatore's request and appointment.
- Began serving on the Ad Hoc Committee on State Initiatives per President Salvatore's request and appointment.
- Shared House approved 1st reading of the AARC Bylaws Amendments from summer meeting with President Salvatore and the AARC Bylaws Committee Co-Chairs.
- Reviewed Delegate Assistance winter applications to assist in the selection of the attendees.
- Reviewed application information for the selection of students to participate in the winter HOD, Board of Directors meetings and the AARC Congress.

- Reviewed information from the Chartered Affiliate / Special Recognition and Volunteering and Mentoring Committees as related to awards presented by the House.
- Advised and assisted House Committees as requested.
- Selected Delegate of the Year candidate.
- Continued serving as a work group member with AARC Board Members John Lindsey, Doug McIntyre, Natalie Napolitano, Sheri Tooley and Cheryl West to review AARC Strategic Goal # 5 “Advocate for federal and state health care policies that enhance patient care, patients' access to care, and professional practice” and make recommendations to each strategy under the goal for effectiveness.

Other

I owe a very special thanks to Asha Desai, AARC Liaison to the HOD, for her wealth of knowledge and keeping me on course. I also owe special thanks to President Frank Salvatore, President-Elect Brian Walsh and Past-President George Gaebler, as well as, the Board of Directors and my fellow House Officers who have been a great resource of information and for your never-ending support over the past year. I also want to acknowledge all of the House Committee Co-Chairs for their on-going hard work and dedication to their responsibilities. We have accomplished a lot this year! Including successfully changing the HOD Officer terms from one year to two years to coincide with the incoming new presidents and successfully combining the HOD Policy and Guide into one concise document. Thanks also to the members of the House for their support, collaboration, and teamwork. You all have made my role as the 2016 HOD Speaker a memorable and rewarding experience. Thank you all!!

Board of Medical Advisors Report

Submitted by Dr. Terence Carey – Congress 2016

A verbal report will be given by Dr. Carey at the meeting President`s Council

Presidents Council

Submitted by Dianne Lewis – Congress 2016

Recommendations

That some members of the President's Council be involved in the AARC 60th Anniversary planning.

Justification: PC members have ideas or historical perspectives that should be considered.

Report

I am proud to announce our Life and Honorary membership awardees for 2016. Life member is Colleen Schabacker BA, RRT, FAARC and Honorary member is Dr. Bruce Rubin, MBA, MD, FAARC. Congratulations to truly deserving individuals.

I thank the Council for allowing me to serve as their representative to the BOD.

Standing Committee Reports

Audit Sub-Committee

Submitted by Keith Siegel– Congress 2016

Recommendations

None

Report

As reported in my April report to the Board of Directors, the Audit Sub-Committee met via telephone conference call on Monday, March 14, 2016 to review the Association's consolidated financial reports and the findings of the independent auditors' report as presented by Bill Sims and James Nash of the auditing firm Salmon, Sims, Thomas & Associates, LLC. All members of the AARC Audit Sub-Committee were present on the call, as was AARC Controller Tony Lovio.

The auditors reported that all of the financial records of the Association were found to be in compliance with generally accepted accounting principles for the United States. After reviewing each financial statement and answering questions from committee members, the auditors gave a "clean, unqualified opinion", complementing the manner in which the AARC manages and accounts for its financial obligations. The auditors' report included no management recommendations.

The Audit Sub-Committee continues to monitor the monthly financial statements.

The Audit Sub-Committee is prepared to participate in the Finance Committee meeting in October in San Antonio, Texas.

Other

I would like to thank the Audit Sub-Committee for their participation in this annual review. I also want to thank Tony Lovio and the staff of Salmon Sims Thomas, LLC for their participation and open discussion and explanation of the Committee's questions.

Members: Karen Schell (KS), Curt Merriman (MN), John Walton (IL) and Keith Siegel (ME) Liaisons: Tony Lovio (TX).

Bylaws Committee

Submitted by Raymond Pisani – Congress 2016

Recommendations

That the AARC Board of Directors find that the Kansas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "KRCS Bylaws 2016 Revision for BOD Review")

That the AARC Board of Directors find that the New Jersey Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "NJSRC Bylaws – 2015 clean")

That the AARC Board of Directors find that the Vermont-NH Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Bylaws of the VTNHSRC")

Report

The AARC Bylaws Committee has approved and submitted the following State Affiliate Bylaws: Kansas, New Jersey, and Vermont-NH Bylaws and their Amendments for review and approval by the AARC Board of Directors.

Illinois and New Mexico have not responded to correspondence from the Bylaws Committee that there was a Potential Conflict with their Affiliates Bylaws. As Committee Chair, I reached out at Summer Forum to the Affiliate Delegates for assistance.

According to the HOD Calendar, there are three (3) Chartered Affiliates remaining for review of their Bylaws in 2016. As Committee Chair, I reached out at Summer Forum to the Affiliate Delegates for assistance. Those Affiliates include Hawaii, Idaho, and Kentucky.

Proposed AARC Bylaws Changes Public Comment Period

AARC Membership Comment Period began July 13, 2016 and remained open for 45 days in accordance with the Bylaws.

A Conference Call of the AARC Bylaws Committee was held on 09-08-16 to review Public Comments received.

The AARC Bylaws Committee recommends the AARC BOD and the AARC HOD proceed with the 2nd Reading.

Below are the Public Comments Received

COMMENT 1

Thank you for the opportunity to comment on the proposed bylaws changes. I feel most of the changes look good.

1. I think some additional language is needed in the section dealing with Section Chairs serving as Directors. What is the point in time at which the membership of the sections are determined

to decide on the six largest sections and whether there are six or more sections with memberships above 1000? What if the number of members in sections change during a year and those changes would affect the ranking in size or status of qualifying for service as a Director? Section Chairs are elected for two year terms and not all are elected in the same year. How does this work in determining which section chairs serve as directors? Is a chair to serve as a director for the two years of their term? When and how is it determined if an addition Director at Large will need to be elected if the number of sections with at least 1000 members drops below 6 or moves above 6? What happens if a Director at Large is in the middle of their term and the number of sections qualifying for a director position would displace that Director?

2. To my knowledge only one person has ever been elected to the President's Council who was not a past president of the AARC. I do not feel it was appropriate for that person to have been elected to membership and am not in favor of a change in the bylaws to permit that to occur in the future. If the group will include other persons who did not serve as president of the AARC, the name of the group needs to be changed from President's Council.
3. I believe the members of the President's Council should select a new chair if a vacancy develops during the year, not have a person appointed by the President of the AARC.

COMMENT 2

A question: does the prohibition for members of the House of Delegates and concurrent membership on the Board of a chartered affiliate and the regulatory agency (licensing for the state as a Board member) create this conflict?

COMMENT 3

If the bylaw revisions were accepted as is, then I could anticipate that the combination of a 1,000-seat threshold and a 6-seat cap on specialty section Directors seats could trigger a future revision to the bylaws sooner than necessary if the wording was a little different. If the intent is to ensure that Directors seats linked to specialty sections are balanced by at-large Directors seats (a principle that seems reasonable to me), then that is all that the bylaws need to state.

It occurs to me that a fixed threshold (1,000 members) for specialty sections within an environment of fluctuating total membership could cause anxiety or perceptions of unfairness within a specialty section that could be avoided. For example, a specialty section might grow its membership to surpass the 1,000-member threshold. Having achieved that goal, they are likely to think the achievement ought to garner them a Directors seat. However, they will learn that the specialty section seats are full. The group is likely to get frustrated and wonder why they worked so hard to grow membership within their specialty section. I could foresee a future Board or House concluding that the section members make a reasonable point, which makes it more likely that the bylaws would be revised again.

If the first sentence of Article V, Section 1a was as follows, then I suggest it would remain usable for a longer time than the proposed revision:

The executive government of the Association shall be vested in a board of eighteen (18) Active Members consisting of at least five (5) Officers, six (6) Directors-at-Large, and six (6) Directors who are Chairmen of the Specialty Sections that contain the most members.

I would then suggest deleting the second and third sentence and continuing Section 1a with "The immediate Past Speaker…"

COMMENT 4
Regarding the proposed by-laws changes

WHY? WHY does the current board want to make issue of these items – specifically?

What is the problem that exists as the specialty sections are currently run that need these changes? Some problem.

*** While you point out the pre - and the post – change rules as projected from the current – "You fail to explain why this change is desired. Who entered these changes and why.

Currently the "HOMECARE SECTION" has had some rough time getting the numbers of members to join that would meet the minimums of the 1000 members – that said; it's common knowledge that most RT's are Hospital based, getting that many Homecare RT's always has been an issue, there are not that many of them, yet they make up the focus of a vast amount of work done by RT's on patients "AT HOME" – is not "AT HOME" the goal of all hospital work – get the patient well and HOME. No harm done.

Yet there is no discussion of this diminishment of required numbers. There was a threat a year or so back to remove the HOMECARE Section – and the AARC would not allow industry or members to 'simply pay the money' and is that what it was about Money? Not enough members so the rest get dumped? "NO SECTION FOR YOU? "

What about RT's working in physician offices - another vastly expanding area of expertise – zero representation of their interests? What happen not enough to care about in numbers?

The board membership issue – WHY IS THIS SUDDENLY 'the hot issue' - adding one, a technical issue – removing many – why?

THIS PUBLISHED DISCRIPTION of CHANGES is just that an alphabet exercise – provide the body of the RT's that make up the membership a presentation of the issues – why the changes are needed – how it will affect them and their ability to be represented. That is what the AARC is about is it not – Representing the RT's that work the field – to form a body that represent our interests - provide communication between the membership – leadership of the industry – and Industry itself, the suppliers who provide the products we use in our practice – as well as an interface with government – in representation of our interests. Providing a platform for ongoing education. Rarely has the AARC ever taken a view against anything – any measure of Government – in that regard they have been a rubber stamp organization – yet they have backed anti-smoking while spending the grant money taxes from that action presents? Fickle…

You want to make changes – "simply tell us what you need and why" and a YES – NO vote will provide you and answer.

This current publish the text changes does nothing to explain the effect of the change.

COMMENT 5
In response to the AARC recommended Bylaw changes.
I am not in agreement as written; my thoughts to follow:

· Per the proposal, we are adding at least 1 more officer; open to multiple officers as written with no limitation,

· The proposal is limiting Specialty Section Chairs to six regardless of them meeting the 1000 membership threshold.

As membership grows it seems counterintuitive to limit membership voice for those meeting requirements set by the AARC. If anything; I would think we would want a greater voice from membership which would continue to provide incentive/value for the growth and recruitment within specialty sections and the AARC as a whole.

COMMENT 6
The only change I would like to see is allowing CRT such as myself, with 43 years of experience and an MBA, but not the required sciences, to be allowed to challenge the RRT exam.

COMMENT 7
First, thanks to you and your committee for making these proposals. As I read them, they all make sense to me and seem totally appropriate. The only question that I have is with regard to a person serving as an officer of the AARC and what they can continue to do at their affiliate. While they cannot hold an office, would they be able to serve on a committee or in an advisory role?

COMMENT 8
I disagree with recommendation 5. I don't understand why the removal of approval by the House of Delegates? Anytime approval is placed into the hands of a single person, rather than a group that one person has too much power to affect the outcome. Even when naming a Supreme Court Justice, the President must get approval from Congress. This is a means to maintain a balance of power. I don't agree with this recommendation.

COMMENT 9
For this section, I suggest:

g. In the event of a vacancy in the Chair, the vacancy shall be filled according to the procedure defined by the Association. AARC President will appoint a Council member to serve the duration of the term.

Consider, the AARC President, with approval from the Council…
Or
Consider, the AARC President, in collaboration from the Council…..

Elections Committee

Submitted by: Dan Rowley – Congress 2016

Recommendations

None

Report

The Nominations and Elections Committee has maintained close and open lines of communication with the AARC Executive Office (EO) and each other over the past quarter.

All committee charges have been completed as scheduled to date. Elections results for Officers and Specialty Section's Chair-Elects are as follows:

OFFICERS	**VOTES / %**
Vice President - Internal Affairs	
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC	1,718 / 57.06%
Lynda Goodfellow, EdD, MBA, RRT, AE-C	1,285 / 42.68%
Vice President - External Affairs	
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C	1,519 / 50.45%
Doug McIntyre, MS, RRT, FAARC	1,493 / 49.58%
Secretary-Treasurer	
Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS	1,550 / 51.48%
Cynthia White, MSc, RRT-NPS, RRT-ACCS, CPFT, AE-C, FAARC	1,415 / 46.99%
DIRCECTORS AT LARGE	
Susan Rinaldo Gallo, Med, RRT, CTTS, FAARC	1,849 / 61.41%
John Wilgis, MBA, RRT	1,190 / 39.52%
Felix Khusid, BSRT, RRT-ACCS, RRT-NPS, RPFT, FAARC, FCCM, FCCP	1,101 / 36.57%
Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC	1,075 / 35.70%

Write-in candidates for Officers received no more than 1 vote each.
Write-in candidates for Directors received no more than 2 votes each.

The following individuals were declared elected for respective Officer and Director positions on September 15, 2016 as followed:

OFFICERS
Vice President - Internal Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC

Vice President - External Affairs
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C

Secretary-Treasurer
Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS

DIRCECTORS AT LARGE

Susan Rinaldo Gallo, Med, RRT, CTTS, FAARC	1,849 / 61.41%
John Wilgis, MBA, RRT	

SPECIALTY SECTIONS CHAIRS-ELECT	**VOTES / %**
Adult Acute Care Section	
Carl Hinkson, MSc, RRT-ACCS, RRT-NPS, FAARC	**156 / 61.66%**
Maria Madden, BS, RRT-ACCS	95 / 37.55%

Write-in candidates for Adult Acute Care Section received no more than 1vote each.

Education Section	
Georgianna Sergakis, PhD, RRT, CTTS, FAARC	167 / 58.6%
Donna (DE DE) Gardner, MSHP, RRT, FAARC, FCCP	118 / 41.4%

Write-in candidates for Education Section received no more than 0 vote each.

