American Association for Respiratory Care

Board of Directors Meeting

JW Marriott San Antonio Hill Country Resort & Spa
San Antonio, TX

July 20-21, 2018

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Executive Committee Meeting – July 19, 2018
Finance Committee and Board of Directors Meeting – July 20-21, 2018

Thursday, July 19

3:30-5:30pm Executive Committee Meeting – Sunday House

Friday, July 20

(7:00am – 8:30am Breakfast available)

8:00-8:30am Finance Committee Meeting – Sunflower Room

8:45am Color Guard – HOD – Grand Oaks Ballrooms G-H

9:00am-5:00pm Board of Directors Meeting – Sunflower Room

9:00am Call to Order
Announcements/Introductions
Reminder to submit Disclosures/Conflict of Interest Statements
(http://c.aarc.org/conflict_interest/)
Approval of Minutes pg. 9

Consent Agenda

- *Approval of the Agenda*
- *Ratifications pg. 39*

General Reports

Board of Medical Advisors pg. 69

Standing Committee Reports

Audit Subcommittee pg. 74
Executive Committee pg. 78
Judicial Committee pg. 80
Program Committee pg. 81

Specialty Section Reports (closes out)

Adult Acute Care pg. 85
Diagnostics pg. 87
Education pg. 89
Management pg. 93
Neonatal-Pediatrics pg. 98
Post Acute Care pg. 99
Sleep pg. 100
Surface to Air Transport pg. 101

Special Committee Reports

Advocacy & Government Affairs pg. 103
Benchmarking Committee pg. 105
Billing Codes Committee pg. 106
Diversity Committee pg. 107
Fellowship Committee pg. 108
Membership Committee pg. 112
Virtual Museum Committee pg. 124
Vision Grant Committee pg. 125

Special Representatives

AMA CPT Health Care Professional Advisory Committee pg. 127
American Heart Association pg. 131
Chartered Affiliate Consultant pg. 132
Extracorporeal Life Support Organization (ELSO) pg. 136
International Council for Respiratory Care (ICRC) pg. 137
Neonatal Resuscitation Program pg. 141
Society for Airway Management pg. 142

Ad Hoc Committee Reports

BS Entry to Practice pg. 146
Career Pathways pg. 147 (A)

Other Reports

ARCF pg. 150
CoARC pg. 152 (A)
NBRC pg. 153

---Consent Agenda Ends---

General Reports

President pg.38
Past President pg. 46 (A)
Executive Director pg. 47
Advocacy & Government Affairs pg. 58
House of Delegates pg. 67
President's Council pg. 72

9:45am Cavarocchi · Ruscio · Dennis Associates, LLC (CRD) – Erika Miller via phone

10:15am Old Business pg. 156

- Mission and Vision Development (1 hr)

11:15am New Business pg. 157

- BOD.027 – Policy for Surveys Conducted by the Association (Goodfellow, 15 mins) pg. 158
- CT.003 - Nominations/Elections - (McIntyre, 30 mins) (A)

12:00pm Lunch Break (Daedalus Board Meeting)

1:30pm Joint Session

Roll Call (Goodfellow)
President Report (Walsh, 20 mins)
Advocacy & Government Affairs Report (Hummel, 20 mins)
Elections Committee (Lanoha, 10 mins)
Finance Committee (Goodfellow, 20 mins)

3:00pm New Business (Continued)

- CA.008 – Chartered Affiliates – AARC Affiliate AARConnect Community Policy/Procedure (Walsh, 15 mins) pg. 162

3:15pm Review of Referrals and Carried Motions from Spring 2018 (see attachment "Tracking Form March 2018")

5:00 pm RECESS

Saturday, July 21

(8:15am – 9:45am Breakfast available)

9:00am-5:00pm Board of Directors Meeting

9:00am Call to Order

Wes Trochlil, Project Manager, Protech Update

10:30am BREAK

Recommendations

Standing Committees
Bylaws pg. 75 (A)
Elections pg. 76
Finance pg. 79
Strategic Planning pg. 83

Special Committees
International pg. 109
Position Statement pg. 113

Special Representatives
American Association of Cardiovascular & Pulmonary Rehab (AACVPR) pg. 128 (A)
Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) pg. 133
Committee on Accreditation of Medical Transport Systems (CAMTS) pg. 135

Ad Hoc Committees
Advanced RT Practices, Credentialing, and Education pg. 144

12:00pm Lunch Break

1:30pm Reconvene

HOD Resolutions

4:00pm Review of Action Items (Goodfellow, 10 mins)

ANNOUNCEMENTS

TREASURER'S MOTION

ADJOURNMENT

(A) = Attachment

Committee Chairs/Reps – 2018

Rec No.	*General Reports*	Rep	
1	Exec. Office/Consumer RT	T. Kallstrom	
2	Advocacy & Gov't Affairs	A. Hummel	
3	OPEN		
4	Presidents Report	B. Walsh	
5a	VP Internal Affairs	N. Napolitano	
5b	VP External Affairs	S. Tooley	
6	House of Delegates	K. Siegel	
7	BOMA	L. Conklin	
8	Presidents Council	D. Lewis	
(I)	***STANDING COMMITTEES***	**Chair/Rep**	**Staff Liaison**
9	Bylaws	B. Cayko	T. Myers
10	Election	J. Lanoha	T. Myers
11	Executive	B. Walsh	T. Kallstrom
12	Finance	B. Walsh	A. Morton
13	Audit Subcommittee	T. Miller	A. Morton
14	Judicial	A. Dewitt	T. Kallstrom
15	Program	T. Lamphere	D. Laher
15a	2018 Sputum Bowl	R. Wunderly	D. Laher
16	Strategic Planning	F. Salvatore	T. Kallstrom
(I)	***SPECIAL COMMITTEES***	**Chair/Rep**	**Staff Liaison**
17	Benchmark	C. Menders	T. Myers
18	Billing Codes	S. Gallo	A. Hummel
19	Diversity	Dunlevy/Grimball	S. Strickland/D. Laher
20	Fellowship Cmte	F. Salvatore	T. Kallstrom
21	Advocacy & Govt. Affairs	F. Salvatore	A. Hummel
22	Vision Grant	L. Goodfellow	T. Myers/S. Strickland
23	Int'l Cmte	J. Hiser	T. Kallstrom
24	Membership	A. Richter	S. Strickland/A. Feil
25	PAC	G. Varcelotti	A. Hummel
26	Position Statement	P. Doorley	D. Laher
27	Virtual Museum	T. Watson	T. Kallstrom
(E)	***AD HOC COMMITTEES***	**Chair/Rep**	**Staff Liaison**
28	Career Pathways	E. Becker	S. Strickland
29	BS Entry to Practice	B. Walsh/L. Goodfellow	T. Kallstrom/S.Strickland
30	OPEN		
31	Advanced RT Practices, Credentialing and Education	Wilgis/CoARC/NBRC	S. Strickland

VP/External Affairs –Sheri Tooley – *Specialty Sections, Special Representatives, Ad Hoc Cmtes*
VP/Internal Affairs –Natalie Napolitano – *Standing Cmtes, Special Cmtes*

(E)	*SPECIALTY SECT*	Chair	Staff Liaison	BOMA
50	Adult Acute	C. Hinkson	D. Laher	Papadakos
51	OPEN			
52	Diagnostics	K. Hynes	TBD	Yoder
53	Education	G. Sergakis	S. Strickland	Acevedo
54	OPEN			
55	Management	C. Hoerr	D. Laher	Aranson
56	Neonatal/Pediatric	S. Sittig	T. Myers	Cheifetz
57	Post-Acute Care	K. Craddock/G/Z Gantt	S. Strickland	Carey
58	Sleep	J. Schweller	T. Myers	Selecky
59	Surf to Air	T. Dragonberry	S. Strickland	Aranson

(E)	*ORGANIZ. REPS*	Chair
60	Society for Airway Management	Monique Steffani
61	AMA/CPT	S. Rinaldo-Gallo
62	AACVPR	G. Connors
63	OPEN	
64	Amer Heart	B. Walsh (Alt: C. Slocum)
65	OPEN	
66	CAMTS	S. Sittig
67	Chartered Affil Consul	G. Kauffman
68	CoBGRTE	G. Wickman
69	ELSO	B. Kuch (Alt: K. Lamb)
70	Int'l Council	J. Sullivan/P. Dunne
71a	*Jt. Commission*	*HC PTAC K. Wiles (Alt: J. Karamol)*
71b	*"*	*Lab PTAC D. Clinkscale (Alt: TBD)*
71c	*"*	*Ambulatory PTAC D. Bunting (Alt: M. Runge)*
72	OPEN	
73	OPEN	
74	OPEN	
75	OPEN	
76	Neonatal Resuscitation	J. Gallagher

	OTHER REPORTS	*Chair / President*
80	CoARC	Allen Gustin (Pres) Tom Smalling (Exec. Dir)
81	NBRC	Kathy Fedor (Pres) Lori Tinkler (Exec. Dir)
82	ARCF	Michael Amato (Chair)
83	Unfinished Business	
84	New Business	

VP/External Affairs –Sheri Tooley – *Specialty Sections, Special Representatives, Ad Hoc Cmtes*
VP/Internal Affairs –Natalie Napolitano – *Standing Cmtes, Special Cmtes*

Effective 1/1/18 Post-Acute Care Section combines Homecare, Long-term, and Continuing Care.

6/6/2018

Recommendations

(As of July 6, 2018)

AARC Board of Directors Meeting

July 20-21, 2018 • San Antonio, TX

Executive Office

Recommendation 18-2-1.1 "That the AARC Board of Directors approve up to an additional $125,000 for the IT Platform Rebuild."

Bylaws Committee

Recommendation 18-2-9.1 "That the AARC Board of Directors find that the Alaska Bylaws are not in conflict with the AARC Bylaws."

Recommendation 18-2-9.2 "That the AARC Board of Directors find that the Hawaii Bylaws are not in conflict with the AARC Bylaws."

Recommendation 18-2-9.3 "That the AARC Board of Directors find that the Indiana Bylaws are not in conflict with the AARC Bylaws."

Recommendation 18-2-9.4 "That the AARC Board of Directors find that the Michigan Bylaws are not in conflict with the AARC Bylaws."

International Committee

Recommendation 18-2-23.1 "That the proposed policy for country-specific list-serves be approved."

Position Statement Committee

Recommendation 18-2-26.1 "That the position statement entitled "Cultural Diversity" (07/2010) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved."

Recommendation 18-2-26.2 "That the position statement entitled "Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists" (07/2013) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved."

Recommendation 18-2-26.3 "That the position statement entitled "Respiratory Therapy Protocols" (04/2013) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved."

Recommendation 18-2-26.4 "That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) -- Policy Amplification, # 6 be revised with noted revisions."

Recommendation 18-2-26.5 "That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) – Policy Amplification, # 5 which requires each position statement or issue paper to be reviewed/revised at least every 5 years be temporarily suspended in order to adjust the AARC Position Statement and Issue Paper Review Calendar so that the required schedule of review of documents will be more evenly distributed."

American Assocaiton for Cardiovascular & Pulmonary Rehabilitation (AACVPR)

Recommendation 18-2-62.1 "That the AARC collaborate with AACVPR on a Legislative FIX for Site Location for Pulmonary Rehabilitation/Cardiac Rehabilitation Services to correct the unintended and negative results of Section 603."

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Recommendation 18-2-68.1 "That the AARC Board of Directors appoint a CoBGRTE representative to the AARC Vision Grant Committee."