Diagnostics Section	
Katrina Hynes, MHA, RRT, RPFT	104 / 68.87%
Ralph Stumbo, Jr., RRT, CPFT	47 / 31.13%

Write-in candidates for Diagnostics Section received no more than 0 vote each.

Management Section	
Cheryl Hoerr, MBA, BSRT, RRT, CPFT, FAARC	268 / 75.07%
Christy Clark, RRT	87 / 24.37%

Write-in candidates for Management Section received no more than 1 vote each.

The following individuals were declared elected for respective Specialty Sections on September 15, 2016 as followed:

Adult Acute Care Section
Carl Hinkson, MSc, RRT-ACCS, RRT-NPS, FAARC

Education Section
Georgianna Sergakis, PhD, RRT, CTTS, FAARC

Diagnostics Section
Katrina Hynes, MHA, RRT, RPFT

Management Section
Cheryl Hoerr, MBA, BSRT, RRT, CPFT, FAARC

I wish to thank the following committee members, in addition to Beth Binkley and Tim Myers, for their committee operations commitment and over the past quarter.

George Gaebler, MSED, RRT, FAARC
John Hiser, MED, RRT, FAARC
Jim Lanoha, RRT FAARC
Mary Roth, RRT

Respectfully submitted

Executive Committee Report

Submitted by: Frank Salvatore – Congress 2016

Verbal report at meeting.

Finance Committee Report

Submitted by: Frank Salvatore – Congress 2016

Verbal report at meeting.

Judicial Committee

Submitted by Anthony DeWitt – Congress 2016

Recommendations

None

Report

At present there are no issues before the committee that require disposition. No disciplinary matters have been reported, and none are pending.

Program Committee

Submitted by Ira Cheifetz – Congress 2016

Recommendations

None

Report

Charges

Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences.

Status: The Summer Forum meeting was an impressive success. An all-time record attendance (400) traveled to Pointe Vedra Beach, FL for this year's event. It far exceeded financial and budgetary expectations. For the first time in several years, the Management Track maintained high attendance levels throughout the entire meeting and nearly everyone stayed to hear Tony DeWitt deliver the closing address. Many favorable comments were shared with staff members regarding the quality of the conference, the destination and how happy they were with the content and quality of speakers. Kudos goes out to Cheryl Hoerr and Ellen Becker for working closely with the Program Committee in developing such an outstanding program. Next year's Summer Forum will be held in Tucson, AZ.

The 62nd AARC International Respiratory Convention & Exhibition Program is finalized, and early attendance figures are very promising. The Program is available for viewing on-line and was published in the June issue of the AARC Time. The Program Committee has opted to "shrink" the overall size of AARC Congress by reducing the number of concurrent meeting rooms; thus, there will be approximately 200 sessions on current respiratory topics and 12 Open Forum symposia offered in 3 unique formats.

The Program Committee sincerely thanks the BOD and membership for all of their support and contributions.

2. Recommend sites for future meetings to the Board of Directors for approval.

Status:

Summer Forum – Destinations are secured through 2018

- Tucson, AZ (2017)
- San Antonio, TX (2018)

AARC Congress – Destinations are secure through 2019

- Indianapolis, IN (2017)
- Las Vegas, NV (2018)
- New Orleans, LA (2019)

No site recommendations are being brought forward at this meeting; however, Executive Office staff will have likely performed one or more site visits for potential future destinations prior to the next BOD meeting.

3. Solicit programmatic input from all Specialty Sections and Roundtable chairs.

Status: Program Committee liaisons worked closely with Section Chairs to ensure well-rounded representation of specialty section interests is included in our programs. For further information on specialty section and roundtable representation, see "AARC Congress 2016" below under bullet #4.

At the time of this writing, the RFP (Call for Proposals) webpage has not yet been added to the AARC website; however, it is my understanding it will be operational by the time of the BOD meeting.

I would like to thank Annissa Buchanan (AARC Program Director) and Olga Jusino (I.T.) for their tireless work in developing a new, "home grown" database which attendees will use to submit proposals. This will provide a cost savings to the organization and will allow committee members and section chairs the ability to review proposals in real-time as they are submitted. This will significantly enhance efficiency for the committee.

4. Develop and design the program for the annual Congress to address the needs of the membership regardless of area of practice or location.

Progress

AARC Congress 2016: The 62nd International Respiratory Convention & Exhibition will take place Oct. 15-18, 2016 in San Antonio, TX. The Program is currently posted on-line and in hard copy in the July edition of the AARC Times.

• Mr. J.R. Martinez, wounded U.S. Army veteran, actor, best-selling author and motivation speaker will deliver the keynote address.

• Richard "Pitch" Picciotto; FDNY Battalion Commander will deliver the Closing Ceremony address. Mr. Picciotto was the senior-most fire chief to have survived the collapse of the World Trade Center. He will tell his harrowing story of bravery, leadership, and patriotism with Congress attendees. Mr. Picciotto suffered a 40% loss of his lung function following 9/11 and will thank those in attendance for the care they provide him and all first responders from Sept. 11

• Plenary Sessions:

- Richard Casaburi, MD – Thomas L. Petty Memorial Lecture (Pulmonary Rehabilitation)
- Ira Cheifetz, MD – Donald F. Egan Lecture (ECMO)
- Eddie Fan, MD – Kittredge Lecture (ARDS)

• More than 200 presentations covering all aspects of Respiratory Care and other healthcare related topics.

CRCE by Content Category

o Adult Acute Care: 27.26
o Management: 15.08
o Neo/Peds: 21.46 o Sleep: 16.82
o Education: 9.86
o Clinical Practice: 29.0
o Pulmonary Function: 7.54
o Sleep: 6.38
o Patient Safety: 2.90
o Bioterrorism/Emergency Preparedness: 0
o Ethics: 1.16

- Maximum CRCE any one attendee can earn (not including pre-courses or breakfast/lunch symposia): 15.66
- TOTAL CRCE offered for the entire meeting: 116

OPEN FORUM

More than 250 abstracts are scheduled for presentation during 12 Open Forum sessions, including Poster Only displays in the Exhibit Hall. Ten (10) Editor's Choice posters have been selected as the "Best of the Best" and will have their own presentation ceremony. Researchers will have the ability to display their poster and present their findings through the use of a PowerPoint slide deck.

PRE-COURSES

Mechanical Ventilation (Sponsored by Draeger)
Vascular Access Workshop (Sponsored by Teleflex)
CDC – Preparing for a Pandemic

Exhibit Hall hours

Saturday: 11:00 am – 4:00 pm
Sunday: 9:30 am – 3:00 pm
Monday: 9:30 am – 2:00 pm

The AARC will continue to sell exhibit space to participating exhibitors for AARC Congress 2017 as well as allow them to select preferred locations. Exhibits Coordinator, Annette Phillips, will meet privately with more than half of this year's exhibitors to transact booth purchases and space locations for next year's Congress.

Sputum Bowl (sponsored by Medtronic)

• 11 Practitioner Teams and 25 Student Teams will compete. An announcement will be made during team meetings at Congress to announce BOD action from the Spring meeting in which (starting in 2017) no "practitioner" competition will occur unless there are at least 15 registered practitioner teams by a pre-determined date (June 15). We anticipate this could cause some backlash amongst attendees and competing practitioner teams.

• As in 2014 and 2015, this year's competition will begin at 5:15pm. We saw success in starting

at this earlier time for the previous two years and believe it will continue to contribute to higher attendance figures. The earlier start time is intended to increase attendance so that attendees may still have time for dinner afterwards.

• A comedian will entertain attendees during halftime as has been customarily been done.

2017 Meetings

• Proposals are currently being accepted for the 2017 Summer Forum and AARC Congress 2017.

• OPEN FORUM proposals will still be submitted through Easy Street with a May 1, 2017 submission deadline.

• Tom Lamphere will serve as the Chair of the Program Committee in 2017. President-elect Walsh will present his recommendations of the 2017 Program Committee to the BOD for ratification. I would like to take this moment to thank President Salvatore and the entire BOD for supporting me in the role as committee chair. I have truly cherished this opportunity and will gladly continue to serve at your leisure in whatever committee capacity you so desire.

• The Program Committee will meet in mid-January in Dallas to begin planning for next year's SF and Congress

• The 2017 Summer Forum will be held in Tucson June 25-27
• AARC Congress 2017 will be held in Indianapolis Oct. 4-7

The Program Committee sincerely thanks the BOD and AARC membership for their continued support and contributions to the program.

Strategic Planning Committee

Submitted by George Gaebler – Congress 2016

Verbal report at meeting

Specialty Section Reports

Adult Acute Care Section

Submitted by Keith Lamb – Congress 2016

Recommendations

None

Report

The section continues to use Connect to discuss case reports, imaging and current trends in patient care and science and presenting journal club articles.

Continue to produce a biannual bulletin and quarterly newsletters.

Members of the section continue outreach internationally, high level research, and publishing in multiple peer reviewed journals.

We are planning to have another virtual section meeting sometime after Congress in San Antonio.

Continuing Care-Rehabilitation Section

Submitted by Trina Limberg – Congress 2016

Recommendations

None

Report

Activities to date:

- Continually responding to connect inquiries and posts. Several inquiries regarding managing the PR business, these often require direct responses. There have been some increased inquiries from those attending the PDE course requesting help with setting up programs, staffing and billing rules.
- Virtual Section Meeting held 4/1 content was geared to address member areas of concerns including CMS coverage rules, ICD10 coding for billing and reimbursement and documentation of the Individual Treatment Plan (ITP).
- Providing Bulletins 2 x yearly – First issue included an overview of an OIG audit of a New Jersey PR program. Findings included deficiencies with the ITP and meeting CMS required MD sign off within 30 days.
- I'm serving as interim chair at the request of Frank Salvatore due to an unexpected post-election vacancy. An election is due to occur for a replacement in the 2017 term.

Diagnostics Section

Submitted by Katrina Hynes – Congress 2016

No report submitted as of September 29, 2016.

Education Section

Submitted by Ellen Becker – Congress 2016

Recommendations

None

Report

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 deadline in Jan 2016.

   Status: Completed

2. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April 2016 Board Report.

   Status: Two educational initiatives are being planned for fall. The Education Section Book Club will be chaired by Judy Schloss who will be mentored by the outgoing chair, Gayle Carr. Georgiana Serkagis is leading an online session on the scholarship of teaching and learning. This year's initial launch will begin with an article published in the 2015 Respiratory Care Education Annual, "The Transitional Experience of Therapist to Educator". The article topic crosses over both clinical and academic educator domains and plays a critical supporting role for helping advance education of the profession.

3. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.

   Status: A membership subcommittee led by Karen Schell was established at the start of this year and five volunteers began a recruitment campaign in February. Three additional members joined after the spring Education Section Webcast. The team is addressing the educators in the eight states where they reside to assess their AARC membership status as well as their education section status. After the Education Section Meeting at Summer Forum, another five individuals representing the states of Connecticut, Indiana, Massachusetts, Montana, and Washington were added. Further, the newly released documentation on Mentoring Excellence was sent to all program directors and posted electronically to the education section. A letter highlighting the benefits of section membership was included with this mailing. Significant contributions to the letter were made by Gayle Carr, Judy Schloss, Karen Schell, and Georgiana Serkagis.

4. Identify, cultivate, and mentor new section leadership.

   Status: The election is underway for the education chair-elect. Leadership opportunities are being suggested to section members who want to be involved and may later want to participate in the section chair leadership.

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.

   Status: Member requests for clarification or opportunities to participate occurred within two business days.

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 reported in the April 2016 Board Report and update for each Board report.

   Status: Reviews for the AARC Connect library have been completed. A volunteer for the swap shop is being sought.

7. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section please make recommendation as to what should be done with that section.

   Status: The current membership level is 1002, a continual decline. The progress of the membership subcommittee and fruitful approaches will be shared at the Fall education section meeting. Leads for other states will be recruited. Shawna Strickland in the Executive Office provides me with monthly data. The importance of having this enrollment above 1000 by the end of my term has been emphasized.

8. Work to develop more programming directed at hospital educators and all therapists whose position requires some sort type of education process.

   Status: Educational topics that address practicing therapists and hospital-based educators were included in the programming for the International Congress, the meeting that attracts most members from this group. All communications and engagement programs such as the Book Club address topics relevant to this important target group. This important target group needs to be engaged to help the AARC obtain its goal of achieving 80% of therapists who either hold or are working towards a bachelor's degree. Further, future educators normally come from clinical groups. Hospital-based educators may also help recruit and mentor educators to join the academic ranks.

Home Care Section

Submitted by Kim Wiles – Congress 2016

Recommendations

That the Board of Directors charge the Executive Office with the task of investigating the feasibility and financial impact of combining the home care section, long term care section, and continuing care section. (see attachment "2016 Homecare, Long term, Continuing Care survey summary").

Report

CHARGES

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**

    - Completed

2. **The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April 2016 Board Report.**

    - Section Newsletter produced

3. **Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.**

    - Spoke to local respiratory departments and discussed importance of being part of the home care section regardless of whether they were working in homecare.
    - Talked to students at local university to talk about homecare and the importance of becoming a member of specialty section.

4. **Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.**

    Completed

5. **Identify, cultivate, and mentor new section leadership**.

    - I have been working with the incoming section chair, Zach Gantt.
    - Discussed charges and BOD reporting and the importance of communication with the executive office liaison.

6. **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.**

    - Current information is up to date, but information is limited.

7. **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 reported in the April 2016 Board Report and updated for each Board report.**

    - AARC Connect has been monitored and topics are relevant.

8. **Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.**

    - Membership continues to be a problem.
    - The Home Care, Long term care and Continuing Care sections were surveyed to gauge support for combining the sections. Positive results for combining all 3 sections, but concerned with the amount of responders. Results attached.
        - Current Membership as of 9/14/16
            - Home care = 627
            - Continuing Care/Rehab = 384
            - Longterm Care = 305

9. **Assist Federal Government Affairs committee in passing legislation which will recognize respiratory therapists under the Medicare home health services benefit.**
    - Completed-PACT meeting

Other:

Finalized work with APRT group to incorporate home care competencies into the document**.**

Long Term Care

Submitted by Gene Gantt– Congress 2016

Recommendations

None

Report

On the request of AARC executive office the LTC section submitted comments to CMS on proposed quality measures for Long Term Acute Care Hospitals. The two measures were wean rate and #days to begin weaning. These were submitted and received by CMS.

In the state of Tennessee we have rolled out the first pay for performance model in Long Term Care. This new model will rate facilities according to self-reported metrics and the payment rate will be determined from the results. Facilities are categorized into 3 payment tiers according to quality scores.

Management Section

Submitted by: Cheryl Hoerr – Congress 2016

Recommendations

None

Report

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of the Management Section Members.

   Status: 132 individual proposals were submitted under the management section. Section Chair collaborated with the Program Committee Liaison to review submitted proposals. Presentation slots for both the Summer Forum and the International Respiratory Congress and Exhibition were populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals. Calls for proposals for the 2017 programs in Tucson and Indianapolis have begun; December 31 will be the hard deadline for submission.

2. Produce four section bulletins, at least one Section-Specific thematic webcast/chat, and 1-2 web-based section meetings.

   Status: A decision was made to drop the number of section bulletins to two per year due to increasing difficulty recruiting authors. The spring 2016 Bulletin was published in May. Three authors contributed to the upcoming fall Bulletin which will be published in late fall, most likely November. A management specialty section meeting will be held on Sunday, October 16th as part of the International Respiratory Congress and Exhibition programming.

3. Undertake efforts to demonstrate the value of section membership, thus encouraging membership growth.

   Status: Information on AARC membership numbers as well as management section membership is always shared during section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. Posts on the AARC management list serve emphasize the drastic changes affecting healthcare and encourage RT leaders to transform their practice to add value in the forming healthcare environment including: patient safety, CMS changes to PPS, patient access, competitive bidding, care transitions, etc. Managers are encouraged to join the Leadership Book Club community on Connect and contribute to the discussions. Sharman Lamka has been invited to present information about the FACES Foundation and the PHIL Award at the Management Section meeting in October.

4. Identify, cultivate, and mentor new section leadership

   Status: Six qualified nominations were received for the Management Specialty Practitioner for 2016. The section chair in collaboration with last year's winner, Garry Kauffman, evaluated each nomination and chose Julie Jackson as our SPOTY. Julie is currently serving the ISRC as a delegate to the AARC House of Delegates, and is also an ISRC past president.

On an ongoing basis section members are encouraged to (1) contribute content to the management section list serve, (2) attend the Summer Forum in order to meet other RC leaders, (3) join the Leadership Book Club to grow their skills, (4) write an article for the section Bulletin, and (5) to submit a proposal for the Summer Forum and/or International Congress and Exhibition.

5. Enhance communication with and from section membership through list serve, review and refine information for section web page, provide timely responses to requests for information from AARC members.

   Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads are started each month. Recent hot topics included:

   - June – Staffing / Providing Coverage for EKG/Holter/Event Monitors, and Trauma/Code Blue Notification Process
   - July – Substituting Nebs for Inhalers to Decrease Costs, and Frequency of Patient/Ventilator Assessments
   - August – Amount of Time Allocated to Perform PFT Testing, and Managers Who Also Perform Patient Care

6. Review all materials posted in the AARC Connect library for their continued relevance. Provide a calendar of when the reviews will occur and updated for each Board Report.

   Status: Five management section members have been recruited to help in reviewing and updating the reference materials that are currently posted on the management section web page. No work has been able to be accomplished on this project due to competing priorities.

7. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section please make recommendation as to what should be done with that section.

   Status: There are currently 1,475 total management specialty section members. Amanda Feil, AARC Membership Development Manager, has been planning a survey of management section members to gather ideas about the value of membership, actions managers have used with success to recruit new members, and overall membership experience.

Neonatal-Pediatrics Section

Submitted by Natalie Napolitano – Congress 2016

Recommendations

None

Report

- Spoke at NJSRC and NYSRC meeting and scheduled to speak at Robert Wood Johnson Hospital Conference in NJ at end of October

- Worked with Taskforce on Competencies for Entry into Respiratory Therapy Practice on recommended changed for neonatal/pediatric experience.

- Performed and facilitated focus groups for managers and educators at the summer forum for Research Strategic planning workgroup. Focus group results were also transcribed and qualitatively analyzed and reported out to the strategic plan group with potential recommendations to put forth to the board.

- Offered mentorship of abstract writing throughout the section again this year as well as display of posters.

- Worked with group of section members to redesign journal club and deployed new structure on main list serve.

- Worked with Steve Sittig to get him up to speed on taking over chair next year.

- Chose specialty practitioner of the year John Gallagher

Sleep Section

Submitted by Marilyn Barclay – Congress 2016

Recommendations

None

Report

- Draft of Sleep Section mission and vision statement was submitted for view using AARConnect
  - 1 comment with changes to mission and vision statement
  - Will place mission and vision statement on section meeting agenda for discussion in October
- Three articles were expected for the Fall Bulletin. Three days before the deadline one person said she was not able to fulfill her obligation and the other asked for a week extension. I'm still hopeful that we will be able to publish a fall bulletin
  - Agenda item for section meeting-does the membership wish to continue the bulletin?
- AARConnect library review is complete and some older items will be removed. Authors have been asked for updates.
- Jessica Schweller has been selected as the Sleep Specialty Practitioner of the Year
- Sleep Section membership is approximately 647

Surface to Air Transport Section

Submitted by Tabitha Dragonberry - Congress 2016

Recommendations

None

Report

- Transport Bulletin: due to the difficulty getting writers for the bulletins the decision was made to retire the bulletin as other specialty sections have moved in this direction because of lack of participation
- Looking for other ways to add value to the membership

- Membership: I have had emails from students looking to get into transport as a career. I have made suggested they continue AARC membership and encouraged them in joining the group. We know the membership could be better for the section but had not identified anyways to get people more involved

- The discussion board has been active.

- Jon Inkrott is the SPOY for our section. He is a wonderful choice as an active transport member and RT professional

NOTE: Please let me know if there is anything else I can do further to promote the section and provide value to members

Special Committee Reports

Benchmarking

Submitted by Chuck Menders – Congress 2016

Recommendations

None

Report

1. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.

2. Continued to utilize email and AARC Connect to discuss current state of benchmarking program, issues, and upcoming actions and needs.

3. Sandeep Kaur was hired as a programmer to begin work on developing AARC Benchmarking 2.0. This will be taking the best of the current program and streamlining the keys components of that system with a new platform, new reports and new metrics, including outcome metrics (e.g. AE's, VAE, COPD Readmits,) that benchmark subscribers and respiratory managers have asked for in the past year.

4. All information previously gathered and needed for profile changes, metric terminology, URM time standards, reporting upgrade needs and new outcome measures have been provided to Sandeep for incorporation into Benchmarking 2.0.

5. Committee is providing requested feedback to Sandeep as it is requested. Sandeep will also be sharing screenshots for feedback and opinions. Rick Ford, Cheryl Hoerr, Tom Berlin and Chuck Menders are serving as the Project Advisors as we start this development.

6. We will continue with Devore Technologies as our host for our current system for the remainder of 2016. We hope to have our new Benchmarking 2.0 system ready for testing by 4th quarter of 2016, and deployed in January 2017.

7. Benchmarking committee will be responsible for assisting with testing and working through the issues and performance verifications.

8. The Benchmarking resource page has been reviewed for relevance. Much of the material is very specific to Version 1 and will no longer apply to Version 2. We will need to look into creating these references for the new version 2

9. We are currently looking for a new member to serve on the committee, and have reached out to a current subscriber who is active in the Benchmarking System.

10. Membership in AARC Benchmarking has increased from 52 on February 29, 2016 to 61 subscribers as of September 1, 2016. Once the new system is launched, we will reach out to previous subscribers about Benchmarking 2.0 and an opportunity to re-subscribe.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Congress 2016

Recommendations

None

Report

There has been very little activity on the Billing Codes Committee list serve. I continue to monitor and post updates. As usual, there have been numerous coding and billing questions on the Management list serve. I monitor these and reply when appropriate.

Diversity Committee

Submitted by: Crystal Dunlevy – Congress 2016

Recommendations

None

Report

Move forward with completion of the objectives below (our committee members were appointed 8/31).
Our first tasks will be completion of an AARC survey designed to determine the level of diversity and review/revision of the current webpage.

Objectives:

1. Survey the AARC membership to determine the level of diversity. Report to the AARC Board of Directors and House of Delegates at the October 2016 meetings in San Antonio, TX the level of diversity in each area, the launch of the new website and the progress of the committee.

2. Explore opportunities to gather diversity information at initial and renewal membership touch points.

3. Develop a program/toolkit that can be used by the state affiliates and AARC Board to bring diversity into the leadership and membership of the profession.

4. Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including:
    a) Cultural diversity
    b) Workforce diversity
    c) Gender equity
    d) LGBT health
    e) Health literacy
    f) Disparities in healthcare
    g) Case studies in cultural competence (Pediatric Pulmonary Centers offers a cultural competence module, and five case studies. http://support.mchtraining.net/national_ccce/index.html)

5. The Committee and the AARC will continue to monitor and develop the web page and other assignments as they arise.
    a) We would like to delete the current, outdated resources, and replace them with a message that the site is under construction.

6. Provide education aimed at both reducing implicit bias and increasing and appreciating diversity at National meetings.

7. Create a Diversity webinar for AARC University.

8. Develop a speaker's bureau (list of individuals who are qualified to speak on diversity and associated topics) for the AARC to make available to state/affiliate meetings.

Measures of success year 1:

1. Better understanding of our level of diversity (survey results).
2. Toolkit provided to state affiliates that fosters diversity among its members and leaders.
3. CRCEU opportunities on cultural diversity for members.
4. Complete AARC U Cultural Competency offering

Measure of success year 2:

1. Evaluate the impact of year one's work via our databases or another survey (baseline data in year 1).
    a. Members
    b. Leaders
2. Evaluate the number of culturally diversity educational CRCEU offering approved by AARC.

Committee:

Co-Chairs:

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Committee Members:

Joseph Buhain
Cheryl Hoerr
Edgar Mercado
Miguel Muniz
Daniel Rowley
Mikki Thompson

Executive Office Support: Doug Laher/Shawna Strickland

Federal Government Affairs Committee

Submitted by John Lindsey – Congress 2016

Recommendations

None

Report

The AARC continues to support HR-2948 – the Medicare Telehealth Parity Act that was reintroduced in July 2015 by Representatives Mike Thompson (D-CA) and Gregg Harper (R-MS). As you recall this bill will include among other, provisions recognize respiratory therapists as Medicare telehealth providers. More detailed information on the bill can be found in the Federal Government Affairs Report submitted by Cheryl West and Anne Marie Hummel.

At the time this Report is written there are currently **64** co-sponsors of HR 2948. We believe the number of co-sponsors increased in part due to the AARC's participation in Hill Day and our Virtual Lobby Week. We need to keep in mind that this is a HUGE election year and that leaders in Congress could certainly change. There is a possibility of a lame duck session to occur after the elections, work on the 2017 budget is the most pressing issue Congress still needs to address. Our DC based lobbyists CRD Associates will keep us informed as to what might happen after the elections and if there are any opportunities for us during lame duck.

Again, the AARC Virtual Lobby Week was a **HUGE** success. Very impressive was the amount of contact that was made this year. Over 41,000 emails were sent to the Hill. Many thanks to all of the RTs, RT students (thank you RT educators), patients and supporters who participated in VL Week they made it a success. We especially are appreciative to the State Society efforts to generate excitement and enthusiasm in their states. We believe that our efforts in sending as many messages to the Hill as we have are a large factor for increasing the number of co-sponsors for HR 2948.

Plans for AARC Hill Day – 2017 are underway. I am being told that we are aiming for the end of March or early April; however as this Report is submitted a firm date has not been set but will be shortly. Barring any legislative agenda changes we plan to continue our efforts to include RTs and RTs services in any telehealth legislation that might be addressed in the next Congress.

The Federal Government Affairs Committee continues to be kept informed of state legislative developments of interest to the RT profession, especially those that impact RT state licensure.

Fellowship Committee

Submitted by: Patrick Dunne – Congress 2016

Recommendations

None

Report

The Committee completed its charge of reviewing the nominations of 18 worthy individuals received by the August deadline. Accordingly, the Committee is pleased to announce that 12 AARC members have been unanimously selected for induction as 2016 Fellows of the AARC. All of these high-performing professionals have been so notified and invited for formal induction at the Awards ceremony, to be held in conjunction with AARC's 62nd International Congress in San Antonio, TX.

International Committee Report

Submitted by John Hiser – Congress 2016

Recommendations

None

Report

1. Administer the International Fellowship Program.

This year we will welcome three new international fellows. We have invited one physician, from Croatia and also two respiratory therapists, one from China and one from the Philippines. We are now at 163 fellows from 65 countries over the last 27 years.
I want to thank the AARC Board of Directors and the ARCF Board of Trustees and the ICRC for supporting the international fellowship program and the other international activities of the international committee.
Thank you.

All of the charges to the committee were successfully completed.