Committee on Accreditation of Air Medical Transport Systems (CAMTS)

Recommendation 18-2-66.1 "That the AARC Board of Directors support the proposed change to the 11th Edition of the CAMTS standards that would require transport RTs to attain an advanced credential within two years of hire to a transport team."

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

Recommendation 18-2-31.1 "That the AARC Board of Directors accept the Phase II - NPAPP Needs Assessment Report developed by JBS International, Inc."

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

March 24, 2018 • Grapevine, TX

Minutes

Attendance

Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President-elect
Frank Salvatore, MBA, RRT, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Carl Hinkson, MS, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Doug McIntyre, MS, RRT, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Stefans, BS, RRT
Lisa Trujillo, DHSc, RRT

House Officers

Keith Siegel, MBA, RRT, CPFT, Speaker
Teri Miller, MEd, RRT, CPFT, Speaker-elect
Kerry McNiven, RRT, Secretary
Dana Evans, MHA, RRT-NPS, Treasurer

Consultants

Lori Conklin, MD, BOMA Chair
Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Excused

John Wilgis, MBA, RRT

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Chief Business Officer
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
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER
President Brian Walsh called the meeting of the AARC Board of Directors to order at 8:51am CDT. Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum.

President Walsh asked the Board members to introduce themselves and state where they live and work.

APPROVAL OF MINUTES
Karen Schell moved to approve the minutes of the October 2, 2017 meeting of the AARC Board of Directors.
Motion carried

Lynda Goodfellow moved to approve the minutes of the October 3, 2017 meeting of the AARC Board of Directors.
Motion carried

Lynda Goodfellow moved to approve the minutes of the October 7, 2017 meeting of the AARC Board of Directors.
Motion carried

E-MOTION ACCEPTANCE
Lynda Goodfellow moved to ratify the E-motions.
Motion carried

President Walsh asked for the permission of the Board to revise the agenda as needed over the next two days. He also reminded the Board members the importance of submitting any conflicts of interest online.

BOARD ORIENTATION
President-elect Karen Schell spoke to the Board about general responsibilities and expectations of being a Board member.

INVESTMENT REPORT
John Barrett and Nancy Bello of Merrill Lynch gave an overview of the current investments of the Association and answered questions from Board members.

LEGAL COUNSEL
Larry Wolfish gave an overview of Board member fiduciary responsibility and conflicts of interest and answered questions from Board members.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 10:30am CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 10:40am CDT.

AUDITORS REPORT
Bill Sims of Salmon, Sims, & Thomas updated the Board on the audited financial statements and answered questions from Board members.

CoARC REPORT
CoARC Executive Director Tom Smalling presented the CoARC report and answered questions from the AARC Board of Directors. An updated report was sent via email in the morning. There are currently three open positions for AARC representatives on the CoARC Board of Directors.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 12:05pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 1:35pm CDT.

GENERAL REPORTS

Advocacy & Government Affairs/Lobbyist Report
Lobbyist Zara Day from CRD Associates and Anne Marie Hummel gave an overview of the submitted report via phone.

Zara Day, AARC's lobbyist, discussed passage of the $1.3 trilling omnibus spending bill, noting that AARC's request for report language asking CMS to review COPD claims to show the value of RTs made it through the appropriations process and is included in the House report. She also updated the Board on meetings on the hill, the creation of a new Innovations Caucus and the positive feedback we have received about our proposed pilot telehealth proposal focusing solely on RTs as telehealth practitioners.

Anne Marie Hummel gave a federal update on 1) FDA's recent proposed rules regarding flavors in tobacco products, lowering levels of nicotine and overview of premium cigars; 2) MedPAC's report on telehealth, 3) changes in reporting oxygen flow rates, 4) AARC support for home pulmonary rehab for coalminers as part of the Black Lung Program; and COPD activities regarding a new COPD Caucus Co-chair and Hill briefing on COPD in Rural America. She also reported on state activities in WI, UT, CA and CT.

Board of Medical Advisors (BOMA)
Chair Dr. Conklin stated that BOMA is in favor of the advanced practice respiratory therapist credential but that they are finding the opposite in the hospital setting. A discussion arose about how to explain that RTs are not trying to replace nurses. The BOMA Spring meeting will take place April 10th via a conference call.

President
President Walsh gave an overview of his written report. He continues to pursue his presidential goals of quality, safety, and value.

Executive Director
Tom Kallstrom gave highlights of his written report. In 2017 $45,000 was disbursed as disaster relief to members. All states except New Jersey have signed the Revenue Sharing Agreement for 2018. Membership is up 1.5%. Tom also reviewed the Executive Office referrals from the October 2017 Board meeting.

Lynda Goodfellow moved to accept Recommendation 18-1-1.1 "That the AARC Board of Directors request the NBRC to explore the development of a multidisciplinary Pulmonary Disease Educator credential."

Tim Op't Holt moved to make a friendly amendment to change "multidisciplinary" to "inter professional".
Motion carried

Karen Schell moved to accept the proposed changes to FM.021 – Fiscal Management – Outstanding Affiliate Checks.
Motion carried
(See Attachment "A")

Tim Myers informed the Board of revisions to the structure of the Corporate Partner Program in 2019.

House of Delegates
House Speaker Keith Siegel gave highlights of the written report he submitted. Raymond Pisani resigned from the Bylaws Committee and was replaced with Joe Goss.

President's Council
Dianne Lewis informed the Board that Trudy Watson is the recipient of the Jimmy A. Young Medal for 2018.

Natalie Napolitano moved to accept the General Reports as presented.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 3:15pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 3:30pm CDT.

STANDING COMMITTEE REPORTS

President Walsh asked to go into Executive Session at 3:32pm.

Lynda Goodfellow moved to go into Executive Session.
Motion carried

Susan Gallo moved to come out of Executive Session.
Motion carried

Executive Session ended at 4:10pm.

FM18-1-1.2 Sheri Tooley moved "That the AARC Board of Directors approve an unbudgeted capital expense of up to $140,000 for the design, implementation, and integration of Sage Intacct accounting software with AARC CRM in summer of 2018."
Motion carried

Audit Sub-Committee
Sheri Tooley moved to accept Recommendation 18-1-13.1 "That the AARC Board of Directors accept the audit report as presented."
Motion carried

Sheri Tooley moved to accept Recommendation 18-1-13.2 "That the AARC Board of Directors continue to retain the services of Salmon Sims Thomas & Associates, LLC for independent auditing services."
Motion defeated

Susan Gallo moved to accept Recommendation 18-1-13.3 "That the AARC Board of Directors address topics highlighted in the auditors' Comment Letter to assure compliance with designed financial controls with consideration given to assurance of sufficient staffing to meet financial management needs, requirement of an action plan to correct identified issues, and a mid-year financial review to be completed by auditors."
Motion defeated

Natalie Napolitano moved to accept Recommendation 18-1-13.4 "That the AARC Board of Directors maintain Policy CA.002 as it currently stands, implementing a database system for the housing and monitoring of items required for CA.002 1A and 1B by the Chartered Affiliates Committee."
Motion carried

Frank Salvatore moved to accept Recommendation 18-1-13.5 "That the AARC Board of Directors request from AARC accountants/auditors a list of General Accepted Accounting Principles (GAAP) practices, other than a complete audit, which affiliates may utilize to demonstrate fiscal responsibility to the AARC."
Motion defeated

Frank Salvatore moved to accept Recommendation 18-1-13.6 "That the AARC Board of Directors assign CA.002 to be reviewed by members of the Audit Sub-Committee, HOD leadership and the HOD Chartered Affiliates Committee, by the spring 2019 BOD meeting with recommendations for policy changes to address demonstration of fiscal responsibility, timelines for all requirements and reviews, and appropriate identification of interventions if affiliates are not found in compliance."

Dianne Lewis moved to make a friendly amendment to change "by the spring 2019" to "no later than spring 2019."
Motion carried

RECESS
President Walsh called a recess of the AARC Board of Directors meeting at 5:15pm CDT.

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

_____ _____
Lynda Goodfellow Date
AARC Secretary/Treasurer

Attachment “A”

Policy FM.021 – Fiscal Management – Outstanding Affiliate Checks

American Association for Respiratory Care
Policy Statement

Policy No.: FM.021

SECTION: **Fiscal Management**

SUBJECT: **Outstanding Affiliate Checks**

EFFECTIVE DATE: July 2007

DATE REVIEWED: ~~April 2013~~ March 2018

DATE REVISED: ~~April 2013~~ March 2018

REFERENCES:

Policy Statement

Periodically, but at least twice a year, AARC shall perform the following procedure for old outstanding checks:

- Obtain the most recent list of all checks issued but still outstanding (i.e. not cleared the bank) for at least six months.
- Attempt to contact the Payee via mail or email to seek information and possible direction in terms of clearing and / or re-issuing the old check.
- Given better information is received, the original check shall be voided and be re-issued less a reasonable fee for handling the stop payment fee on the original check.
- If the payee is still unreachable after several attempts, records shall be maintained for the outstanding item and it shall disposed of as current law allows.
- Starting in 2018, all affiliates are able to enroll in direct deposit for revenue sharing.

DEFINITIONS

ATTACHMENTS

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

March 25, 2018- Grapevine, TX

Minutes

Attendance

Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President-elect
Frank Salvatore, MBA, RRT, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Carl Hinkson, MS, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Doug McIntyre, MS, RRT, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT-NPS, FAARC
Deb Skees, MBA, RRT, CPFT
Pattie Stefans, BS, RRT
Lisa Trujillo, DHSc, RRT

House Officers

Keith Siegel, MBA, RRT, CPFT, Speaker
Teri Miller, MEd, RRT, CPFT, Speaker-elect
Kerry McNiven, RRT, Secretary
Dana Evans, MHA, RRT-NPS, Treasurer

Consultants

Lori Conklin, MD, BOMA Chair
Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Excused

John Wilgis, MBA, RRT

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT-NPS, AE-C, FAARC, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 8:10am CDT. Secretary-Treasurer Lynda Goodfellow called the roll and declared a quorum.

Bylaws Committee

Natalie Napolitano moved to accept Recommendation 18-1-9.1 "That the AARC Board of Directors find that the Iowa Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-9.2 "That the AARC Board of Directors find that the Maine Society for Respiratory Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-9.3 "That the AARC Board of Directors find that the Arizona Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-9.4 "That the AARC Board of Directors find that the North Dakota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-9.5 "That the AARC Board of Directors find that the Tennessee Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Program Committee

Natalie Napolitano moved to accept Recommendation 18-1-15.1 "That the AARC Board of Directors approve Bonita Springs, FL and the Hyatt Regency Coconut Pointe Resort & Spa as the host city/hotel to the 2021 Summer Forum."

Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-15.2 "That the AARC Board of Directors approve the following members for the 2018 AARC Student Sputum Bowl Committee: Renee Wunderley – Committee Chair, Sherry Whiteman - Score Keeper / Time Keeper, Angie Switzer – Moderator / Question Writer / Score Keeper / Time Keeper, Rick Zahodnic - Moderator / Question Writer / Score Keeper / Time Keeper, 1-2 Volunteer committee helpers."

Motion carried

Frank Salvatore moved to accept the Standing Committee Reports as presented.

Motion carried

SPECIALTY SECTION REPORTS

Susan Gallo moved to accept the Specialty Section Reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

International Committee

Natalie Napolitano moved to accept Recommendation 18-1-23.1 "That the AARC investigate methods of teaching international members how to renew their membership."

Lynda Goodfellow moved to refer to the Executive Office.
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-23.2 "That the AARC initiate a marketing campaign directed towards past international members and that the campaign includes and highlight the previously approved membership rates based on income levels where potential members reside."

Lynda Goodfellow moved to refer to the Executive Office.
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-23.3 "That the AARC offer country specific list-serves as a benefit to members from countries that have International Affiliate Status."

Natalie Napolitano moved to refer back to the International Committee to develop a policy.
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-23.4 "That the AARC in collaboration with the ICRC to develop resources aimed at advancing the practice of respiratory care outside the US and at developing resources to assist with advocating for development of the profession in other countries."

Frank Salvatore moved to refer back to the International Committee for development and report back at the 2018 Fall meeting.

Frank Salvatore moved to withdraw his motion.

Natalie Napolitano moved to refer to the president-elect.
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-23.5 "That the AARC offer reduced rates for educational products, registration for meetings, and all other products based upon the income levels where potential international members reside and that these discounts be highlighted in marketing campaign presented in recommendation 18-1-23.2."
Motion defeated

Position Statement Committee

Natalie Napolitano moved to accept Recommendation 18-1-26.1 "That the position statement entitled 'Respiratory Therapist Education' (11/2015) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved."
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-26.2 "That the position statement entitled 'Telehealth and Respiratory Therapy' (04/2013) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved."
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-26.3 "That the position statement entitled 'Home Respiratory Care Services' (07/13) be approved without revisions, and the words 'Reviewed 03/18' be added to the date list at the bottom of the document."
Motion carried

Natalie Napolitano moved to accept Recommendation 18-1-26.4 "That the issue paper entitled 'Utilization in Respiratory Care' (no date) be retired."
Motion carried

Vision Grant Committee
Natalie Napolitano moved to accept Recommendation 18-1-22.1 "That the AARC Board of Directors accept and approve the LOI and application guidelines for 2018 as presented."
Motion carried

Natalie Napolitano moved to accept the Special Committee Reports as presented.
Motion carried

SPECIAL REPRESENTATIVES REPORTS

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)
Sheri Tooley moved to accept Recommendation 18-1-68.1 "That the AARC Board of Directors appoint a CoBGRTE representative to the Ad Hoc Committee on Advanced Practice RT Practices, Credentialing, and Education."

Frank Salvatore moved to refer to President Walsh to discuss with CoBGRTE President Shelledy.
Motion carried

Sheri Tooley moved to accept the Special Representatives Reports as presented.
Motion carried

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 9:55am CDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 10:05am CDT.

NBRC Report
NBRC Executive Director Lori Tinkler and NBRC President Kathy Fedor gave highlights of their written report and answered questions from Board members.

Life Membership Nominee
Karen Schell moved to nominate Shelley Mishoe– nominated by Karen Schell.
Motion carried

Honorary Member Nominee
Karen Schell moved to nominate Grace Anne Dorney Koppel – nominated by Frank Salvatore.
Motion carried

Legends of Respiratory Care Nominee
Karen Schell moved to nominate Barry Shapiro, MD - nominated by Doug McIntyre.
Motion carried

Karen Schell moved to nominate Paul Selecky - nominated by Sheri Tooley.
Motion carried

Karen Schell moved to nominate Joseph Priestly - nominated by Frank Salvatore.
Motion carried

Karen Schell moved to nominate Dr. Robert Aranson, Sr. - nominated by Keith Siegel.
Motion carried

Karen Schell moved to nominate Dr. Edward Levine - nominated by Frank Salvatore.
Motion carried

ARCF AWARD NOMINEES
The Board brought forth the following nominees for the ARCF Awards in 2018:

Mitch Barron Clinical Excellence in Aerosol and Airway Clearance Therapies
Karen Schell moved to nominate Arzu Ari – nominated by Susan Gallo.
Motion carried

Forrest M Bird Lifetime Scientific Achievement Award
Karen Schell moved to nominate Alex Adams – nominated by Deb Skees.
Motion carried

Charles H. Hudson Award for Cardiopulmonary Public Health
Karen Schell moved to nominate Suzan Michelle Collins – nominated by Keith Siegel.
Motion carried

Mike West, MBA, RRT Patient Education Award
Karen Schell moved to nominate Kim Bennion – nominated by Lisa Trujillo.
Motion carried

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
Karen Schell moved to nominate John Tamasitis – nominated by Natalie Napolitano.
Motion carried

Karen Schell moved to destroy the ballots.
Motion carried

Ad Hoc Committee on Advanced Practice RT Practices, Credentialing, and Education
Sheri Tooley moved to accept Recommendation 18-1-31.1 "That the AARC Board of Directors fund an expanded needs assessment to determine geographic location, physician specialty, and density of workforce need for non-physician advanced practice providers explicitly trained to provide care to patients afflicted with cardiopulmonary disease."

Lynda Goodfellow moved to make a friendly amendment to add to the end "through the proposed Option B in the Phase II Proposal from JBS International."
Motion carried

UNFINISHED BUSINESS

CoBGRTE referral to President-elect:

17-3-68.2 *"That the AARC and CoBGRTE jointly sponsor a research project that would document the value of attaining a baccalaureate and/or graduate degree."*

> *Frank Salvatore moved that the president-elect work with the president to put together a committee to work with CoBGRTE on a research collaboration idea and report back by February 15, 2018.*
>
> Result: President-elect Karen Schell contacted Georgiana Sergakis (Education Chair) to assist in helping find key individuals from CoBGRTE to assist with the projects. Will provide verbal update at the meeting.

Karen Schell and Georgianna Sergakis handed out a "Collaboration Plan for Research between AARC & CoBGRTE" and reviewed it with the Board of Directors.

Original motion (17-3-68.2) carried

Lynda Goodfellow moved to accept the Ad Hoc Committee reports as presented.
Motion carried

Lynda Goodfellow moved to accept the Other Reports as presented.
Motion carried

Tabled ELSO recommendations:

Natalie Napolitano moved to accept **17-3-69.1** "That FM17-2-83.1 (Natalie Napolitano moved that the VP of External Affairs discuss with the ELSO rep to provide specific information as to the barriers and the states these are occurring in and so we can provide assistance up to and including a joint position statement with ELSO and suggested RT state licensure wording structures.) be tabled until the April 2018 BOD meeting."

Motion defeated

Tabled ECMO Specialist recommendation:

Natalie Napolitano moved to accept **FM16-3-26.1 "**That the Position Statement/Issue Paper Committee develop a resource for best practices to include licensure requirements for practice of the respiratory therapist as an ECMO specialist." Natalie Napolitano moved to keep it tabled until Spring 2018 Board meeting.
Motion defeated

FM 18-1-83.1 Natalie Napolitano moved "That the AARC Board of Directors develop a joint issue paper with ELSO entitled 'The Respiratory Therapist as an ECMO Specialist' and that three members from the AARC be appointed to a joint working group."
Motion carried

Recommendation 17-3-26.6 "That the section of BOD Policy CT.008, Amplification Statement # 6 that reads 'Each statement or paper will be ….grouped in categories such (as) ethics and human rights, disease, consumer advocacy, practice, quality or safety.' be clarified providing the purpose of the categorization and how the categories are to be used by the AARC."

Referred to Executive Office with an E-vote by 1/15/2018.

Tim Myers created the document, discussed with AARC president, past president, and president-elect on a conference call. President Brian Walsh sent to Position Statement Cahir Pat Doorley. No E-vote took place.

Lynda Goodfellow moved to accept the document as presented.
Motion carried
(See Attachment "A")

FM17-2-83.2 "To identify managers who found a way to convince their Human Resources departments to hire only BS graduates and to share with other managers how to make these changes through AARC initiatives."
Cheryl Hoerr to operationalize (from Oct 2017 meeting).

Cheryl Hoerr will bring back an action plan at the Summer 2018 meeting.

FM17-2-83.3 "To identify at least 6 associate degree program directors in Category IV (CoARC report) and develop best practices to help them move to Category III."
Georgianna Sergakis to operationalize (from Oct 2017 meeting).

Lynda Goodfellow moved to refer to the Ad Hoc Committee on BS Entry to Practice Collaborative.
Motion carried

NEW BUSINESS

Ad Hoc Committee on BS Entry to Practice Collaborative
Lynda Goodfellow moved to accept Recommendation 18-1-29.1 "That the AARC Board of

Directors ratify the Ad Hoc Committee on BS Entry to Practice Collaborative."
Motion carried

Lynda Goodfellow moved to accept Recommendation 18-1-29.2 "That the AARC Board of Directors approve the BS Entry to Practice Collaborative 'Recruitment' work group plan to survey current baccalaureate programs regarding successes, challenges and best practices with progress reports to be reviewed at the 2018 summer and fall BOD meeting."
Motion carried

Lynda Goodfellow moved to accept Recommendation 18-1-29.3 "That the AARC Board of Directors approve the BS Entry to Practice Collaborative 'Category II and Category III' work group plan to successfully convert AS programs to BS programs with progress reports to be reviewed at the 2018 summer and fall BOD meeting."
Motion carried

Lynda Goodfellow moved to accept Recommendation 18-1-29.4 "That the AARC Board of Directors approve the BS Entry to Practice Collaborative '80% BSRT by 2020' work group plan and solicit AARC Vision Grant RFPs that demonstrate improved effectiveness and patient outcomes of baccalaureate prepared respiratory therapists. Progress reports will be reviewed at the 2018 summer and fall BOD meeting."
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 12:06pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 12:30pm CDT.

POLICY REVIEW

MP.001 – Membership – General Operating Policies
Frank Salvatore moved to accept the changes as presented.
Motion carried

MP.002 – Membership – Membership Challenge Policy
Karen Schell moved to accept the changes as presented.
Motion carried

BOD.003 – Board of Directors – Use of AARC Corporate Credit Card
Frank Salvatore moved to accept the changes as presented.
Motion carried

BA.001 – Board of Medical Advisors – Medical Advisors
Frank Salvatore moved to accept the changes as presented.
Motion carried

(See Attachment "B" for all revised policies above.)

President-elect Karen Schell gave the Board of Directors ideas of how to find future leaders of the AARC.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 1:20pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 1:30pm CDT.

Michele Packard-Milam of Packard Business Strategies, LLC gave a presentation to the Board of Directors entitled "Powerful Leaders Powerful Boards". The Board created "Business Units" of Advocacy, Education/Professional Development, Membership, Marketing/Communications, Events/Meetings, Finance/Revenue. Each unit has a mission statement.

Michele explained that The Board of Directors creates the mission/vision, the Strategic Planning Committee creates the strategy, and the Executive Office staff creates/completes the tasks.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 4:10pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 4:20pm CDT.

President Walsh discussed with the Board the next steps moving forward after Michele's presentation of ideas and thoughts on the AARC Strategic Plan.

The goals of the business units will be given to President-elect Karen Schell and the Strategic Planning Committee to create the strategies for the Executive Office staff.

FM18-1-16.1 Frank Salvatore moved to accept the business units as presented and give to the Strategic Planning Committee and report back at the July 2018 meeting.
Motion carried

Treasurer's Motion
Frank Salvatore moved that expenses incurred at this meeting be reimbursed according to AARC policy.
Motion Carried

President Walsh adjourned the meeting of the AARC Board of Directors at 5:00pm CDT.