2016 Applicants
Argentina (2)
Brazil
China (7)
Croatia (2)
Cyprus
Egypt (2)
India (2)
Nigeria (5)
Oman
Philippines (2)

10 countries
No applicants from a new country

16 MD

5 RT

4 PT

0 RN

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
- 2012 22
- 2013 32
- 2014 17
- 2015 13
- 2016 25

City Host Applications by year:

- 2004 14
- 2005 18
- 2006 13
- 2007 21
- 2008 23
- 2009 14
- 2010 21
- 2011 13
- 2012 20
- 2013 15
- 2014 17
- 2015 10
- 2016 10

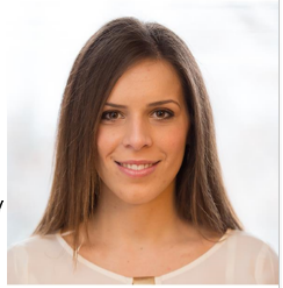
2016 Program Schedule

Event	Date
Arrive in the First City	Saturday, October 1
First City Rotation	Monday, October 3-Friday, October 7
Arrive in Second City	Saturday, October 8
Second City Rotation	Monday, October 10- Friday, October 14
Arrive in San Antonio, TX	Friday, October 14
AARC Congress 2016	Saturday, October 15–Tuesday, October 18
Fellowship Program Ends	Wednesday, October 19

2016 AARC
International Fellows

Marina Labor, MD

- Pulmonary Trainee
  - University Hospital Centre Osijek – Croatia
    - just finishing her pulmonology training
    - assisting in the daily work of the pulmonary department including interventional bronchoscopy, lung carcinomas, COPD and pulmonary rehabilitation
    - asstistant in Josip Juraj Strossmayer University of Osijek, Faculty of Medicine, Department of Anatomy and Neuroscience where I assist in the daily work with students in anatomy classes
    - Published several articles
      - this trip "would be of utmost importance to further develop respiratory care where there is a major gap"
  - Hosts
    - Kansas City, KS – Karen Schell
    - Baltimore, MD – Christopher Kircher



Julita Toledo, RMT, CRT, MPA

- Department Manager
- Institute of Pulmonary Medicine St. Luke's Medical Center –Manila, Philippines
  - responsible for the delivery of Quality Patient Care and Safety
  - administrative and technical support
  - Chairman, Professional Regulatory Board of Respiratory Therapy– Professional regulation Commission
  - administer and enforce rules and regulations necessary for carrying our the provisions of the Philippine Respiratory Therapy Act
  - speaker at numerous professional meetings
    - "to be able to benchmark on the best practices in the delivery of different respiratory care services"
  - Hosts
    - Rochester, NY – Sheri Tooley
    - Dallas, TX – Valerie David

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.

No requests in 2016.

5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.

We continue to correspond with practitioners from around the world..

The international activities of the AARC continue to be of great interest to both the ARCF and to our AARC Corporate Partners.

Membership Committee

Submitted by Gary Wickman – Congress 2016

Recommendations

That the AARC Board of Directors add a student member to the AARC Membership Committee.

Justification: We feel that having a student member on the committee will bring a new perspective to the committee to help us be more engaged with our student members and help us to convert them to active members when they graduate.

That the AARC Board of Directors add a recent graduate who transitioned to an active member to the AARC Membership Committee.

Justification: We feel that having a recent graduate active member will help focus the committee on what is important to engage and convert student members to active members.

Report

The committee has been active in this period since the summer AARC Board meeting. We will have met three times by the AARC Congress. The committee continues to be very active in reaching out to support the Chapter Affiliate membership chairs. We have asked each Affiliate to conduct an inventory of the ways they have supported their membership in the last couple of years. Each committee member has shared what they learned with the rest of the committee. We intend to collate this information and publish an electronic brochure so that all Affiliates can learn from each other.

We also reviewed and approved the brochure that documented the best practices that the schools have used to engage their students in the AARC. This brochure was published and will be sent to all of the schools for their use in engaging their students. It will also be available electronically for all Affiliates. Thank you to Asha Desai for supporting this project to completion.

Gary, Amanda and Shawna met to discuss Leadership Boot Camp results, data review, and prepare for the agenda for the May Committee meeting. Each committee member had the task for first quarter to go back to their Affiliates and document what the Affiliate had done for the Membership over the last couple of years. In this way, we were each trialing doing an inventory of benefits for membership. We were also tasked with reaching out to students through visits to their schools or at a conference.

We also continued our work to partner with Amanda Feil to review and update the AARC Membership Tools web site to bring it up to date. That is a work in progress and will continue.

We also continue to review the data since December 2015. The numbers continue to remain flat which is better than we have done in the past two years. June 2016 ended at 39,066 and December 2015 was 38,723 or an increase of 343 members in the first half of 2016. We continued to strongly market the Alpha program which seemed to help. We are also seeing that we have about a 90% retention rate for renewing members over the first quarter and this is up as well.

We have discussed the suggestion from President Salvatore and Board member Napolitano to see how better to engage our vendor members. We are developing a survey to solicit ideas from vendors and vendor members that will be finalized at our September meeting and we will bring to the Board for approval. The committee members who are attending the AARC Congress will also personally visit the vendors in the vendor hall to conduct an in person review of what is important to these members. The idea is to help them be better ambassadors for the AARC as they have personal contact with local Respiratory Care Departments all over the country.

Next Steps:

We are going to reach out to the Affiliate Membership Committee Chairs and ask them to work with their boards to perform the membership benefits inventory. This has been challenging as some Affiliates are very active in their responses to the committee support people but many either have not updated their contact information or they are not responding to the committee support people. We would love the help of the AARC Board and the AARC HOD to get every Affiliate active in membership recruitment.

We still feel that students are our best potential to increase membership and will work to accomplish that. Again, we shared in the April Board Report that we currently have 7,795 student members. There are approximately 17,000 to 18,000 students enrolled. We continue to look at ways to incentivize students to join. We think that adding at least one student member and one recent graduate who converted to active status to the Membership Committee in 2017 will give us insight on how better to engage and convert student members to active members.

This year has been rewarding to the committee and I want to thank our committee members for their engagement in this process: Garry Kaufman, Karen Schell, Adrian Childers, Janelle Gardiner, Sheri Tooley, Jeff Davis, Ray Pisani, Sarah Varekojis, John Priest, Tom Lamphere, Kari Woodruff, Miki Thompson, Amanda Feil, Shawna Strickland, and Asha Desai.

Position Statement Committee

Submitted by Colleen Schabacker – Congress 2016

Recommendations

None

Report

Objectives:

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 action at this time.

Review, revise or delete as appropriate using the established three-year schedule of all current AARC position statements subject to the Board approval.

Review, revise or delete current AARC Position statements in a more frequent schedule when the science/technology changes dictate (i.e. E-cigarette position statement and continuous changes to regulation and clinical research

The Board has asked the committee to put all reviews / revisions on hold.

Revise the Position Statement Review Schedule table annually in order to assure that each position statement is evaluated on a three-year cycle.

This schedule was presented at the April Board meeting.

Other

A sincere thank you to the members of this committee for their input: Kathleen Deakins, Deryl Gulliford, Linda Van Scoder and Tony Ruppert.

State Government Affairs Committee

Submitted by: Raymond Pisani - Congress 2016

Recommendations

None

Report

The State Government Affairs Committee continues to work closely and coordinate efforts with the Federal Government Affairs Committee and the AARC's Government Affairs staff.

In addition, the State Government Affairs Committee has been kept up to date on state legislation and regulations impacting the RT profession.

AARC Government Affairs continues to work with each State Society during the legislative process.

RT societies are mindful of other state based activities, more fully detailed in the State Government Affairs Report submitted by AARC staff. It is clear that the RTs in all of states have been and continue to be ready to meet the challenges and opportunities.

Virtual Museum

Submitted by: Trudy Watson - Congress 2016

Recommendations

None

Report

The Virtual Museum Committee continues building new galleries and expanding the content of our existing galleries. We will be launching several new galleries before the 2016 Congress. Although we have nearly 700 items displayed in our 16 current galleries, we need your assistance in locating additional content for the museum. Please check your files and photo collections for materials and images for the museum. Ask your co-workers, physicians, vendors, and check your institution's archives for materials for the museum's galleries. A special thanks to BOD members who have submitted materials this year:

- Karen Schell tracked down a number of vintage photos from her university. I scanned and returned the originals to her.
- Brian Walsh shared a number of vintage images from Children's Hospital of Boston.
- Karen Schell forwarded a variety of operating manuals from equipment from the 1970 and 1980s from which I scanned a number of schematics and images.

All materials are greatly appreciated!

Images from the Virtual Museum have been shared on the AARC's website and social media throughout the year. Response is always positive to the images when they appear on Throwback Thursdays and in similar posts. I'm hoping that with the AARC's 70th anniversary just months away, interest in our Association's history will increase in 2017.

The AARC Virtual Museum has had an impact beyond our immediate membership. This year, we received multiple requests from publishers seeking permission to utilize images from our galleries in their educational materials. We were contacted by a representative from a major film studio in England seeking assistance in locating equipment for an upcoming film after seeing images of rocking beds in our virtual museum. A physician from Turkey recently sent us a message complimenting us on the project.

The committee appreciated receiving your nominations for the *Legends of Respiratory Care.* We also received nominations from CoARC, ARCF, and NBRC. After review of the nominations, the committee selected Vijay Deshpande, Ray Masferrer, Gregg Ruppel, James Whitacre, and Dr. Theodore Oslick as the *2016 Legends.* Their names will be announced during the Awards Ceremony in San Antonio and their profiles will be added to the Legends gallery following the Congress.

A special thanks to Gayle Carr, Dianne Lewis, Colleen Schabacker, Karen Schell, Steve DeGenaro, Asha Desai, the AARC IT Department, and Tom Kallstrom for their work and support throughout 2016. It's been a pleasure to work on this project.

Special Representatives Reports

AMA CPT Health Care Professional Advisory Committee

Submitted by: Susan Rinaldo Gallo – Congress 2016

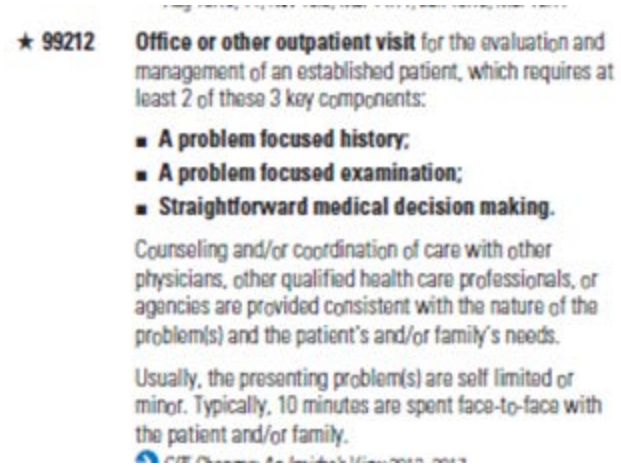
Recommendations

None

Report

The next AMA CPT meeting is September 29th. There is one code proposal that affects Respiratory Care on the agenda. I am not able to discuss this until after the meeting.

The 2017 CPT book has been released and is available for purchase. It is available in an electronic or hard copy format. The book now includes codes that can be delivered via Telemedicine. Services that can be coded as Telemedicine are designated with a star. Below is an example of a provider Evaluation and Management code (99212) that can be in person or via telemedicine. Currently only provider codes have the Telemedicine designation.



★ 99212 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- **A problem focused history;**
- **A problem focused examination;**
- **Straightforward medical decision making.**

Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Congress 2016

Recommendations

None

Report

1. AACVPR Pulmonary Expert Committee continues the initial work with AARC of AACVPR Pulmonary Rehab Staff Certification. Trina Limberg is Chair of this committee.

    a. AACVPR Pulmonary Expert Committee is reviewing the current AARC Chronic Disease Certification program in comparison to AACVPR Staff competencies to determine content

2. AACVPR National BOD now will have Trina Limberg as the pulmonary rehabilitation expect on the committee. We are very fortunate to have Trina's skill, enthusiasm and passion to represent our pulmonary patient's and Pulmonary Rehabilitation Program at the National level

3. AACVPR National MAC Task Force Committee has met on a National Call with the National goal for State MAC committee's to meet with their Medical Directors

    a. MAC M Committee which I represent VIRGINIA at the National Level, has requested a meeting/conference call with MAC M medical director, Dr. Feliciano about MAC M audit status and continuing issues to share with our state members

4. ATS has a Patient Oxygen Survey on line that they have asked AACVPR to share with patients in all affiliates

American Heart Association

Submitted by Keith Lamb – Congress 2016

Recommendations

None

Report

In-person meeting is next week (September 19th)

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Congress 2016

Recommendations

None

Report

During the summer months, I had no new engagements with the chartered affiliate leadership for on-site assistance. I have remained in contact with and support those chartered affiliates with whom I have worked over the past 7 years to provide ongoing assistance to their business planning and operations, share best practices, and answer questions with regard to a variety of issues germane to their performance. These include New York, Pennsylvania, Virginia, West Virginia, Kansas, Indiana, Georgia, Iowa, New Jersey, Rhode Island, Washington State, Idaho, and Utah.

I appreciate the support of the AARC leadership, AARC Executive Office, and the Chartered Affiliate leadership, all of whom demonstrate the dedication and passion to make these efforts both rewarding and successful for our Chartered Affiliates and the AARC.

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Submitted by Margaret Traband – Congress 2016

Recommendations

None

Report

At the April 2016 Board of Director's Meeting I was named as the Special Representative to CoBGRTE. In that capacity, I attended the CoBGRTE Board of Directors Meeting in Ponte Vedra, Florida on June 25th.

Dr. Thomas Barnes is president of CoBGRTE and a new position of president elect is now part of the BOD. Dr. David Shelledy is presently serving as president-elect. The CoBGRTE Board of Directors meet multiple times a year via teleconference and at least once yearly in person. The organization also conducts biannual round table discussion at the Summer Forum and the International Congress.

The objectives of CoBGRTE are to:

- Award scholarships to baccalaureate and graduate respiratory therapy students.
- Maintain a current roster of baccalaureate and graduate respiratory therapy programs located in regionally accredited colleges or universities in the United States.
- Provide a means of communication among respiratory therapy educators.
- Assist faculty members that are developing curricula for new baccalaureate and graduate respiratory therapy programs**.**
- Conduct research on respiratory therapy educational programs and the healthcare workforce.
- Engage in study and planning related to the development of new baccalaureate and graduate respiratory therapy programs.
- Assist associate degree respiratory therapy programs in developing consortium and transfer agreements with colleges offering baccalaureate and graduate degrees.
- Advocate for development and establishment of the baccalaureate and graduate respiratory therapy programs.