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

_____ _____

Lynda Goodfellow Date
AARC Secretary/Treasurer

Attachment “A”

Categories for Position Statements

Categories for Position Statements

	Ethics	Disease	Consumer Advocacy	Clinical Practice	Quality or Safety	Management	Govt / Regulatory	Education / Competency
Position Statements								
Statement of Ethics and Professional Conduct	**X**	**X**	**X**	**X**	**X**	X	X	X
Best Practices in Respiratory Care Productivity and Staffing	**X**	**X**	**X**	**X**	**X**	X		
Competency Requirements for the Provision of Respiratory Therapy Services	**X**		**X**	**X**	**X**	X		X
Continuing Education			**X**	**X**	**X**	X	X	X
Cultural Diversity	**X**		**X**					
Definition of Respiratory Care		**X**		**X**	**X**		X	X
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care			**X**	**X**	**X**	X	X	
Electronic Cigarette		**X**	**X**					
Health Promotion and Disease Prevention		**X**	**X**					X
Home Respiratory Care Services		**X**	**X**	**X**			X	X
Insertion and Maintenance of Arterial Lines by Respiratory Therapists			**X**	**X**	**X**			X
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists			**X**	**X**	**X**			X
Interstate Transport License Exemption				**X**			X	X

Licensure of Respiratory Care Personnel			**X**	**X**			X	X
Pre-Hospital Ventilator Management Competency				**X**	**X**			X
Pulmonary Rehabilitation		**X**	**X**	**X**	**X**			X
Respiratory Care Scope of Practice			**X**	**X**	**X**		X	X
Respiratory Therapist Education		**X**	**X**					X
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists			**X**	**X**	**X**			X
Respiratory Therapists in the Emergency Department			**X**	**X**	**X**	X		X
Respiratory Therapy Protocols				**X**	**X**	X		
Telehealth and Respiratory Therapy		**X**	**X**	**X**	**X**		X	X
Tobacco and Health		**X**	**X**	**X**	**X**			
Administration of Sedative and Analgesic Medications by Respiratory Therapists			**X**	**X**	**X**	X	X	X
Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult Patient			**X**	**X**	**X**			X
Guidance Documents								
Scope of Practice			**X**	**X**	**X**		X	X
Regarding RRT Entry to Licensure			**X**	**X**	**X**		X	X
Smallpox Guidance Document		**X**	**X**	**X**	**X**		X	
Issue Papers								
Best Practices in Respiratory Care Productivity and Staffing	**X**		**X**	**X**	**X**	X	X	X

Safe Initiation And Management Of Mechanical Ventilation			**X**	**X**	**X**	X		X
Utilization in Respiratory Care			**X**	**X**	**X**	X	X	X
RRT Credential				**X**	**X**			X
Respiratory Care: Advancement of the Profession Tripartite Statements of Support								X
Improving Access to Respiratory Care		**X**	**X**	**X**	**X**			X
Guidelines for Acquisition of Ventilators to Meet Demands for Pandemic Flu and Mass Casualty Incidents	**X**	**X**	**X**	**X**	**X**	X		

Attachment “B”

MP.001 – Membership – General Operating Policies
MP.002 – Membership – Membership Challenge Policy
BOD.003 – Board of Directors – Use of AARC Corporate Credit Card
BA.001 – Board of Medical Advisors – Medical Advisors

American Association for Respiratory Care
Policy Statement

Policy No.: MP.001

SECTION: Membership

SUBJECT: **General Operating Policies**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~December 2009~~ March 2018

DATE REVISED: ~~December 2009~~ March 2018

REFERENCES: Bylaws, Code of Ethics, House Rules for Special Recognition

Policy Statement:
The Association's membership shall be subject to the provisions of Association Bylaws and Association policy.

Policy Amplification:

1. All personal records of Association members shall be the property of the Association and shall be held in strict confidence.

2. Members whose AARC membership has lapsed may reactivate their membership in the Association by payment of the current year's membership dues plus the fee set in the Annual Budget subject to the following conditions:

   A. The lapse in membership has been for a maximum time period of one year.

   B. The member must meet current Bylaws requirements for appropriate membership classification

3. AARC members shall be granted reciprocity of chartered affiliate membership without inter-affiliate transfer of current chartered affiliate dues paid.

4. All new and renewing members shall be required to complete the AARC membership application and subsequent renewal cards in their entirety.

5. The Membership Committee shall assure that a request for medical direction, when applicable, be included on the membership application.

6. All AARC Members shall receive a communication of congratulations and thanks from the President and Executive Director at 20 years and each subsequent decade of continuous membership.

7. All nominations for Life Membership submitted to the House of Delegates by a delegation shall include curriculum vitae as justification, and a resolution recommending such action shall be submitted to the House at least sixty (60) days prior to the Annual Meeting of the Association.

8. Life Membership shall automatically be bestowed upon an AARC President upon completion of his/her term as Immediate Past-president.

9. All Active and Life Members of the Association employed within the boundaries of chartered affiliates shall be permitted to vote in the election of the delegation of that affiliate, regardless of their separate affiliate membership status.

~~10. That students enrolled in an accredited respiratory therapy education program be permitted to join AARC as student members at no charge with the following qualifications:~~

~~a. Access to *AARC Times* and *RESPIRATORY CARE* will be limited to the internet.~~

~~b. That 100% of the faculty in the program where the student is enrolled be either an active or associate member of AARC."~~

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Membership

SUBJECT: **Membership Challenge Policy**

EFFECTIVE DATE:

DATE REVIEWED: ~~July 2005~~ March 2018

DATE REVISED: ~~July 2005~~ March 2018

REFERENCES Bylaws, MP.0791

Policy Statement:

Requests may be received by the Executive Office challenging a member's status.

Policy Amplification:

1. A written request must be received at the AARC Executive Office addressed to the chair of the Judicial Committee. This request must include the following:

   A. Name of the individual being challenged.
   B. The specific reason or reasons the challenge is being made.
   C. Signature of individual initiating the challenge.

2. The Chair of the Judicial Committee will decide if the challenge is preliminary valid. If valid, a non-confrontational request for information will be sent to the individual being challenged, as well as the section of the Bylaws, highlighting Article III, Section 2, containing the definition of Active Member. This request will attempt to obtain the following information from the individual:

   A. Job description(s) for the past 12 months
   B. Explanation of the percentage of time spent on the job
   C. Medical Director/~~Spouse~~ name
   D. Request for a written response within ten (10) business days

3. The following are the time frames for the challenge process:
   A. Five days to inform the challengee
   B. Ten days for the challengee to return information
   C. Fifteen days to send the information to full committee and vote on a decision at the end of the 15 days.
   D. Notify both parties ~~immediately~~ as soon as possible, but no later than 48 hours after the vote is taken.

4. The decision will be based on the documents, affadavits, statements, and other evidence gathered by the Juducual Committee; the outcome will be by a majority vote of the Judicial Committee. ~~Anonymity~~ Names of both the challengee and the challenger will be kept from the committee and all others involved. As a result, the chair of the judicial committee may take no role in decision because the chair knows who the parties' names are. In the event of a tie vote the challenge fails.

5. Any appeal of the Judicial Committee decision will be forwarded to the AARC Board of Directors.

6. The verification of active status for those nominated for an AARC office will be required before the candidate is placed on the ballot.

DEFINITIONS:

Challenge: To contest the validity of a member's qualifications for membership and status in the AARC.

Challenger: The person who challenges the membership of another.

Challengee: The person whose membership is challenged.

Decision: The final, written decision of the Judicial Committee transmitted in writing to both parties and the AARC President.

Preliminarily Valid: A challenge is preliminarily valid if, on its face, it raises a question about the qualifications of a subject member. A determination that a challenge is preliminarily valid only imposes a duty to respond; it is not a decision on the merits, and the Judicial Committee Chair's decision carries no evidentiary weight.

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Board of Directors

SUBJECT: **Use of AARC Corporate Credit Card**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~November 2015~~ March 2018

DATE REVISED: ~~July 2005~~ March 2018

REFERENCES:

Policy Statement:
Only the President, President-elect, Past President and selected Executive Office personnel shall be authorized to carry Association corporate credit cards.

Policy Amplification:

1. Use of Association corporate credit cards shall require proper detailed reports.

2. The Executive Director shall determine which members of the Executive Office may use Association corporate credit cards.

   a. All individuals issued corporate credit cards should use these cards for **ALL** business-related expenses without exception.
   b. Credit card expenses should be reconciled within 30 days of receiving monthly credit card statements.
   c. Monthly "reconciliation" includes (is defined as) sending receipts and accounting charge codes/departments to the accounting department at the Executive Office.

3. The Board of Directors shall travel under the official travel policy of the Association.

4. The Controller shall be responsible for monitoring the use of corporate credit cards and assuring that use is properly reported.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Board of Medical Advisors

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: ~~December 14, 1999~~ March 2018

DATE REVIEWED: ~~November 2013~~ March 2018

DATE REVISED:

REFERENCES:

Policy Statement:
~~Upon the President's request,~~ The Chairperson of the Board of Medical Advisors (BOMA) shall identify Medical Advisors for Committees, Specialty Sections, and other appropriate Association Groups.

Policy Amplification:

1. Medical Advisors shall be limited to:

    A. Members of the Board of Medical Advisors
    B. Physicians approved by the Board of Medical Advisors

2. Medical Advisors so identified shall be ~~appointed by the President,~~ subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

General Reports

President

Submitted by Brian Walsh– Summer 2018

This past quarter has been very busy as I change from my Presidential Goals to the new Horizon Goals we approved in March. Below are a few comments according to previously developed themes of quality, safety and value. We will discuss many of the opportunities to advance our great profession in the coming hours.

Quality:
I remain concerned about the quality of respiratory therapy given nationally. Like past presidents, I feel this poor quality might limit our value and lead to our stagnation and possibly future elimination as a profession.

- I have been marketing the second year of the APEX Recognition Program at state society meetings over the last quarter. This program will help us push evidence-based practices, higher credentials and educational levels, while promoting patient safety by providing access to high quality respiratory therapy services.

Safety:
Preventable harm is occurring, and I would like to see more best practices coming from the AARC and RT community. We have pockets of RTs providing wonderful patient safety practices, but a culture of safety is not pumping through our blood. We need urgency and must be unwilling to postpone progress. We need to focus on prevention, research, knowledge sharing and supporting standardization.

- I have joined the Patient Safety Movement Foundation's Airway Safety Workgroup. We plan on meeting in August.

Value:
Creating value of the respiratory therapist and for the AARC is paramount to our continued success.

- I attended and participated in the AARC Leadership Boot Camp. This was yet another successful meeting.
- The URM group has been making some headway on this difficult task to incorporate the value concept. I believe the steps they are taking will help get leaders thinking in this direction. Additional help prepare future editions of the URM.

Advocacy:
I could not do the advocacy without Frank, Anne Marie, Tom, Shawna, Tim and the whole Executive Office. Below and attached to this report is the letter sent out on behalf of our membership. See Anne Marie's Advocacy & Government Affairs Executive Report for more details.

- We had a very successful PACT meeting in April.

Appointments/Changes/Committee Personnel Changes:

- Asked the Position Statement and Issues Paper Committee to look at renewing retired position statement on Age Appropriate Care of the Respiratory Patient.

Require Ratification from the Board of Directors:

- Lori Shoman of North Dakota is filling in for Gary Smith on the AARC Bylaws Committee until Gary is able to resume his duties.