Areas of Note:

Development of a mentoring program
- AS to BS programs
- BS to MS programs
- BSRT programs that are under the 80% threshold

Faculty credentials to teach at BS and MS programs

CoBGRTE' s APRT Committee is drafting an APRT curriculum

CoBGRTE renewed CAAHEP Associate Association Membership

CoBGRTE Board of Directors met with the AARC Board of Directors at the Summer Forum to review projects that they could collaborate.

Commission on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Congress 2016

Recommendations

None

Report

The CAMTS BOD met July 14-16th 2016 with the executive committee meeting the evening of the 13th. A total of 20 programs were presented for reaccreditation along with a full day of updating policies and procedures. The formation of a totally separate CAMTS EU (Europe) accreditation board was discussed. There is increasing interest in CAMTS accreditation in Europe but due to different regulations and government oversite a separate board is to be developed and be independent of the current CAMTS board. There will be no financial or participation required of the AARC.

The fall CAMTS BOD meeting is scheduled for in September 21st to 23rd Charlotte NC just prior to the Air Medical Transport Conference (AMTC).

Extracorporeal Life Support Organization

Donna Taylor - Congress 2016

Recommendations

None

Report

The Extracorporeal Life Support Organization (ECLS) has created an individual membership available as do many other professional organizations. This will enable members to have a personal connection to the organization and offer registration fees, discounts on materials and other benefits to offset the cost of the membership.

The ELSO endorsement process that my institution initiated with the ELSO organization returned their report to. ELSO would like us to modify our Simulation Sessions and have one of the ELSO education committee members attend our next public course in order to achieve the designation. As we were the first institution to pursue this designation, we have helped ELSO create the formal process for future institutions to apply.

ELSO continues to actively solicit adult centers to participate and join ELSO. The ECMO Specialist role even with a single care giver model primarily being the nurse is one still open to Respiratory Therapists. Due to limited nursing staffing at most institutions, an RRT ECMO specialist in the adult world can be very beneficial and rounding on, and attending to cannulations, management of pumps and troubleshooting multiple ECLS systems and a role I continue to advocate for in the ELSO community.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Congress 2016

Recommendations

None

Report

INTERNATIONAL COUNCIL FOR RESPIRATORY CARE

Business Meeting – Grand Hyatt San Antonio – Bowie A-B-C 2nd Floor
Monday, October 17, 2016 - 7:30 a.m. – 4:30 p.m.

FINAL AGENDA

I. **8:00 a.m. -** Welcome, **Jerome M. Sullivan, PhD, RRT, FAARC**, President, ICRC
Recognition of Award Winners – **Hector Leon Garza, MD International Achievement Award & Toshihiko Koga, MD International Medal**

II. **8:10 a.m. -**Introduction of All Participants and Guests

III. Report AARC International Committee – **John D. Hiser, MEd., RRT, FAARC, Chairman & Vice Chairs, Daniel Rowley, MSc, RRT, FAARC & Hassan Alorainy, BsRC, RRT, FAARC**

IV. Reports of International Fellows: **China, Croatia & Philippines**

V. **9:30 a.m. – "Proposed New International** Standards for Small-Bore RT & Oxygen Device and Accessory Connectors: Risk Identification and Potential Misconnections" - **Jerome Sullivan**

BREAK – 9:50 A.M.

VI. **10:00 a.m. – Special Presentation – Tonya A. Winders, President & CEO, Allergy and Asthma Network – "**Global Allergy Asthma Patient Platform: Best Practices to End Death & Suffering Due to Allergy and Asthma"

VII. **10:30 a.m.** - Welcome from AARC **– Brian Walsh, PhD, RRT-NPS, FAARC, President**

VIII. **10:35 a.m.** – AARC Executive Director & CEO – Thomas Kallstrom, MBA, RRT, FAARC

IX. 10:40 a.m. - National Board for Respiratory Care (NBRC) **Robert Joyner, PhD, RRT, RRT-ACCS, FAARC, President, Gary Smith, BS, FAARC, Executive Director & Homer Rodriguez, RRT, FAARC, Director, International Affairs**

X. **10:50 a.m.** - Report from Mexico & Latin American Certification Board, **Hector Leon Garza, MD, Governor for Mexico**

XI. **11:10 a.m**. - Report from Turkey, **Arzu Ari, PhD, RRT, Governor for Turkey**

XII. **11:25 a.m. –** Report from Columbia, **Marcela Spraul, RRT, BSA, & Lysbeth Roldan Valencia, RT, Pediatric Specialist, Governors for Columbia**

XIII. 11:40 a.m. - Report from Japan, **Kazunao Watanabe, MD, Governor for Japan, Kieko Hasegawa, MD,** "Quantitative Analysis of Japan Respiratory Care Education" **Noriaki Yamada, RT/Cinical Engineer,** "Utilization of Smart Phones for Respiratory Care Education", **& Delegation Member, Norihiro Kaneko, MD, Kameda Medical Center.**

LUNCH BREAK – 12 O'CLOCK P.M.

XIV. **1:10 p.m. -** Report from Saudi Arabia, **Hassan Alorainy, BsRC, RRT, FAARC, & Mohammed AlAhmari, PhD, RRT, Governors for Saudi Arabia**

XV. **1:30 p.m.** - Report from China, **Yuan Yue-hua, RN, RT, Governor for China & Dr. Jim Liu, ICRC Governor at Large**

XVI. **1:50 p.m.** - Report from Canada**, Jeff Dionne, RRT, CSRT President, Governor for Canada,**

XVII. **2:10 p.m. -** Report from Italy, **Simone Gambazza, PT, Governor for Italy, & Anna Brivio, BOD Member** representing **Associazione Riabilitatori dell' Insufficienza Respiratoria (ARIR)**

XVIII. **2:30 p.m. –** Update from Liberia, **Michael D. Davis, BS, RRT, Virginia Commonwealth University, Richmond Virginia,** " RT Graduates Now in the West Africa Work Force"

XIX. **2:50 p.m.** - Report from The Philippines, **Noel Tiburcio, PhD, RRT-NPS, Governor for The Philippines, & Julita Toledo, RMT, RTRP, Chairperson, Philippine Professional Regulatory Board for RT**

XX. **3:10 p.m. -** Report from Taiwan, **Chia-Chen Chu, MS, SRRT, FAARC, & ChinJung Liu, MS, SRRT, Governors for Taiwan,** "EMB's ABC Learning With Hybrid Teaching Method"

XXI. **3:30 p.m. -** Report from India, **Vijay Desphande, MS, RRT, FAARC, & Arvind Bhome, MD, Governors for India**

XXII. 3:45 p.m. – Report from South Korea, **Kook-Hyun Lee**, **MD**, **Governor for South Korea, "** The Vision of Korean Respiratory Care"

XXIII. **4:00 p.m. -** Report from Egypt, **Rania El-Farrash, MD**, **Governor for Egypt**

XXIV. **4:20 p.m.** - Ratification of Governors and Officers

Joint Commission - Ambulatory PTAC

David Bunting - Congress 2016

No report submitted as of September 29, 2016.

Joint Commission - Home Care PTAC

Submitted by Kimberly Wiles – Congress 2016

Recommendation

None

Report

The quarterly conference call meeting was held by the Joint Commission on 9/14/16. The main topic of discussion was the potential expansion of the NPSG on suicide prevention. The Joint Commission was seeking input as to whether this should be a NPSG or a standard for home care entities. After a lengthy discussion, the overwhelming comments were not in favor of this.

Recommendation

None

Report

Nothing to report at this time.

National Asthma Education & Prevention Program

Submitted by Natalie Napolitano – Congress 2016

Recommendations

None

Report

No action from committee at this time. New Strategic workgroup members are being selected by NAEPP.

Neonatal Resuscitation Program

Submitted by John Gallagher – Congress 2016

Recommendations

None

Report

There are no updates to report from the NRP Steering Committee.

As previously reported, the Neonatal Resuscitation Program Steering Committee (NRPSC) met at the American Academy of Pediatrics headquarters in Elk Grove, IL on March 7-8, 2016. The AARC liaison contributed to discussion, planning, and program development in addition to providing an update on AARC initiatives.

The next NRP Steering Committee meeting will be held onsite at the annual AAP meeting in San Francisco, CA in October of 2016. In addition, the Steering Committee hosts a Current Issues Seminar, a one-day conference for providers which highlights new concepts and reinforces clinical skills. The AARC liaison has been asked to assist in the difficult airway workshop portion of the seminar. Preparations for the conference are on-going and collaboration among contributors continues to take place.

Roundtable Reports

(I)	*ROUNDTABLES*	Chair	Staff Liaison	BOD
37	Patient Safety	S. Sittig/K. McQueen	T. Myers	C. White
38	Simulation	J. Perretta	S. Strickland	L. Trujillo
39	Disaster Response	C. Friderici	S. Strickland	L. Goodfellow
40	Neurorespiratory	G. Faulkner	D. Laher	C. Hoerr
41	Tobacco Free Lifestyle	G. Sergakis	S. Strickland	K. Wiles
42	Pulmonary Disease Mgt	S. Tooley	T. Kallstrom	N. Napolitano
43	OPEN			
44	Intl Med Mission	M. Davis	S. Nelson	K. Schell
45	Military	H. Roman/J. Buhain	T. Kallstrom	D. Skees
46	Research	J. Davies	S. Nelson	E. Becker
47	Informatics	C. Mussa	S. Nelson	TBD
48	Geriatric	M. Hart	S. Nelson	G. Gaebler
49	Palliative Care	H. Sorenson	S. Strickland	C. Hoerr

Ad Hoc Committee Reports

Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education

Submitted by John Wilgis – Congress 2016

Recommendations

Continue the work of the Ad Hoc Committee through the term of the incoming AARC President, Brian Walsh.

Revise the committee's membership based on the input from the committee chairs.

Accept the committee's "Project Status Report" (See Attachment 1below) and the committee's "Needs Assessment Outline" (See Attachment 2 below) as informational items.

Accept the "Request for Proposal for Needs Assessment Study for the Occupation of the Advanced Practice Respiratory Therapist" (See Attachment "Ad Hoc Committee on Advanced Practices Credentialing and Education_Draft RFP_12SEPT2016") as information to solicit services from an organization to conduct a needs assessment study for the occupation of an advanced practitioner in respiratory care.

Report

See attachment "Advanced Respiratory Therapy Practices Credentialing and Education Ad Hoc Committee Report_AARC BOD_OCT2016"

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Lynda Goodfellow – Congress 2016

Recommendations

That the president-elect consider tasking the committee with revising the application to include a structured call for proposals with timelines and with more detailed information as part of the application.

Report

1. The committee members developed a rubric to standardize the review process and developed a ranking system for evaluation.

2. Two new proposals were reviewed. The evaluations, with comments suggested by the reviewers, were submitted to Shawna Strickland. One previously approved proposal was informally reviewed and suggested comments submitted.

Other

Thanks to Gregg Ruppel and Georgianna Sergakis for agreeing to be part of this ad hoc committee. Also, to Shawna Strickland for Executive Office support.

Ad Hoc Committee on RTs and Disease Management

Becky Anderson/Clair Aloan – Congress 2016

Recommendations

None

Report

Nothing to report at this time.

Ad Hoc Committee on State Initiatives

John Wilgis– Congress 2016

Recommendations

Continue the work of the Ad Hoc Committee through the term of the incoming AARC President, Brian Walsh.

Revise the committee's membership based on the input from the committee chairs.

Report

See attachment "State Initiatives_Ad Hoc Committee Report_AARC BOD_OCT 2016".

Ad Hoc Committee on Student Website Enhancement

Thomas Lamphere – Congress 2016

Recommendations

None

Report

Committee members were asked to review the current version of the AARC student pages as many of them have been updated (as part of the overall website updated) since our initial review 12-14 months ago. Some of the initial committee member recommendations were addressed with the update and a repeat review was deemed necessary.

A student survey was created in late spring of this year and received approval by the Board for dissemination. However, given that the majority of schools were done for the summer, we held off sending the survey. Now that schools are back in session, the survey has been sent out. The committee will allow some time for responses to the survey and will then review the results. We will then use what we learn from the survey and combine it with the committee's own review of the current student webpages and will make recommendations for any changes, enhancements, etc..

Ad Hoc Committee Taskforce on Competencies for Entry into Respiratory Care Professional Practice

Lynda Goodfellow – Congress 2016

Recommendations

None

Report

See Attachment “Taskforce on Competenices_Approved_August_19_2016”

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Congress 2016

The ARCF has been busy over the past several months as we gear up for the AARC International Congress in San Antonio, TX. Below are updates of these activities.

New in 2016

- NBRC / AMP Gary A. Smith Educational Award for Innovation in Education Achievement Award

Congress 2016 ARCF Fundraiser

- Vapotherm sponsorship in the amount of $40,000 was received on July 7, 2016. We signed a two-year commitment with them which will continue through 2017.
- The event at the 2016 Congress has few seats remaining.
- Grand Prizes:
    - Donated by Tonya Winders ARCF Board member – A 4 day/3 night Marriott Vacation Resort stay at one of the following cities: Las Vegas, Orlando, Phoenix/Scottsdale, or New Orleans (including round trip airfare for 2 under $900(transportation donated by ARCF Trustees)
    - Donated by the AARC - A 4 day/3 night stay at the Indianapolis Hyatt 2-bedroom Governor's Suite for Congress 2017
    - Donated by Mark Valentine - 2 pairs of custom cowboy boots
    - Personally Signed Guitar signed by Billy Dawson

2016 ARCF Awards

Research Fellowship Awards

- **Charles W. Serby Research Fellowship**
  Alan H. Greene, RRT
- **Monaghan / Trudell Fellowship for Aerosol Technique Development**
  Gregory Burns, RRT
- **Philips Respironics Fellowship in Non-invasive Respiratory Care**
  Shelia Ball, BSRT, RRT, NPS, RCP
- **Phillips Respironics Fellowship in Mechanical Ventilation**
  Gerald Moody, BSRC, RRT-NPS
- **CareFusion Healthcare Fellowship for Neonatal and Pediatric Therapists**
  Kathryn E. Clark, BS, RRT-NPS
- **Jeri Eiserman, RRT Professional Education Research Fellowship**
  Robert T. Dailey, MHA, RRT

Literary Awards

- **Mallinckrodt Best Paper Award by Best First Author**
  David M. Burnett, PhD, RRT, AE-C
- **Draeger Literary Award**
  Mollie Gowan, PharmaD

Achievement Awards

- **Forrest M. Bird Lifetime Scientific Achievement Award**
  Marin H. Kollef, MD
- **Hector Leon Garza, MD Achievement Award for Excellence in International Respiratory Care**

Alberto Juan Lopez Bascope, MD

- **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health**
  John r. Garrison, MPA
- **Mike West, MBA, RRT Patient Education Achievement Award**
  Krystal Craddock, RRT-NPS, CCM
- **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care**
  Nicholas J. Macmillan, BGS, RRT, FAARC
- **NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement**
  Karen S. Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS

Education Recognition Awards for Undergraduate Students

- **Morton B. Duggan, Jr., Memorial Education Recognition Award**
  Kelli E. Sloan
- **Jimmy A. Young Memorial Education Recognition Award**
  Bethany S. Kosary
- **NBRC/AMP William B. Burgin Jr., MD and Robert M. Lawrence MD Education Recognition Award**
  Nkiruka M. Achionye

Education Recognition Awards for Postgraduate Students

- **NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award**
  Tabatha M. Dragonberry, MEd, RRT-NPS, AE-C, ACCS, CPFT, C-NPT
- **William F. Miller, MD Postgraduate Education Recognition Award**
  Kevin P. Collins, MS, RRT, RPFT, AE-C

International Fellows

- **Marian Labor – Croatia**
  First City Host: Kansas City, KS
  Second City Host: Baltimore, MD
- **Julita Toledo -Philippines**
  First City Host: Rochester, NY
  Second City Host: Dallas, TX
- **Jingen Xia - China**
  First City Host: Des Moines, IA
  Second City Host: Greenville, NC

Respiratory Care Journal Conference

The Journal Conferences are presented under the auspices of the American Respiratory Care Foundation. The Foundation and the Journal will present the 56th Journal Conference on Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications on June 22-23, 2017 in St. Petersburg, FL. Conference Co-Chairs are Sam P. Giordano, MBA, RRT, FAARC, Neil R. MacIntyre, MD, FAARC, and Roy A. Pleasants II, PharmD, BCPS. We are currently seeking sponsorship for the event.

American Association for Respiratory Care
2016 International Fellowship Program
(as of 9-15-2016)

Arrive in the First City: Saturday, October 1
First City Rotation: Monday, October 3 - Friday, October 7
Arrive in Second City: Saturday, October 8
Second City Rotation: Monday, Octoober 10 - Friday, October 14
Arrive in San Antonio, TX: Friday, October 14
AARC Congress 2016: Saturday, October 15 - Tuesday, October 18
Fellowship Ends: Wednesday, October 19

Fellow	Country	First City Host	Second City Host	Req. Forms	Hotel 1st City	Hotel 2nd City
Jingen Xia (DR) xiajingen_00632@163.com 86-10-13466396561 Contacted: 07-01-2016 Confirmed: 07-11-2016	China (Beijing)	Des Moines, IA Keith Lamb keith.lamb@unitypoint.org 515-241-8635 Contacted: 07-01-2016 Confirmed: 07-06-2016	Greenville, NC Charles Bangley Charles.Bangley@vidanthealth.com 252-847-2570 Contacted: 07-01-2016 Confirmed: 07-19-2016	ROL: 07-11-2016 Agree: 07-11-2016 Photo: 07-08-2016 Copy of Airfare: 09-04-2016 Reg. Form: 08-11-2016 Travel Form: 08-11-2016 Per Diem Mailed: 09-19-2016	Holiday Inn Des Monies DTWA - Mercy Area 515-283-0151 Conf # 68025293 Arrival: 10-01-2016 Depart: 10-08-2016 Cost: $1,443.68 √	Courtyard Greenville 252-329-2900 Conf # 84786007 Arrival: 10-08-2016 Depart: 10-14-2016 Cost: $1,168.42 √
Julita Toledo (YL) jojietoledo101@gmail.com 6329178461842 Contacted: 07-01-2016 Confirmed: 07-11-2016	Philippines (Pasig City)	Rochester, NY Sheri Tooley Sheri.Tooley@rochesterregional.org 585-642-3085 Contacted: 07-01-2016 Confirmed: 07-08-2016	Dallas, TX Valerie David valerie.david@bswhealth.org 214-820-6271 Contacted: 07-01-2016 Confirmed: 07-03-2016	ROL: 07-05-2016 Agree: 07-05-2016 Photo: 07-08-2016 Copy of Airfare: 08-11-2016 Reg. Form: 08-11-2016 Travel Form: 08-11-2016 Per Diem Mailed: 09-19-2016	Hampton Inn Rochester-Webster 585-671-2050 Conf # 14375876381 Arrival: 10-01-2016 Depart: 10-08-2016 Cost: $1,137.43 √	Homewood Suites Dalls-Market Center 214-819-9700 Conf # 82755321 Arrival: 10-08-2016 Depart: 10-14-2016 Cost: $1,445.36 √
Marina Labor (NN) marina.os21@gmail.com 385917255725 Contacted: 08-02-2016 Confirmed: 08-05-2016	Croatia	Kansas City, KS Karen Schell kschell@kumc.edu 913-588-4633 Contacted: 08-02-2016 Confirmed: 08-02-2016	Baltimore, MD Christopher Kircher ckircher@umm.edu 410-328-6925 Contacted: 08-02-2016 Confirmed: 08-02-2016	ROL: 08-05-2016 Agree: 08-05-2016 Photo: 08-05-2016 Copy of Airfare: 08-05-2016 Reg. Form: 08-12-2016 Travel Form: 08-12-2016 Per Diem Mailed: 09-19-2016	Holiday Inn Express & Suites Kansas City Ku Medical Center 913-236-8700 Conf # 64180078 Arrival: 10-01-2016 Depart: 10-08-2016 Cost: $1,173.03 √	Hilton Baltimore 443-573-8700 Conf # 55f8fe07 Arrival: 10-08-2016 Depart: 10-14-2016 Cost: $1,745.66 √

International Committee member "Liaisons"
DR = Daniel Rowley - ddr8a@virginia.edu
NN = Natalile Napolitano - napolitanon@email.chop.edu
YL = Yvonnejolamme@hotmail.com

Total Cost for Hotels: $8,113.58
First City: $3,754.14
Second City: $4,359.44

√ = credit card autorization form submitted to the City Host hotel

RESPIRATORY CARE
The science journal of the American Association for Respiratory Care
Established 1956
Dean R Hess PhD RRT FAARC, Editor-In-Chief

56th RESPIRATORY CARE Journal Conference

Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications

Sam P Giordano MBA RRT FAARC
Neil R MacIntyre MD FAARC
Roy A Pleasants II PharmD BCPS
Conference Co-chairs

June 22-23, 2017

Vinoy Renaissance Resort
(Plaza CD Rooms)
St Petersburg, Florida

Presented under the auspices of the

American Respiratory Care Foundation
9425 MacArthur Blvd, Irving, TX 75063 • (972) 243-2272 • ARCFoundation.org

56th RESPIRATORY CARE Journal Conference

Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications

Attendance limited to faculty, representatives from the supporting organizations, and staff.

Overview

It is important for clinicians to appreciate the appropriate use of medications for patients with COPD and asthma. Non-physicians, such as respiratory therapists must understand not only how these drugs are administered, but also the underlying pharmacology and important drug interactions. These issues are important in both the hospital and home setting, and for transitions from one care setting to another. Considering that oxygen is a drug, the prescription and monitoring of its use is as important as other respiratory drugs. This conference will address the pharmacology, clinical application, and the processes involved in developing and implementing optimal respiratory medications for adult patients with COPD and/or asthma. Papers covering the topics presented at the conference will be published in RESPIRATORY CARE.

Objectives

- Review the pharmacology of the medications used to manage COPD and asthma in adults
- Provide guidance on using these medications according to evidence based guidelines
- Review the processes of respiratory medication development and implementation

Presentation Rules

- Each presenter will have 30 minutes for a concise presentation. *No additional time will be allotted*. At the conclusion of each presentation, there will be a 15-minute open discussion
- Each presentation MUST focus on the key issues and include thoughts for the future with respect to the assigned topic. The goal of each presentation is to review the pertinent available data but, as importantly, to discuss the topic in terms of new and upcoming strategies
- Remember that the on site audience is composed of only the conference faculty, and, thus, there is no need to review basic material. All conference presenters are deemed experts in the field. However, the manuscript should be written for the readers of RESPIRATORY CARE
- One of the key goals of the presentation is to stimulate discussion. Controversial topics and perspectives are encouraged
- A comprehensive manuscript suitable for publication in RESPIRATORY CARE *must* be submitted to the Journal for review by the conference co-chairs before the time of the conference

Instructions for Presentations/Manuscripts

- Unlike the presentation, the manuscript should be a comprehensive review of the assigned topic. Each manuscript should include a pertinent review of the available literature, the topics presented at the conference, and thoughts for the future care of adult patients with respect to the assigned topic
- It is vital to the success of the conference for the controversial nature of issues to be emphasized for the readers

The discussion associated with each presentation will be transcribed and printed at the conclusion of each manuscript. Please note that you will have a chance to edit the transcript prior to publication.

- How can this be used by clinicians to best manage the patient with stable COPD; what are appropriate quality measures?

4:15 pm – 4:30 pm
Discussion of Dr. Donohue's presentation.

4:30 pm – 5:00 pm
Medication Regimens for Managing Stable Asthma
Njira L Lugogo MD
Durham, NC

- Guideline based recommendations (GINA, NAEPP)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations
- Quality measures
- Strengths and weaknesses of different mono- and combination drug regimens
- How can this be used by clinicians to best manage the patient with stable asthma; what are appropriate quality measures?

5:00 pm – 5:15 pm
Discussion of Dr. Lugogo's presentation.

5:15 pm
Recess until Friday morning, 8:00 am

6:00 pm - 7:00 pm
Reception
Families and friends are welcome.

FRIDAY Morning, June 23

(Avery/Chancellor Rooms, Plaza Level)

8:00 am – 8:30 am

Medication Regimens for Managing COPD Exacerbations

Robert A Wise MD
Baltimore, MD

- Guideline based recommendations (GOLD)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations including hospital discharge patients
- Strengths and weaknesses of different drug regimens
- How can clinicians put this into practice; what are appropriate quality measures?

8:30 am – 8:45 am

Discussion of Dr. Wise's presentation.

8:45 am – 9:15 am

Medication Regimens for Managing Acute Asthma

Jay I Peters MD
San Antonio, TX

- Guideline based recommendations (GINA, NAEPP)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations
- Strengths and weaknesses of different drug regimens
- How can clinicians put this into practice; what are appropriate quality measures?

9:15 am – 9:30 am

Discussion of Dr. Peters' presentation.

9:30 am – 9:45 am

Break

9:45 am – 10:15 am

Respiratory Drug Development

Marianne Mann MD PC
Highland, MD

- Selecting new molecules to study – science and business considerations
- Pre-clinical pharmacology and toxicology studies
- Phase I study designs
- Trial designs for Phase II and III – efficacy vs "non-inferiority"
- Regulatory negotiations and labeling

10:15 am – 10:30 am

Discussion of Dr. Mann's presentation.

10:30 am – 11:00 am

Patient Adherence Issues

Maureen George PhD RN AE-C
New York, NY

- Patient adherence often low
- Characteristics of a low adherence patient
- Solutions
- Support issues – how much MD involvement? Specialist? Professional Providers?
- Self management strategies, action plans
- Advice to clinicians

11:00 am – 11:15 am

Discussion of Dr. George's presentation.

11:15 am

Adjournment

Faculty

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The Journal Conferences

Since 1982, the proceedings of RESPIRATORY CARE Journal Conferences have appeared in special issues of the RESPIRATORY CARE Journal. These state-of-the-art conferences tackle subjects that are important to clinicians working in the field of respiratory care, about which relevant published information available to them is judged to be lacking, incomplete, or unacceptably biased. Potential conference themes are reviewed by members of the Journal's Editorial Board, and are selected by the editors based on their current topicality and practical importance.

Respiratory care is both a profession and a subject area within healthcare. Its multidisciplinary nature is one of its strengths. The Editorial Board's mix of respiratory therapists, physicians, and others reflects this diversity, and over the years so has the list of participants in its conferences. Speakers/authors are invited either because they possess recognized expertise on the specific topic or have a reputation for critical thinking and the ability to both speak and write well. Conscious attempts are made to achieve diversity in the participants' credentials, jobs, genders, and geographical locations. Most of the faculty members have come from the United States, but there have also been speakers from Canada, France, Germany, Italy, The Netherlands, Poland, Spain, Sweden, and the United Kingdom.