Travel (Promoting):

- North Regional Respiratory Care Conference – 4/15/18-4/16/18
- AARC Leadership Bootcamp – 4/20/18-4/22/18
- NESRC – 4/25/18-4/27/18
- AARC PACT – 4/30/18-5/1/18
- CSRC – 5/8/18-5/11/18
- SDSRC – 5/17/18/-5/18/18
- ATS Conference – 5/19/18-5/23/18
- TSRC – 6/10/18-6/12/18
- II International Congress of Respiratory Medicine and Pneumology – Mexico City, Mexico
- GSRC – 7/10/18-7/13/18

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April 10, 2018

Chris Lantz, Ed.D.
Associate Dean of Academic Affairs
College of Health and Human Services
University of North Carolina Wilmington
Wilmington, NC 28403

RE: Development of a new Bachelor of Science in Respiratory Therapy

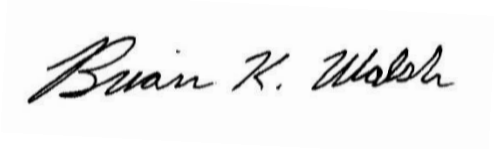
To Whom It May Concern,

I would like to take this opportunity to offer the support of the American Association for Respiratory Care (AARC) should there be any consideration for development of a new Bachelor of Science in Respiratory Therapy degree program being proposed by the University of North Carolina-Wilmington.

The AARC has gone on record to promote the advanced level credential (RRT) and baccalaureate degree for the Respiratory Therapist, as well as advanced degrees in Respiratory Care. Our current position statement is attached. The development of this program is in step with our initiative that lays out a roadmap for getting 80% of the practicing workforce to the baccalaureate level or higher. A well-designed curriculum should offer respiratory therapists a unique opportunity for personal and professional growth.

As the needs of our patients become more complex, it will be incumbent for appropriate training and competency of the workforce of the future. The role of the respiratory therapist is already changing. Today many respiratory therapists work in case and disease management, telemedicine, and other areas not taught in a traditional associates degree programs and, thus, require a higher level of skill sets. This option, once available for the Registered Respiratory Therapist, should be well-received by the profession and I applaud you for your foresight in considering an option.

Sincerely,



Brian K. Walsh, PhD, RRT, FAARC
President

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June 1, 2018

Re: National Occupational Research Agenda (Docket Number CDC-2018-0024)

As President of the American Association for Respiratory Care (AARC), we strongly support the National Occupational Research Agenda for Respiratory Health (herein referred to as the Respiratory Health Agenda) designed to assist in planning and implementing "efforts to prevent occupational respiratory diseases and improve workers' respiratory health."

The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. As such, we support preventive lung health including smoke free environments, smoking cessation counseling and pulmonary rehabilitation.

As a profession, respiratory therapists are exposed to aerosols which can have a detrimental impact on their overall respiratory health. Within the hospital and respiratory therapy community there is concern regarding prolonged exposure to aerosols generated from ventilators as well as the routine administration of aerosol medications via nebulizers or metered-dose inhalers, especially antibiotics, bronchodilators and older drugs that aren't often used like Ribavirin. In fact, the CDC conducted a survey titled "Health and Safety Practices Survey of Healthcare Workers" to assess adherence to best practices for minimizing exposure to aerosolized medications. (https://www.cdc.gov/niosh/topics/healthcarehsps/aerosolizedmeds.html). Among the findings, 22% of respondents did not always wear protective gloves, 69% did not always wear protective gowns, and 49% did not always wear respiratory protection while administering aerosolized pentamidine to patients. Obviously more needs to be done to ensure healthcare workers are educated on, and comply with, best practices to ensure their safety when exposed to harmful chemicals. It is our hope that the evaluation and research conducted as part of the Respiratory Health Agenda will result in wider dissemination of preventive measures that can lead to safer work environments.

The Respiratory Health Agenda and its breakout into strategic groupings appear to be well-designed and cohesive with respect to the action items. Our primary interest is related to STRATEGIC OBJECTIVES 1-4: **Work-Related Respiratory Diseases** due to the focus on asthma, COPD, chronic bronchitis and idiopathic pulmonary fibrosis (IPF). As you may be aware, the CDC's March 8, 2018 Morbidity and Mortality Weekly Report

(https://www.cdc.gov/mmwr/volumes/67/wr/mm6709a2.htm?s_cid=mm6709a2_w) highlighted a study regarding nine dentists who were treated for IPF at a Virginia tertiary care center, of which seven patients died. According to the study, dental personnel are exposed to numerous hazardous materials, including infectious agents, chemicals, airborne particulates, and ionizing radiation and it is possible that exposure to occupational hazards contributed to this cluster's IPF. The goals and objectives of the Respiratory Health Agenda can help bring more issues like these to light in hopes of developing preventive measures that can reduce exposure to such materials and save lives.

The Respiratory Health Agenda has the potential to give the AARC tools to do more to protect respiratory therapists and their patients as respiratory illness/infections are rapid in health care, especially during the viral season which negatively impacts patient care.

We commend the CDC and the National Institute for Occupational Safety and Health (NIOSA) for taking on this important agenda and look forward to its findings that can lead to effective preventive interventions.

Sincerely,

Brian K. Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC
President

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June 18, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1696-P: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed Rule for FY 2019, SNF Value-Based Purchasing Program and SNF Quality Reporting Program

Dear Ms. Verma:

As President of the American Association for Respiratory Care, I am pleased to submit comments on the subject proposed rule which would establish a new Patient-Driven Payment Model (PDPM) for Skilled Nursing Facilities (SNFs) effective October 1, 2019. The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. Our comments address the proposed Non-Therapy Ancillary (NTA) Component to be created under the new PDPM model.

Non-Therapy Ancillary (NTA) Services

Respiratory services, such as ventilator management, tracheostomy care, and suctioning among other services, are considered Non-Therapy Ancillary (NTA) services in the SNF setting, yet they are a vital and costly part of the care furnished by respiratory therapists. Other costly NTA services include drugs, lab services and medical supplies. Last year, in an advanced notice of proposed rulemaking (ANPRM), CMS recognized that its current payment methodology did not adequately account for NTA services which had been included as part of the nursing component and whose payment was based on nursing staff time. The agency proposed to develop a new Resource Classification System, Version 1 (RCS-1) to address the issue.

In its FY 2019 update, the PDPM will replace the proposed RCS-1 case-mix methodology and will tie payment to patients' conditions and care needs rather than the volume of services they receive. Similar to the RCS-1 model, the PDPM model will provide for a separate NTA component taking into account comorbidities present at the time the individual is admitted to the SNF and the extensive services provided during the length of stay. A point value will be assigned to such conditions/extensive services with all residents classified into one of six NTA case-mix classification groups based on a scale of 0 to 12+. In the list of conditions/extensive services to be used for NTA classification, we note CMS is still using the term "ventilator or respirator". We urge CMS to remove the term "respirator" in the final rule as it is outdated and a term that is no longer used.

The AARC strongly supports any methodology that recognizes the cost and resource utilization of respiratory therapy services in the SNF setting. In addition to the respiratory conditions/extensive services contained in last year's advance notice and carried over to the proposed FY 2019 update, we also support the addition of Cardio- Respiratory Failure and Shock, Respiratory Arrest and Pulmonary Fibrosis and Other Chronic Lung Disorders to the list used for NTA classification. We are disappointed, however, with some of the point values assigned to some of respiratory services on the list, particularly ventilator care.

In last year's ANPRM, CMS proposed a scoring methodology in which conditions and extensive services were assigned tiers designated as Ultra-High, Very High, High, Medium and Low with points assigned based on the tier designation. At the time, the AARC recommended the assignment of ventilator care in the "Very High" tier with a point value of 7 rather than the proposed "High" designation assigned by CMS which carried a point value of 5. The AARC's rationale for the higher distinction for ventilator care is based on the need for the 24-hour presence of a respiratory therapist as well as advanced monitoring equipment. Moreover, ventilator weaning as noted in our earlier comments is now common, with liberation occurring in the SNF setting, making the care more intense.

Unfortunately, CMS choose not to accept our comments. Further, we note the value assigned to ventilator care in the FY 2019 update is one point lower than proposed in the ANPRM, although CMS is not using the same tier system designation as proposed previously, e.g., Ultra-High, Very High, etc. Nonetheless, we recognize the substantial research CMS conducted in examining the potential for refinements to NTA services and support the overall proposal with respect to the separate NTA component based on the thoroughness with which the PDPM alternative was reviewed and the numerous data sources, algorithms and cost regressions that went into developing the case-mix methodology. Recognizing separately NTA services that include respiratory care rather than combining them with the nursing component is long overdue and a step in the right direction.

General Comments

Last year, when considering the new NTA case-mix component, CMS made a point of eliminating certain NTA services, such as oxygen therapy and non-invasive ventilation (NIV), i.e., BiPAP/CPAP. The rationale was based on the opinion of the clinicians who were part of the research team at the time that these services were easily delivered and prone to overutilization and the costs were most likely captured in the increase in costs associated with asthma, COPD or chronic lung disease, conditions included in the proposed PDPM model. Patients who are utilizing NIV and High Flow O2 therapy
devices are higher acuity patients. These modalities are more complex in nature and require the expertise of qualified respiratory therapists who are best educated and competency tested to provide complex respiratory care services. We request CMS take this into consideration as further refinements are made to the PDPM.

We appreciate the opportunity to provide comments on the proposed 2019 SNF update and applaud CMS for proposing a patient-driven payment model comprised of a separate NTA component that more appropriately recognizes the cost and resources of respiratory therapy and other NTA services.

Sincerely,

Brian K. Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC
President

Past President

Submitted by Frank Salvatore – Summer 2018

Recommendation

None

Report

The following is an accounting of my activities done prior to and around the July 2018 Board meeting:

1. Participated in Bylaws and Elections Committees as per AARC Bylaws/Past President's role.

2. Participated in calls with President Walsh, President-elect Schell and Exec. Dir. Kallstrom weekly.

3. NJSRC/NYSSRC – Rocking Chair Conference – 2 Lectures – June 7-8, 2018

The following are the items that were referred to me at previous board meetings:

1. Nothing.

<u>Update on Employers-Baccalaureate Workgroup:</u>

1. Committee members Cheryl Hoerr, Garry Kauffman, Doug Laher and I have met via e-mail and conference call to do the following:
    - Identify using the US News and World Report the top 25 Adult and Pediatric Pulmonology Hospitals.
    - Further stratify the top 25 Adult and Pediatric Pulmonology Hospitals by looking at the CMS star ratings and Magnet status.
    - Find the names of the leaders of the RT departments in the hospitals that appear in the top 25, have a 4 or 5 start CMS rating and are Magnet Status.
    - Create a survey to find best practices – (see attached "Employers and Baccalaureate Degree Survey – Version 1 – 6-14-18").
    - Next Steps:
        i. Finalize survey and get AARC Executive Committee approval via the survey process to send the survey to those who meet the criteria above and to the Management List Serve to get responses from all other hospital organizations.

If there are any changes or additions, I'll add them in a written addendum.

Executive Office

Submitted by Tom Kallstrom – Summer 2018

Recommendations

That the AARC Board of Directors approve up to an additional $125,000 for the IT Platform Rebuild.

Report

MEMBERSHIP

As of June 19, 2018, our total active membership numbers were 39,300 (in 2017 same YTD there were 38,779). This is 521 more than last year's number and much closer to 40,000, at which point we will provide the states an additional dollar of revenue sharing. The retention rate through May was 80.29%. There have been 3,088 new members through May. We will have a more current number to report at the board meeting in July.