	Journal Issues
• *Pediatric Respiratory Care*	2017
• *Respiratory Care Controversies III*	June 2016
• *Aerosol Drug Delivery in Respiratory Care*	June 2015
• *Adult Artificial Airways and Airway Adjuncts*	June 2014
• *Adult Mechanical Ventilation in Acute Care: Issues and Controversies*	June 2013
• *Oxygen*	January 2013
• *The Chronically Critically Ill Patient*	June 2012
• *Pulmonary Function Testing*	January 2012
• *Neonatal/Pediatric Respiratory Care*	Aug & Sept 2011
• *Patient-Ventilator Interaction*	Jan & Feb 2011
• *Sleep Disorders: Diagnosis and Treatment*	Sept & Oct 2010
• *Controversies in Respiratory Care II*	Jan & Feb 2010
• *Respiratory Care and Cystic Fibrosis*	May & June 2009
• *Non-Invasive Ventilation in Acute Care: Controversies and Emergency Concepts*	Jan & Feb 2009
• *Meeting the Challenges of Asthma*	May & June 2008
• *Mechanical Ventilation in Mass Casualty Scenarios*	Jan & Feb 2008
• *Airway Clearance: Physiology, Pharmacology, Techniques, and Practice*	Sept & Oct 2007
• *Respiratory Controversies in the Critical Care Setting*	April & May 2007
• *Neuromuscular Disease in Respiratory and Critical Care Medicine*	Aug & Sept 2006
• *Metered Dose Inhalers (MDIs) and Dry Powder Inhalers (DPIs) in Aerosol Therapy*	Sept & Oct 2005

• *Ventilator-Associated Pneumonia*	June & July 2005
• *Applied Respiratory Physiology: Use of Ventilator Waveforms and Mechanics in the Management of Critically Ill Patients*	Jan & Feb 2005
• *Computers in Respiratory Care*	April & May 2004
• *COPD: Translating New Understanding into Improved Patient Care*	Dec '03 & Jan '04
• *Current Trends in Neonatal and Pediatric Respiratory Care*	March & April 2003
• *Liquid Nebulization: Emerging Technologies*	Nov & Dec 2002
• *Invasive Mechanical Ventilation in Adults: Implementation, Management, and Follow-Up*	March & April 2002
• *Evidence–Based Medicine in Respiratory Care*	Nov & Dec 2001
• *Tracheal Gas Insufflation (TGI): Current Status and Future Prospects*	February 2001
• *Palliative Respiratory Care*	Nov & Dec 2000
• *Consensus Conference V: Aerosols and Delivery Devices*	June 2000
• *Long-Term Oxygen Therapy*	Jan & Feb 2000
• *Artificial Airways*	June & July 1999
• *Inhaled Nitric Oxide*	Feb & March 1999
• *Sleep-Disordered Breathing*	April & May 1998
• Consensus Conference IV: *Noninvasive Positive-Pressure Ventilation*	April 1997
• *Emerging Health Care Delivery Models and Respiratory Care*	January 1997
• *Mechanical Ventilation: Ventilatory Techniques, Pharmacology and Patient Management Strategies*	April & May 1996
• *Resuscitation in Acute Care Hospitals*	April & May 1995
• Consensus Conference III: *Assessing Innovation on Mechanical Ventilatory Support*	September 1995
• *Controversies in Home Respiratory Care*	April & May 1994
• *Oxygenation in the Critically Ill Patient*	June & July 1993
• *Emergency Respiratory Care*	June & July1992
• Consensus Conference II: *The Essentials of Mechanical Ventilators*	September 1992
• *Respiratory Care of Infants and Children*	June & July 1991
• Consensus Conference I: *Aerosol Delivery*	September 1991
• *Noninvasive Monitoring in Respiratory Care*	June & July 1990
• *Pulmonary Function Testing*	June & July 1989
• *PEEP*	June & July 1988
• *Mechanical Ventilation*	June & July 1987
• *Neonatal Respiratory Care*	June & July 1986
• *Monitoring of Critically Ill Patients*	June & July 1985
• *Perioperative Respiratory Care*	May & June 1984
• *The Management of Acute Respiratory Failure*	May 1983
• *Complications of Respiratory Therapy*	April 1982

Summary

The ARCF Trustees continues to have frequent communication through quarterly phone conferences and face-to-face meetings. The ARCF will continue in its quest to increase awareness of our Foundation in order to be successful at our mission of promoting respiratory health through the support of research, education, and patient-focused philanthropic activities in respiratory care.

I look forward to presenting this report to you and entertaining any questions you may have while at the Board Meeting.

CoARC Report

Submitted by Tom Smalling – Congress 2016

See Attachment:

"CoARC Update Oct 2016"

Date: September 15, 2016

To: AARC Board of Directors, House of Delegates and Board of Medical Advisors

From: Robert L. Joyner, Jr., PhD, RRT, RRT-ACCS, FAARC
NBRC President

Subject: NBRC Report

I appreciate the opportunity to provide you an update on activities of the NBRC. Since my last report, the Executive Committee met to discuss business related items pertinent to the credentialing system, the NBRC's Recertification Commission reconvened and the 25th annual State Licensure Liaison Group Meeting was held in Kansas City. The following information summarizes the current status of significant changes to several examinations and major activities in which the Board and staff are currently involved.

Recertification Commission Convened

As previously reported, in September 2015, the NBRC convened a Recertification Commission to take an in-depth look at the NBRC's current Continuing Competency Program (CCP). To ensure our program meets the intentions of our accreditation with the National Commission for Certifying Agencies (NCCA), we felt it was time to review our program that has now been in place for 13+ years. Ideas and recommendations from this group's first meeting were reviewed and considered by the Board's Continuing Competency Committee in April, along with information regarding another model for assessing continuing competence. The Continuing Competency Committee directed that the Recertification Commission be reconvened to learn more and consider the merits of two possible alternatives to the current NBRC Continuing Competency Program. The Recertification Commission met again in August and will be making recommendations for modifications to the NBRC's Continuing Competency Committee which they will consider in November.

25th Annual State Licensure Liaison Group Meeting

The NBRC hosted the 25th Annual State Licensure Liaison Group Meeting on August 27 in Kansas City. Twenty-nine (29) representatives from twenty-seven (27) states attended this year's meeting. We were thrilled with the attendance and the mix of new and returning participants. Cheryl West and Shawna Strickland from the AARC as well as with Dr. Tom Smalling from CoARC participated in the day-long event along with NBRC representatives where attendees participated in open forum discussion, panel discussion and presentations relevant to their interests.

Advanced Practice Respiratory Therapist/Competency Ad Hoc Committees

Collaboratively with the AARC and CoARC, the NBRC has appointed four representatives to serve on an Ad Hoc Committee on the Advanced Practice RT to work on issues related to the

potential education, credentialing, and practice of these therapists. In anticipation of an eventual credentialing examination for these therapists, the NBRC is working with trademark counsel to protect, through intent to use, the terms APRT and RRT-AP. In an unrelated initiative, four representatives of the NBRC also participated on the Competency Ad Hoc Committee along with the CoARC and AARC to develop competencies for entry into practice.

Job Analysis Studies for Adult Critical Care and Neonatal/Pediatric Examinations

In April 2016, the NBRC began the process of conducting job analysis studies for both the Adult Critical Care and Neonatal/Pediatric specialty examinations. For the NPS survey, there were 1,419 respondents. Data analysis is now being completed and the committee will review this information at its November meeting. There were a total of 895 respondents for the ACCS survey and likewise, the committee will review the results of the job analysis survey at its November meeting. New test specifications for these examination programs will be introduced in 2018.

2016 Examination and Annual Renewal Participation

Through August 31, 2016, over 20,000 examinations across all programs had been administered. To date, 54,582 credentialed practitioners have renewed their active status for 2016. 2017 annual renewal notices will be mailed in early October. The NBRC will be offering a $5 discount for those individuals who renew online in 2017.

Examination Statistics – January 1 –August 31, 2016

Examination	***Pass Rate***
Therapist Multiple-Choice Examination –10,176 examinations	
• First-time Candidates	Exceed High Cut-Score – 74.1% Exceed Low Cut-Score – 83.6%
• Repeat Candidates	Exceed High Cut-Score – 29.0% Exceed Low Cut-Score – 49.1%
Clinical Simulation Examination –8,947 examinations	
• First-time Candidates	59.0%
• Repeat Candidates	45.7%
Adult Critical Care Examination – 530 examinations	
• First-time Candidates	75.2%
• Repeat Candidates	53.5%
Neonatal/Pediatric Examination – 754 examinations	
• First-time Candidates	75.1%
• Repeat Candidates	47.8%
Sleep Disorders Specialty Examination – 62 examinations	
• First-time Candidates	86.8%
• Repeat Candidates	62.5%

PFT Examination – 293 examinations

- First-time Candidates — Exceed High Cut-Score – 34.4%; Exceed Low Cut-Score – 72.3%
- Repeat Candidates — Exceed High Cut-Score – 15.3%; Exceed Low Cut-Score - 54.1%

We're Moving

The NBRC Executive Office will be relocating to Overland Park, KS in early December. We will provide new contact information as soon as it becomes available. Along with our move, we will also be rolling out our new database and our brand refresh initiatives. Please watch for more information in the months ahead.

Your Questions Invited

I am honored to be serving as President of the NBRC and am enjoying working with all of you to move the profession of respiratory care forward. If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and each of the sponsoring organizations of the NBRC, as well as the CoARC. We continue to 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

Policy Review

- BOD.024 – Board of Directors – AARC Disaster Relief Fund
- BOD.027 – Board of Directors – Surveys Conducted by the Association
- CT.009 – Committees – AARC Fellowship Selection Committee (see attachment "BW edits Policy CT.009 – FAARC" and "BW FAARC info")
- SS.003 – Specialty Sections – Leadership

Board Assessment Survey Results

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **AARC Disaster Relief Fund**

EFFECTIVE DATE:

DATE REVIEWED: July 2015

DATE REVISED: July 2015

REFERENCES:

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

Policy Amplification:

1. In the event of a federally and state declared disaster the state President and/or House delegate will notify the AARC Executive Office of a disaster declaration.

2. The AARC Executive Office will communicate to the AARC President.

3. The Executive Office will provide Disaster Relief Forms to the State Affiliate President(s) as well as requesting AARC members.

4. The Application review process will be conducted as follows:

    a. Members of good standing in the AARC 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).

5. Members of good standing in the AARC 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.

6. 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.

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

8. 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:

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: Policy for Surveys Conducted by the Association

EFFECTIVE DATE: March 2001

DATE REVIEWED: July 2014

DATE REVISED: September 2014

REFERENCES: CT.0688b Revised

Policy Statement:
1. All surveys of the AARC membership must be reviewed by the Executive Office and approved by the Executive Board before permission will be granted for conducting them.

Policy Amplification:
***Definition of Surveys*:** For the purposes of this policy a survey is a document requesting information that may be used to comprehensively consider an area of subject matter for the purposes of gathering data where the analysis could be considered for academic pursuit, publishing or corporate use.

Definition of Listserve Questionnaires: Any question or questions posed that would be considered for one's own personal/professional use as information gathering for projects in their area of interest, practice, or job. Information gathered in this way would not be used for publication outside of one's institution.

1. Questionnaires/Information requests occurring within AARC Section mail lists (AARConnect) do not require Executive review provided that they adhere to the rules governing them. *See attachment A below*

Survey Request Procedure
1. The requestor must be an AARC Member for > 1 year and in good standing.
2. The requester must submit a copy of the survey plus communication stating the intent of the survey to the AARC Executive Office, no less than 30 days prior to the requested distribution date. Incomplete applications will be rejected. Please include the following information within the request:
    a. A copy of the proposed survey, preferably a link to the actual survey.
    b. The membership group you wish to survey.
    c. The survey introduction.
    d. A description of how you intend to assure confidentiality of information supplied by members.

e. A description of how you intend to disseminate the findings to members who participated.
f. Definitions for abbreviations used in the survey.
g. A disclosure of possible conflict of interest.
h. Whether you have Institutional Review Board approval (if applicable)

Note: Surveys will be circulated only on groups that currently exist on AARConnect. These include all AARC Specialty Sections, Roundtables, and, if a cross section of respiratory therapists is needed, the Help Line. Special requests for segmentation of AARC members cannot be accommodated.

3. The Executive Director or designee will evaluate the survey based upon the following criteria:

a. Overall appearance.
b. Have similar surveys have been done within the last 24 months? If so, proponent of that survey will be shared with the requestor.
c. Clarity of questions and appropriateness of format.
d. No redundancy of questions.
e. No blatant disregard for the wellbeing of our members or association.
f. Has the appropriate questions been developed to draw reasonable conclusions.
g. Has a survey been sent to the same population of AARC members during the last six months? Duplicate surveys will be rejected.
h. Does the survey provide information about our members or organization that could be used by our competitors or negatively affects our members or business?

4. After Executive Office review and approval a designee will notify the Secretary/Treasurer of the AARC BOD and seek Executive Board approval. The requester will be informed of the decision. If revisions are needed, the requester shall resubmit. Unsatisfactory revisions will be rejected. Once approved, the survey will be labeled with the following "This survey has been approved by the AARC for distribution. Please contact the survey proponent, as indicated in the message below, with questions and comments."

5. Approved Surveys will be distributed using web based survey systems (ex: Survey Monkey) that direct participants away from AARConnect. AARConnect will not be utilized to respond to surveys, unless it is questionnaire.

6. A brief summary of survey results will be made available within one year to AARC members within the AARConnect library. Summary pdf files (output) provided by the survey tool are acceptable. Most summaries provide the response rate and percentages of responses for each question. If you plan on publishing, please check with the journal to ensure this is not considered a publication. If the journal considers this a publication, the surveyor can wait until publication to provide a citation.

7. The Executive Office can seek assistance from the Executive Committee of the Board of Directors at any time by the following method:

a. Request for Executive Committee support will be sent to the Secretary/Treasurer for distribution, discussion and vote.
b. The Executive Committee has the right to make exception to the survey policy on behalf of the Board of Directors.

Attachment A

AARC Participant Listserv (AARConnect) Rules

General

1. Message content must be clinically or operationally relevant to the intent of the AARConnect group.
2. The following are not permitted to be posted. Members posting or contributing to these postings will be notified of their violation, censored, and then removed if their inappropriate behavior continues. Continued violations will be reported to the judicial committee for additional action.
    a. Advertisements or motions for products, services, job
    b. Meetings and events not sponsored by AARC or affiliate
    c. Poems, jokes and other forms of personal expression, chain mail, virus warnings, etc.
    d. Copyrighted material from a source other than the AARC
    e. Inquiries and promotions related to products/services by consultants, manufacturers, marketing firms and other similar entities outside of the AARC.
    f. Discussions relating to pricing or cost of goods as this may be considered price fixing and is a federal offense.

3. The AARC reserves the right to remove anyone for any reason from the AARC electronic mailing list. This includes the archival entries on the Listserve that pertain to a subject considered inappropriate or in violation of the Listserve guidelines.

The Exchange of Information:

1. AARC members may use the Listserv to exchange information between other Listserv Subscribers.
2. When you post a question, or series of questions, be sure that you title it with a good, concise, explanatory title in the subject line to clearly differentiate the message from others being posted or responded to.
3. Regarding information requests posted by Listserv clients, the Section Chair or Executive Office determine if the Listserv posting represents a survey that requires approval. The following guidelines can be utilized to differentiate Listserv information requests from query requests.

3.1 Surveys often include the capturing of user specific information and hospital/department demographics for comparison reporting.

3.2 The creator of a survey will embed a separate link to ask specific questions so

participants do not have the option to view other responses. If the creator of this type of inquiry tool has not expressively indicated results will be shared and accessible to all Listserv participants, the Section Chair will refer the individual to the Executive Office as per Policy BOD 027.

4. The sender of the information request may instruct section participants to reply to the Listserv, click on a link or reply directly to their personal email.

4.1 In the event responses are sent directly to the personal email or automated survey service (e.g. SurveyMonkey) of the individual who posted the information request, a summary of those responses should be posted so all Listserv participants may share the information. These summaries can be placed in the AARConnect library for future reference.

4.2 If your reply is simply a request to receive a copy of what someone has offered to share, or simply to agree with someone (such as: “Me too”), please do not reply to the entire group. Instead, send your response directly to the person who posted the message.

American Association for Respiratory Care
Policy Statement

SECTION: Committees

SUBJECT: **AARC Fellowship Selection Committee**

EFFECTIVE DATE: January 1, 2015

DATE REVIEWED: December 2010

DATE REVISED: September 2014

REFERENCES:

Policy Statement: The AARC Fellowship Program was established to recognize active or associate members who have made profound and sustained contributions to the art and science of respiratory care, and to the AARC.

Policy Amplification: This policy sets forth the eligibility requirements, criteria for nomination, the selection process and rules governing the AARC Fellowship Program.

Eligibility:

- Be an active or associate member of the AARC in good standing for at least ten consecutive years prior to the deadline for receipt of nominations.
- Possess the RRT credential issued by the NBRC or, be a licensed physician with a respiratory care-related specialty.
- Current members of the AARC Board of Directors or Officers of the House of Delegates are not eligible.

Criteria:

- Must be nominated by a Fellow of the AARC with membership in good standing.
- Must have demonstrated national prominent leadership, influence and achievement in clinical practice, education or science.
- Must possess documented evidence of significant contribution to the respiratory care profession and to the AARC

Rules:

- All nominations for Fellow, and associated supporting documents, must be submitted online through the AARC website.

- Upon receipt of a nomination, the Executive Office will confirm that each nominee satisfies the minimum criteria for 10 consecutive years of AARC membership, and that each nominator continues to maintain eligibility to submit nominations for Fellow.

- For those nominees not meeting the 10-year requirement, the nominator will be so informed and the nomination not accepted. Nominators not eligible to submit nominations will likewise be notified.

- Deadline for receipt of nominations and all supporting documentation will be the last working day of August of the calendar year in which the nomination is to be considered or, by pronouncement, an earlier deadline as determined by the dates of the AARC's Annual Congress. Nominations not received by the established date will not be accepted.

- The Fellowship Selection Committee, consisting of a Chair and up to six current Fellows appointed by the AARC President, will evaluate nominations annually.

- During the first week of September (or earlier when pronounced), Selection Committee members will be provided an electronic folder containing all accepted nominations and supporting documents in alphabetical order. Committee members will also receive a ballot to indicate which nominees they consider worthy of induction as a Fellow. Completed ballots will be returned to the Chair for final tabulation.

- Committee members are expected to evaluate each nominee independently and make their determination based upon the contributions of the respective nominee to the profession, and most importantly, to the AARC. Committee members are discouraged from collaborating with one another during the selection process.

- Those nominees receiving an affirmative vote from all committee members will be inducted as a Fellow of the AARC.

- Nominees selected for induction will be formally notified upon completion of the selection process, with their nominators receiving a blind copy of the congratulatory letter.

- An overriding goal of the Selection Committee is to minimize any embarrassment or discomfort to members not selected for induction. Therefore, for those nominees not selected, a letter so stating will only be sent to the nominators.

- Once the final tabulation is completed, the results of the balloting for induction shall remain confidential and will not be subject to outside review or discussion.

- New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.

- Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.

- Fellows will have the right to identify themselves with letters FAARC after their names.

- Upon induction, Fellows are expected to maintain their AARC membership in good standing.

American Association for Respiratory Care
Policy Statement

SECTION: Specialty Sections

SUBJECT: **Leadership**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2008

DATE REVISED: July 2007

REFERENCES:

Policy Statement:
The Specialty section members, in a manner consistent with the Association Bylaws, shall elect Specialty Section Leadership

Policy Amplification:

1. Terms of office for Specialty Section Chairpersons-elect and Chairpersons shall commence at the end of the Association's Annual Meeting.

2. The Chairperson of a Specialty Section shall not serve more than one consecutive term in the same office.

3. In the event of the vacancy in the office of Specialty Section Chair, the Chair-elect, if one is serving at the time, shall serve the unexpired term of the Chair and his or her own three (3) year term.

    A. If no Chair-elect is serving at the time of the vacancy, the President shall appoint a member of the Specialty Section to serve as Chairperson, subject to ratification by the Board of Directors.

    B. A Chair-elect so appointed shall serve until the next scheduled election, or until a successor is elected by the Specialty Section Membership.

4. The Specialty Section Chair may be removed from office by a 2/3-majority vote of the Board of Directors upon refusal, neglect or inability to perform their duties, or any conduct deemed prejudicial to the Association.

    A. Written notice of action by the Board of Directors shall come from the President.

B. This written notice will be sent to the Chair and Chair-elect as formal notification that the office has been declared vacant.

5. The duties and responsibilities of Specialty Section Chairpersons shall include:
   A. Oversight of all Specialty Section activities
   B. Assurance that Section activities are in compliance with Association Bylaws and policy
   C. Assurance that Section activities are in compliance with Association Bylaws and policy
   D. Submitting reports of Section activities to the AARC Board of Directors to be included in each meeting agenda book.
   E. Submitting periodic or interim reports that may be required by the President or Board of Directors.
   F. Serving as the primary spokesperson for the Section, through which Section members express opinions, ideas and concerns to the AARC Board of Directors
   G. Submitting minutes of all Section business/membership meetings to the Executive Office liaison within thirty (30) days following the meeting.
      1. Copies of the minutes will also be sent to the VP/Internal Affairs.
   H. Following guidelines established and approved by the Board of Directors for the specialty Sections.
   I. Being responsible for the Section fulfilling the charges from the President and as outlined in Association policy.
   J. Organizing the Section business/membership meeting of the Specialty Section to be held at the Annual International Congress and Summer Forum.

6. The Chairperson of the Specialty Sections that have at least 1000 active members on December 31 of the year of nominations/elections shall serve a concurrent three (3) year term as a Section Director on the Board of Directors.

7. The duties and responsibilities of the Specialty Section Chair-elect shall include:

   A. Assisting the Chairperson with facilitation the activities of the Section and assuring successful completion of its goals and charges

   B. Assisting the Chairperson with organizing the Section business/membership meeting of the Specialty Section to be held at the Annual International Congress and Summer Forum.

DEFINITIONS:

ATTACHMENTS:

Board of Directors – Self Assessment
2016 - RESULTS

Survey was done by seventeen (17) board members. Completed between 9/21/16 and 9/27/16

1. How effective is the preparation/training for new board members?	N/A	Poor	Fair	OK	Good	Excellent	Weighted Average
a. New board member orientation - Webcast?	2	-	-	1	1	2	**4.25**
b. New board member orientation – prior to start of April Meeting?	4	1	1	3	6	-	**3.27**

ALL BOARD MEMBERS: 17 Board Members Responded (appears that 16 answered #3-#9)

2.	Do you have any suggestions to improve the training and preparation for new board members?
•	• A BOD Mentor • Think it would be good to have a day prior to the first BOD meeting to orient. • REINFORCE THE WEBCAST AVAILABILITY AT 1ST BOARD MEETING AFTER CONGRESS • Need a formal process that is longer than 30 minutes with refreshers throughout the year. Mentor / mentee assignment who are held accountable for mentoring. • Perhaps if new members were paired with a "mentor" during the first half of the first year, new members may benefit from this one-to-one preparation. This assumes that current BOD members are willing to mentor and that new members are receptive to this idea. • Checklist of materials they should have copies of, or should know where to find them. • Should have some way of documenting new board members have viewed required orientation material prior to the beginning of their term - ex. signed form in AARC University or via the web if they viewed it • I think that each "seasoned" board member should assigned to each new member to act as a mentor. • Stronger, more formal "mentoring". Clarify expectation for mentor. • Have a consistent orientation for new board members prior to the start of the first day activities.

BOARD SELF-ASSESSMENT QUESTIONNAIRE	N/A	Poor	Fair	OK	Good	Excellent	Weighted Average
3. To what extent are the goals of the board clear to you?	-	-	1	-	5	11	**4.53**
4. To what extend is your role on the board clear to you?	-	-	1	-	2	14	**4.71**
5. How would you rate the board's problem-solving abilities?	-	-	1	1	10	5	**4.12**
6. To what extent is conflict on the board managed productively?	1	-	-	1	5	10	**4.35**
7. How effective are the board's decision-making processes?	0	-	1	1	9	6	**4.18**
8. What is the quality of communication…?							
a. …among board members?	-	1	-	2	7	7	**4.12**
b. …from the board leadership to board members?	-	1	-	2	4	10	**4.29**
c. …from the leadership to committees?	-	1	-	4	4	8	**4.06**
d. …from board members to the board leadership?	-	1	-	3	6	7	**4.06**
e. …between board and executive office staff?	-	1	-	2	6	8	**4.18**
f. …between executive office staff and board?	-	1	-	3	5	8	**4.12**
9. Do you feel comfortable voting against the majority?	-	-	-	4	6	6	**3.88**

10.	**If you could change three things about how board members work together, what would they be and why?**
•	• 1) Issue due dates for work - holds BOD members accountable and everyone works better on a deadline. 2) Define more outcomes for BOD work - it clearly identifies the desired end-state of project/committee/ program 3) BOD Committee Chair Calls with BOD leadership - Keeps everyone aware of what's happening and fosters communication. • 1. Less side bar conversations-lot of talking during meetings 2. More cohesiveness-need to work as one. 3. Everyone needs to be heard - not sure this is happening as much as it needs to be. • LIMIT REBUT TIME WHEN POSSIBLE - SOME MEMBERS LIKE TO HEAR THEMSELVES TALK AND HAVE OPINIONS ON NEARLY ALL SUBJECTS

	• Do not let 1or 2 people control the discussion, if they do skip them sometimes in the rotation to speak! Do not let people start talking with out being recognized, it isn't fair to other BOD members. • 1. Clearer communication of expectations. 2. Self management. Members need to do their homework prior to meetings. 3. Willingness to have working meeting and do whatever it takes to get a job done. Be willing to take calculated risks. • 1. if the table configuration was made possible to sit closer to one another during meetings 2. continue to use the committee process to accomplish goals and involve all BOD members in a leadership role 3. continue to ask for feedback via these type of surveys • more time for committee work at the meetings, remove non active members from committees, and assure commitment and participation from members working on projects • Encourage productive contributions vs. numerous contributions (if a board member does not have a thought formulated yet, wait until the thought matures) Board members should sit amongst different members to get to know them better. Continue to have groups of varied backgrounds on teams to benefit from the diversity. • 1. Break out sessions to address items always allows for forward thinking 2. Increase collaboration among various members of the board to think outside the box 3. Streamline the review of board reporting. This seems to take up a lot of time away from strategic planning/initiatives. • In my limited experience, I would continue having committee work time; it seems to be quite productive vs. having to do it all by conference call. • 1. Stronger mentoring 2. Leverage board member's experience or background for projects or strategies Educators, researchers, clinical, etc. 3. Mix it up! Seems like "camps" get formed. 3. • 1. Get them involved (assign them to be apart of a working group in order for teambuilding and mentorship) • Limit the times that board members can speak to a recommendation/motion like the house does.

BOARD SELF-ASSESSMENT QUESTIONNAIRE 2015/2016 Comparison	Weighted Average 2015	Weighted Average 2016	Difference 2016 vs. 2015
1. How effective is the preparation/training for new board members?			
a. New board member orientation - Webcast?	**4.50**	**4.25**	**-0.25**
b. New board member orientation – prior to start of April Meeting?	**3.75**	**3.27**	**-0.48**
3. To what extent are the goals of the board clear to you?	**4.50**	**4.53**	**0.03**
4. To what extend is your role on the board clear to you?	**4.56**	**4.71**	**0.15**
5. How would you rate the board's problem-solving abilities?	**3.94**	**4.12**	**0.18**
6. To what extent is conflict on the board managed productively?	**4.06**	**4.35**	**0.29**
7. How effective are the board's decision-making processes?	**4.19**	**4.18**	**-0.01**
8. What is the quality of communication…?			
a. …among board members?	**3.94**	**4.12**	**0.18**
b. …from the board leadership to board members?	**4.44**	**4.29**	**-0.15**
c. …from the leadership to committees?	**4.00**	**4.06**	**0.06**
d. …from board members to the board leadership?	**4.19**	**4.06**	**-0.13**
e. …between board and executive office staff?	**4.44**	**4.18**	**-0.26**
f. …between executive office staff and board?	**4.31**	**4.12**	**-0.19**
9. Do you feel comfortable voting against the majority?	**4.06**	**3.88**	**-0.18**