Please note that the traditional graduation conversion, student classification dropped 33% (2369) in June as it does every summer. Also, we were directed to retire the free student membership program. We do know most of the free student members never did transition over to active membership. The cost for new student members decreased from $50 to $25 per year. We will keep an eye on this in the coming months.

In an effort to align our student retention program with available programming in our IT platform, we decided to make a few minor changes. The first change is to rename the *student membership* to *Early Professional*. This references a better connection from student to early professional RT and rewards students for joining the AARC early in their academic career. We know that the first 2 years as an active member are crucial in that this is where the new active member decides whether to stay as an AARC member or not. After the first two years the new graduate would be stepped up to full membership in stages. Membership for their first two student years will be $25 each. The cost for the 3rd year will increase slightly to $40 and the 4th year to $60. The next renewal cycle would then be at the regular active member price ($89). While we needed to make the change to accommodate the platform upgrade, we also feel that this will allow us to keep the new members who transition from student to active longer. We do not anticipate that this change will have an impact on the budget.

Looking at section membership we report the following YTD:

- International YTD 303 v. 312 (-3%)
- Senior YTD 402 v. 220 (+45%)
- Adult Acute YTD 2105 v. 1670 (+21%)
- Diagnostics YTD 917 v. 813 (+11%)
- Edu. YTD 1328 v. 1144 (+14%)
- Management YTD 1568 v. 1496 (+5%)
- Neo/Peds YTD 2313 v.1883 (+19%)
- Transport YTD 388 v. 319 (+17%)
- Post Acute YTD 1068 v.1359 (-21%)

Conventions/Meetings

Summer Forum 2018

As of the writing of this report, pre-registered attendance is over 400 and with 4 weeks still to go to the meeting, we've already exceeded budget (385). There are also 24 committed exhibitors (21 in 2017).

Future Summer Forum Destinations

- 2019 – Ft. Lauderdale, FL
- 2020 – OPEN
- 2021 – Bonita Springs, FL

AARC Congress 2018

Logistical planning for AARC Congress 2018 is progressing as scheduled. At the writing of this report, the Advance Program has not been released to membership either by website or in the AARC Times. Our tentative date for release of the Program is slated for Aug. 13, 2018. Details of the meeting are as follows:

- AARC Congress 2018 will be hosted over 3 ½ days
- We will offer 9 hours of unopposed time for exhibitors in the Exhibit Hall
- At the time of this writing, we have 114 confirmed exhibitors, which is on target to hit budget.
- 147 presenters, 215 lectures
- 53 first time presenters (45 in 2017). This equates to 36% of presenters.
- We'll be hosting speaker auditions with the AARC Speaker Academy in 2018. Applications will be accepted through July 30 and the registration page is currently hosted on our website.
- **Lectures by Content Category**
    - Adult Acute Care: 41
    - Management: 27
    - Neo/Peds: 31
    - Sleep: 9
    - Education: 20
    - Clinical Practice: 48
    - Pulmonary Function: 14
    - Patient Safety: 11
    - Ethics: 3
- 12 Open Forums in 3 unique formats
    - **Traditional Format**: Poster discussion + 5-minute summary/Q&A from podium.
    - **Poster Discussion Only**: To be presented in designated space and at designated times in the exhibit hall. No summary, Q&A or podium presentation.
    - **Editor's Choice**: Best of the Best. Showcased as a stand-alone, high profile Open Forum presentation. Poster discussion + 5-minute slide presentation/summary + 5-minute Q&A.
- **Plenary Session Schedule:**
    - Thomas L. Petty Memorial Lecture (Dec. 5) - Everyone Needs Oxygen **(Jerry Krishnan MD)**
    - Donald F. Egan Scientific Memorial Lecture (Dec. 6) – ABCDEF Bundle and the Role of the Respiratory Therapist **(Wes Ely MD)**

- Phil Kittredge Memorial Lecture (Dec. 7) – Journey to Zero Harm – Developing a Culture of Safety **(Michael Anderson MD)**

• 30-minute presentations + required 5-minute commitment for Q&A
• Each presentation will be designated by Content Category

- **Pre-Courses**
  - 1 Corporate Sponsored Pre-course and 2 AARC Sponsored Pre-courses:
    - Ultrasound Guided and Emergent Vascular Access Simulation Workshop **(sponsored by Teleflex)**
    - Women in Leadership **(sponsored by AARC)**
    - Ventilator Simulation Course **(sponsored by the AARC)**

Future AARC Congress Destinations
2019 – New Orleans, LA (Nov. 9-12)
2020 – Orlando, FL (Nov. 14-17)
2021 – Phoenix, AZ (Nov. 6-9)

Human Resources
On June 16, 2018 the AARC migrated to G&A Partners as our new payroll processor. This transition occurred smoothly and without incident. Our relationship with G&A will yield several benefits, which will be enjoyed by the Association and our staff. These include digital onboarding for new employees, digital open enrollment for benefit selection, human resource expertise and consultation, advisement on state/federal labor and tax laws, policy/procedure best practices, and fewer labor hours to administer payroll and processing. Previously, the AARC had worked with ADP as our payroll processor.

Building & Facilities
- Three new HVAC units were installed shortly after the 1st of the year. These units were budgeted for as Capital Expenditures. Purchase and installation costs came in ~ 1,500 above budget.
- The exterior of the building was power washed, stucco repaired and repainted in June of this year. This expense came in significantly below budget ($18,600 vs. $25,000)

<u>Advertising, Marketing, Business Development and Grants</u>

Advertising
Print advertising is tracking ahead of 2018 budget projections due to a strong campaign by Sunovion with three new products and we expect that both publications will finish ahead of budget again for 2018.

Digital advertising on aarc.org continues to sell out slots through our partner, Multiview. All aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2018.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads continue to be slightly favorable compared to prior years and tracking evenly with 2018 budget. eNewsletter advertising is off to a slower start as is the normal trend in the first half of the year, but we expect to finish strong as other digital advertising opportunities disappear and Congress activities pick up.

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. We will be seeing some changes in our newsletters as Informz starts to integrate with their new owner High Logic (owner of AARConnect). We have also added a Marketing Analytics module to our e-mail system and our social media platforms to assist us in marketing ROI metrics.

Marketing has continued to work with various AARC departments to highlight programs and projects through contemporary creatives for our various media platforms.

Business Development
We have readjusted the affinity, co-marketing opportunities and membership discount benefits in late 2017 and early 2018. We have added co-marketing agreements with localhospitality.com for travel and So-Fi for a variety of loan programs. We have also added a member discount benefit with Dansko shoes. We have eliminated the Debit Card co-marketing agreement mutually due to lack of interest from our membership.

Various meetings took place at ATS with pharmaceutical, patient advocacy and professional associations on potential collaborations. We have several items that we are looking at from both a sponsorship and a grant standpoint. Further details will be provided in the Fall as some of these items start to gain traction.

Products
We are realizing a growing interest in AARC Benchmarking 2.0 as we continue to market and rollout the program to hospitals and systems. Additional information can be found in the Benchmarking Committee reports section of your Board book.

We have formalized a committee to begin work on the 6th Edition of the Uniform Reporting Manual. A short pre-survey has been distributed to get a better handle on how hospitals are gauging hospital productivity and efficiency in 2018. We will look to add value-based care modules to this edition as well.

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. We came in above budget target in 2017. We have selected a theme and are in the final stages of developing creatives for 2018. We hope to be able to launch everything around Summer Forum this year.

We continue to work to acquire sponsorships for our various educational products to offset expenses in 2018. There has been a decided change in focus from many industry sponsors around supporting non-Congress educational endeavors that have lead us to solicit grants from other sources moving forward.

We all also are looking at several new products that will be launched in the AARC store later in 2018 after the implementation of the new Content Resource Management (CRM) database.

Grants
AARC has been working with our contracted Grants Strategist for 2.5 years. We are starting to realize the benefits of this role and the relationships being developed. In the past year, we actualized grants/sponsorships for revisions to Aerosol Guides ($62,500), a new Pulmonary

Hypertension Guide ($30,000), a brochure for Pulmonary Fibrosis patients that require oxygen (in collaboration with Pulmonary Fibrosis Foundation) ($32,500), and support of the 3rd Annual Patient Advocacy Summit in Indianapolis prior to AARC Congress ($60,000). AARC Grant Strategist also acquired $23,000 for the ARCF for the June 2018 Journal Conference.

In 2018, we have completed a grant for alternative languages for the brochure for Pulmonary Fibrosis patients that require oxygen (in collaboration with Pulmonary Fibrosis Foundation) in Chinese, Russian, and Spanish. We have also received $10,000 for the Summer Disease Webcast Series.

We have submitted grants/sponsorships for the 4th Annual Patient Advocacy Summit for Las Vegas and will be hearing over the summer a decision on these submissions. To this point, we have actualized $20,000 in support and expect that to continue to grow as we move to the fall with a later Congress date in 2018.

AARC also was able to solicit a small grant from the ARCF to revise and update the International Council for Respiratory Care's (ICRC) website. The current website is the original version on an older antiquated platform and will be designed by the same person that updated the ARCF site set to launch just prior to this meeting.

And finally, we will be seeking funding to revamp AARC's Your Lung Health Website and the website platform. The website platform is antiquated and relies on AARC's Web Master for all changes. We will also look to streamline the layout and focus and contract services to keep the disease state content up to date.

Accounting

Since we met in Dallas in March, AARC has been able to hire a top-notch CPA, Ada Morton, to oversee our internal accounting functions in the role of CPA-Senior Accountant. You will all get the chance to meet Ada this December in Las Vegas.

AARC has also secured a contract with Salmon, Sims and Thomas (SST) to develop, design and implement new cloud-base, software (Intacct by Sage) for ALL AARC activities. At this time, we have signed off on the Chart of Accounts and the software architecture and expect to have the software design by the end of June. The month of July will allow us to provide adjustments and system validations before going live in September if all stays on schedule. Once we launch the new software, we will outsource 3/4ths of the daily accounting functions to SST per our proposal to this Board in March. At that time, AARC will also begin the process of looking for a new auditing firm in 2019 to replace SST.

Additional information will be provided verbally at the meeting as it relates to other areas within accounting that were discussed at the spring meeting.

Leadership Boot Camp

The 2018 Leadership Boot Camp was held April 20-22, 2108. Thirty state society leaders representing 22 states spent the weekend learning from AARC staff, volunteers, and each other. A variety of topics were discussed including financial stability and engagement strategies. Boot Campers have their own AARConnect community where they can continue the discussion by asking questions and sharing ideas.

State Society Communities on AARConnect
Following successful beta testing in 2017, we are continuing the launch of additional state communities on AARConnect. By the end of June, we anticipate at least twenty state affiliates will have a live state community.

Specialty Practitioner of the Year
Nominations for the 2018 Specialty Practitioner of the Year awards will be open until July 11. The Membership and Marketing departments have worked closely together to increase the visibility of this award and in turn promote section membership.

Database Development
The membership department has collaborated with Customer Service and IT to help develop and test database functionality and processes.

Recruiting for the Profession
The 2018 HOSA event was held in Dallas. AARC took the lead as we worked with local respiratory care programs. At the end of June, the AARC will exhibit at the 2018 HOSA National Leadership Conference in Dallas, TX.

The AARC exhibited at the 5th US Science and Engineering Festival in Washington DC in April. Many thanks to booth coordinator Carolyn Williams and her team of dedicated volunteers.

SPECIAL PROJECTS

Life & Breath
The Life & Breath public relations and recruitment video is scheduled for revision. The new product is planned to utilize multiple types of video for various audiences and purposes. Production is on hold as funding resources are explored.

AAMI Foundation Collaboration
The AARC has been collaborating with the AAMI Foundation for several years on their alarm consortium. In 2016, the AAMI Foundation partnered with the AARC to include ventilator alarms in the consortium. The ventilator alarm workgroup has developed a ventilator alarms benchmarking tool that has been through beta testing with a few RT departments and is currently deployed for large-scale data collection. The plan is to develop a ventilator alarms community for professionals to compare their alarms to those experienced by others. The AARC was also invited to participate in a complex technology coalition in 2017. Currently, the coalition members have been assigned to teams to accomplish specific goals and Cheryl Hoerr and Julie Jackson are leading one of the coalition teams.

Apex Recognition Program
In 2017, the AARC implemented the Apex Recognition Award, which highlights respiratory care departments who meet certain quality indices. The program integrates Board initiatives and other quality indicators to demonstrate quality. 2018 Apex standards have been posted for the next application cycle: Acute Care, Long-Term Care, Home Medical Equipment, Entry-to-Practice Educational Programs, and Dedicated Transport Teams. The next application period opens in October 2018 for the 2019-2020 recognition period.

Clinical Practice Guidelines
In June 2017, the AARC Board of Directors approved the funding of six different guidelines projects: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The teams for these projects kicked off their work in late 2017 and are currently wrapping up their literature reviews.

EDUCATION

NBRC Collaboration
The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. In 2017, 13% (3,612) of those persons who entered courses into the Continuing Competency Program (total 26,901) utilized the import feature. They imported a total of 87,781 courses.

Respiratory Care Education Annual
Expected publication is in September 2018. Editor Dr. Kathy Myers Moss and Associate Editor Dr. Dennis Wissing have accepted 5 manuscripts for publication. Dr. Doug Gardenhire, Dr. Kathy Rye, Dr. Will Beachey, Dr. Gregg Marshall, Dr. Dave Burnett, and Dr. David Chang serve on the editorial board.

Pulmonary Rehabilitation Certificate course
In 2017, the AARC partnered with the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) to develop a 12 CRCE/CNE certificate course for pulmonary rehabilitation. The course was successfully launched in January 2018. As of May 31, 2018, 217 courses have been purchased.

CDC Strategic National Stockpile Ventilator Workshops
The AARC has completed four of the five planned SNS workshops in 2018. The five sites are the Nebraska Society for Respiratory Care annual meeting, the Illinois Society for Respiratory Care annual meeting, the California Society for Respiratory Care annual meeting, the Georgia Society for Respiratory Care annual meeting, and a New Jersey Society for Respiratory Care meeting date later in 2018.

Preceptor Recognition Program
The 2018 call for nominations for the preceptor recognition program was released in June 2018. Deadline for nominations is July 30, 2018. Recognized preceptors will be notified in early August 2018. Also, Dr. Georgiana Sergakis, Education Section Chair, has organized a panel of recognized preceptors from the 2017 cohort to deliver a panel webcast in September 2018 regarding effective precepting.

Clinical PEP Update
The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 1,719 records for the Clinical PEP program (1,263 unique member records and 682 non-member records) through 12/31/17. In 2017, 156 subscriptions to the product were purchased.

- 2017: 672 CRCE
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

2018 Educational Product Sales/Attendance Trends at a glance (as of 5/31/18)

	2018 YTD	2017	2016	2015	2014	2013	Comments for 2018
Webcasts and JournalCasts	5,392 (539)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	105	241	246	183	268	203	On budget
COPD Educator Course	193	596	734	859	820	570	Retired in March 2018
Ethics	1,726	4,299	4,242	1,928	1,757	2,361	Updated in 2018 On budget
RT as the VAP Expert		59	53	63	115	81	Retired in 2018
Alpha-1		78	75	74	125	98	Retired in 2018
Exam Prep (F&P grants in 15, 16, & 18)	109‡	20	189†	180*	39	40	*Grant (150) + 30 †Grant (150) + 39 ‡Grant (90) + 19 Slightly under budget
Leadership Institute	30	60	99	68	89		Slightly under budget
Asthma & the RT	262	512	604	446	172		Above budget
ACCS	92	140	164	121			Above budget
PFT: Spirometry	302	575	422	228			Above budget
PFT: Pediatrics	120	132	117	43			Above budget
PFT: Advanced Concepts	163	280	264	79			Above budget
Tobacco Training	115	188	259	85			Above budget
Congenital Heart Defects	31	72	122				Under budget
Pulmonary Disease Educator	124	319	32				Above budget
NPS	62	124					Above budget
Pulmonary Rehabilitation	217						New course in 2018

Additions to Education

The education department updated the ACCS course to match the new content matrix from the NBRC, which will be effective in June 2018. The department is currently working on updating the Asthma Educator Certification course for the new NAECB matrix that will be effective in September 2018. Updating the Leadership Institute is planned to begin in late summer/early fall for a 2019 release. The AARC diversity committee is working on a course to satisfy the MD/DC

licensure requirement for cultural competence continuing education. The AARC is also working on collaboration for a child abuse-reporting course suitable for the Pennsylvania licensure requirements. Current educational sales are going well and, overall, are over budget. Collaboration in place with the Marketing department for targeted advertisements for those courses that are not performing at budgeted expectations.

AARC Times

RR Donnelly/LSC is our current printer for AARC Times. They also host our on-line platform for the DigiMag. As of June 1, 2018, they discontinued service to our existing replica version of our magazine. In turn, we have migrated over to a digital platform that will significantly enhance the reader's experience, allow for thumbnail selection of specific articles, which are of interest to read and a much more aesthetically pleasing interface for the reader. At the time of this writing, the June edition of AT had not fully developed all the above benefits, but it is our expectation that the July, and subsequently the July edition (viewable at the time of this meeting) will be fully migrated over. We're very excited about this development and feel it could "potentially" serve as a permanent digital platform for us moving forward.

RESPIRATORY CARE

We are currently processing abstract submissions for the 2018 Open Forum to be presented later this year in Las Vegas. This year we received 342 submissions, nearly 100 more than the 244 received in 2017. Of these, 15% are from countries other than the United States: Australia, Brazil, Canada, China, Columbia, Czechia, Hong Kong, India, Italy, Japan, Mexico, Saudi Arabia, Singapore, Taiwan, Thailand, and the United Kingdom.

Because most of the Open Forum abstracts are submitted by respiratory therapists, this speaks well for the scientific curiosity of our members. Unfortunately, few Open Forum abstracts are expanded into full manuscripts and submitted to the Journal for publication.

Accepted abstracts will be presented in one of 3 formats: Editors' Choice, Poster Discussions, and Posters Only. The authors of Editors' Choice abstracts are required to submit a full manuscript to RESPIRATORY CARE. This has been successful in increasing the number of submissions to the Journal by respiratory therapists.

Beginning this year, abstracts will be available in a digital format on the Journal website. This will increase the likelihood of abstracts being discovered on an Internet search, which should bring greater recognition to abstract presenters, the Journal, the AARC Congress, and the AARC.

This June the Journal published the papers from the 56th Journal Conference, held in June 2017, on *Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications*. This is an outstanding collection of papers that should serve as a valuable reference for all members. In June 2018, the Journal Conference *Noninvasive Respiratory Support* was presented and the proceeding will be published in June 2019. This is an area of much clinical interest among respiratory therapists and will include the topics noninvasive ventilation and high flow nasal cannula.

As a member benefit, CRCE can be obtained through reading the Journal and a JournalCast most months is available to members for CRCE. In total, 22 CRCE are available each month through

Journal activities.

The number of manuscripts received continues to be robust, and the Journal continues to evolve as an original research journal, with most submissions in this category. The editors are being increasingly selective regarding manuscripts accepted, thus allowing the quality of the Journal to increase.

It has now been more than 6 months since Rich Branson replaced Dean Hess as Editor-in-Chief and Dean Hess replaced Ray Masferrer as Managing Editor. This was a seamless transition. Every issue in 2018 has published on time, such that AARC members should have observed no change.

Executive Office Referrals

(from March 2018 BOD meeting)

- Recommendation 17-1-24.1 "That the AARC eliminate the free student membership program with appropriate notification of students and schools currently utilizing the program."

  Susan Gallo moved to refer to the Membership Committee to work with the Executive Office to report back to the Board at the summer 2018 Board meeting on how to operationalize.
  Motion carried

Result: This is complete. As of January 1, 2018, all new RT students must pay $25 for membership. Students enrolled in a respiratory care program prior to December 31, 2017, with a graduation date before May 31, 2019, were permitted to remain free web student members.

- Recommendation 18-1-23.1 "That the AARC investigate methods of teaching international members how to renew their membership." **Referred to Executive Office.**

Result: Amanda Feil sent an email to all lapsed international members with instructions on how to renew. Email went to 474 email addresses; email delivered to 85.44% of recipients (14.56% of emails were not delivered for some reason, like invalid email address); 37.28% of those who received the email opened it to read it; 9.27% of those who received the email clicked on the link provided to renew membership.

- Recommendation 18-1-23.2 "That the AARC initiate a marketing campaign directed towards past international members and that the campaign includes and highlight the previously approved membership rates based on income levels where potential members reside." **Referred to Executive Office.**

Result: On hold, need to review recent regulations in EU.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Summer 2018

Recommendations

None

Report

CONGRESSIONAL UPDATE

Appropriations Activities

Congress finished its work on FY 2018 spending bills at the end of March after the FY 2019 spending process had already gotten underway. The $1.3 trillion spending bill included increases for many health programs, notably a $3 billion increase for the National Institutes of Health. The report that accompanied this bill also deemed the report language requested by AARC to be final. This language was included in the House Labor-HHS report and states:

> Chronic Obstructive Pulmonary Disease—Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death and fourth most costly condition with respect to hospital readmissions. Respiratory therapists are educated and trained in all aspects of pulmonary medicine and play a critical role in the treatment of COPD patients. The Committee encourages CMS to conduct an analysis of the most recent claims data of services provided to Medicare beneficiaries with COPD in the emergency department, inpatient and physician office settings, and long-term care facilities to determine the role of respiratory therapists in improved health outcomes, reduced readmissions, and potential cost savings. The Committee requests an update on this effort in the fiscal year 2019 Congressional Justification.

CMS provided the following response in its FY 2019 justification:

> Action Taken or To Be Taken—Access to respiratory therapy services is important for Medicare beneficiaries and respiratory therapists are an important part of the care team. Typically, the services furnished by respiratory therapists are billed to Medicare by other entities, such as hospitals or home health agencies. Therefore, the claims data does not indicate specific information about the role of the respiratory therapist. It is important that all members of the care team, including respiratory therapists, work together to promote improved health outcomes for all Medicare beneficiaries.

While we are disappointed that CMS will not be conducting the requested analysis, the agency's response highlights why it is so important to advance the pilot legislation.

Opioid Legislation

Much of Congress' attention has been on addressing the opioid crisis. Committees of jurisdiction in the House and the Senate have held hearings and markups on opioid legislation. Congress is unlikely to take up other health related bills until legislation on the topic has been finalized. We expect final opioid legislation will include provisions that expand the use of telehealth to address the crisis.

LEGISLATIVE INITIATIVES

Advocacy Day 2018 and Virtual Lobby Campaign

To recap this year's legislative initiative, as you know, we advocated for a 3-year pilot designed to evaluate costs and outcomes associated with respiratory therapists as telehealth practitioners furnishing disease management services to Medicare beneficiaries with COPD. Services would include self-management education and training, demonstration/evaluation of inhaler techniques, smoking cessation and remote patient monitoring.

Overall, we had an extremely successful Advocacy Day on May 1, with an incredible build-up of over 33,000 messages sent to the Hill by over 9,000 advocates during our Virtual Lobby Campaign prior to the face-to-face meetings. Over 130 PACT representatives from 43 states plus the District of Columbia, together with AARC staff, patients and representatives from other organizations, attended close to 300 meetings. Although Members of Congress were on recess during our visit and there was some skepticism as to how successful we would be, a number of PACT representatives said it was one of the best Hill days they had experienced because staff were more relaxed and engaged and not rushed to do things for their bosses.

We received overwhelming positive feedback on PACT members' visits. Many offices expressed interest in being contacted when the pilot legislation is introduced. We expect to see legislative text of AARC's telehealth pilot once the opioid actions are finalized and the legislative counsel's office can turn its attention to other pending legislative issues. Our two champions of the pilot, Representatives Mike Kelly (R-PA) and Mike Thompson (D-CA), remain committed to working with AARC to advance the pilot. In fact, after the PACT meetings, some legislative staff even contacted their offices to get more information and sign onto the yet to be introduced pilot legislation.

Despite the fact we do not have legislation yet, AARC is implementing a follow up plan. We have sent follow-up emails to all of the staff. For offices that expressed a higher level of interest, we followed up letting them know we will contact them with legislative text as soon as it is available. Many of the offices that expressed interest were on the Senate side and we do not yet have bipartisan commitment to introduce the legislation on the Senate side. We will be setting up meetings with a targeted list of Senate offices, prioritizing members on the Finance Committee, to try and identify original Senate sponsors for the pilot legislation.

Other Telehealth Bills

The three bills we have advocated for in the past that include respiratory therapists (H.R. 2550, H.R. 2291 and H.R. 766) remain stagnant. As of this report, the Medicare Telehealth Parity Act has 24 co-sponsors, with only 2 signing up in 2018. The other two bills, the HEART Act and Telehealth in Public Housing have had no action for over a year. Because we have heard that large bills like the Parity Act will most likely not move this year due to cost, we will continue to spend our energy advocating for our pilot proposal.

FEDERAL INITIATIVES

This is the time of year when CMS starts issuing proposed rules for 2019 payment updates that have a fiscal year (FY) effective date. To date, update proposals have been issued for hospital inpatient PPS, SNF PPS, inpatient rehab hospitals, home health and hospice. Rules that have a

calendar year effective date, e.g., the physician fee schedule and hospital outpatient PPS, including pulmonary rehabilitation payment updates, usually come out in July. We will continue to monitor the proposals to determine any impact on respiratory therapists or the profession, as applicable.

Skilled Nursing Facility (SNF) Payments to Recognize Respiratory Therapy Services

Under the current payment system for SNFs, respiratory therapy is considered a non-ancillary therapy (NTA) service and, as such, is part of the nursing component in which payment is based primarily on nursing staff times. CMS has been told by health care leaders that payment to SNFs do not adequately reflect the costs of NTA services, and after much research, CMS is proposing to fix the problem in the SNF FY 2019 payment update. A new Patient-Driven Payment Model (PDPM) designed to improve incentives to treat the patient's conditions and needs rather than focusing on the specific services will replace the current payment methodology.

The PDPM model will provide for a separate NTA component taking into account comorbidities present at the time the individual is admitted to the SNF and the extensive services provided during the length of stay. The new NTA component includes a number of respiratory conditions and extensive services, primary among them are ventilator care and treating patients diagnosed with asthma, COPD, and chronic lung disease. A point value will be assigned to such conditions/extensive services with all residents classified into one of six NTA case-mix classification groups based on a scale of 0 to 12+.

It is not a perfect solution because respiratory care is included with other costly services such as drugs, medical supplies and lab services, but it is a step in the right direction and we submitted comments to CMS in support of the proposal. While we didn't agree with some of the point value designations for some of the respiratory services, especially ventilator care, we respect the fact CMS conducted substantial research including review of numerous data sources, algorithms and cost regressions that went into developing the case-mix methodology.

Because facilities will be paid more accurately for respiratory care and other NTA services, we believe this could be an incentive for SNFs to hire more respiratory therapists whose expertise is critical in providing the necessary care for residents with chronic respiratory conditions.

Inpatient PPS Rules to Reduce Burden and Unnecessary Quality Measures

As part of CMS' commitment to reduce burden, the FY 2019 payment update to the inpatient prospective payment rules (PPS) proposes to eliminate a significant number of measures hospitals are currently required to report as part of the Hospital Inpatient Quality Reporting (IQR) Program and the Value-Based Purchasing (VBP), Hospital Readmissions Reduction (HRR), and Hospital Acquired-Condition (HAC) Reduction Programs. The overall impact would result in the reduction of over 2 million burden hours. Respiratory measures that would be eliminated and the rationale for elimination include the following: 1) 30-day mortality outcome measures for COPD and pneumonia would be removed from the Hospital IQR program because they are duplicated in the VBP program; 2) 30-day readmission rates for COPD and pneumonia would be removed because they are duplicated in the HRR program; and, 3) payment associated with a 30-day episode-of-care for COPD and pneumonia would be removed from the VBP program because the measures are duplicated in the Hospital IQR program and also captured under the Medicare Spending Per Beneficiary measure. There are no changes to the measures in the HRR and HAC Reduction programs.

As an aside, effective January 1, 2019, CMS proposes to update guidelines to require hospitals to make a list of their standard charges available on the Internet or other electronic format to make it easier for Medicare beneficiaries to know what they charge for procedures and care. This is a requirement of the Public Health Services Act that was passed as part of the Affordable Care Act and to which hospitals have been reluctant to comply. CMS is also considering ways to enforce noncompliance.

New CMS Rural Health Strategy Promotes Telehealth Access

Subsequent to a series of listening sessions with rural stakeholders and consumers, CMS has developed a rural health strategic plan focusing on five objectives: 1) apply a rural lens to CMS program and policies; 2) improve access to care through provider engagement and support; 3) advance telehealth and telemedicine; 4) empower patients in rural communities to make decisions about their health care; and, 5) leverage partnerships to achieve the goals of the CMS Rural Health Strategy.

With respect to telehealth, CMS proposes to focus on reducing barriers such as reimbursement, cross-state licensure issues, and the administrative and financial burden to implement telemedicine by exploring options to expand telehealth through the models and demonstration projects developed by CMS' Innovation Center. The new strategy could play well with the COPD National Action Plan's goal to "improve access to care for people with COPD in hard-to-reach areas by encouraging the development of COPD-specific technologies (e.g., telemedicine, wearable devices and mobile technology applications) by federal agencies, their partners, private industry and other interested organizations".

CMS to Restore Cuts to Oxygen Payments

For the past several Board reports, we have discussed concern over certain fee schedule adjustments made by CMS to competitive bid rates in non-bid areas that resulted in drastic cuts to oxygen concentrators and subsequent concerns about patient access. AARC worked with AAHomecare in encouraging House Members to sign on to a letter to CMS asking for reforms within their authority to protect beneficiary access to DME items and to reverse the decision that impacts rural areas. On May 11, CMS issued an Interim Final Rule that resumes transitional blended rates (e.g., 50/50 fee schedule/single payment) in rural and non-contiguous areas (i.e., Alaska, Hawaii and US territories) not subject to competitive bid from June 1 2018, to December 31, 2018. This action provides some relief but is in stark contrast to what Congressional leaders asked for and provisions in the 21st Century Cures Act that called for a roll-back of reimbursement cuts in all non-bid areas retroactively to January 1, 2017.

Inspector General Reports Continued Access to DME under Competitive Bidding

In a May 2018 report, the Office of the Inspector concluded that the vast majority of beneficiaries who in 2013 began use of oxygen equipment, including compressed gas systems, liquid oxygen and oxygen concentrators, appeared to have continued access after Round 2 of the Competitive Bidding Program (CBP) began in July 2013. The report was in response to a letter from Members of Congress who expressed concerns about the program's effect on access and requested the OIG study the issue.

The basis of the conclusion, however, has significant limitations. The OIG used as a proxy for "potential" access, paid claims for oxygen equipment and contents. They also conducted a limited survey of physicians and beneficiaries regarding need for oxygen and continued use that resulted

in a very low response rate with no verification of responses or a medical review of beneficiaries' medical needs which calls into question the integrity of the findings. As highlighted in the March 2018 report, surveys conducted by ATS and AAHomecare present a very different story with over 50 percent of beneficiaries surveyed indicating they had trouble with accessing oxygen equipment. In responding to the report findings, CMS said it was closely reviewing competitive bid, including ways to analyze potential impacts on access outside of claims data.

National Occupational Research Agenda for Respiratory Health Could Help RTs

The National Institute for Occupational Safety and Health (NIOSH) in the Centers for Disease Control and Prevention (CDC) published the first Respiratory Health Agenda in late February 2018. The goal of the agenda is to identify research, information and actions most urgently needed to prevent work-related respiratory disease and improve workers' respiratory health. Their strategic objectives include preventing and reducing work-related lower and upper airways diseases with focus on asthma, COPD, chronic bronchitis and idiopathic pulmonary fibrosis. AARC submitted comments in support of the agenda which we believe can help develop preventive measures that can reduce exposure to hazardous materials and give us the tools to do more to protect respiratory therapists and their patients with respiratory illness/infections.

New Codes for Remote Patient Monitoring Can Have Positive Impact on AARC Pilot

As of January 1, 2018, CMS began making separate payment for remote patient monitoring (CPT Code 99091) which was previously bundled as part of chronic care and transitional care services.) CPT code 99091 permits the collection and interpretation of physiologic data digitally stored or transmitted by the patient/caregiver to the physician or other health care professional "qualified by education, training, licensure/regulation (when applicable)". AARC as a member of the Telehealth/RPM Coalition had supported separate payment through a series of joint comments to CMS over the past year and were encouraged when CMS agreed to make the change.

In the fall 2017, the American Medical Association approved three new remote patient monitoring codes to better reflect the services. One such code includes remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) with set-up and patient education on use of the equipment while another deals with remote physiologic monitoring of treatment management services. AARC, in joint comments as a member of the Coalition, has urged CMS to include coverage and payment for these new codes when the 2019 update to the physician fee schedule is proposed sometime this summer. New CPT codes for remote patient monitoring could play a big role in AARC's pilot legislation to provide disease management services to Medicare beneficiaries with COPD.

FDA Proposes New Actions to Reduce Tobacco Consumption and Nicotine Addiction

The Food and Drug Administration (FDA) has published three advance notices of proposed rulemaking (ANPRM) in conjunction with its authority to regulate all tobacco products. FDA is asking for comments, data and research results on: 1) the development of a potential nicotine product standard to reduce nicotine levels in cigarettes to non-addictive or minimally addictive levels; 2) the role flavors play in tobacco products, specifically how tobacco flavors attach youth to initiate tobacco use and whether certain flavors may help adult cigarette smokers reduce cigarette use and switch to less harmful products; and 3) public health considerations with respect

to regulating premium cigars. The comment period has been extended to several dates in mid-to late July. AARC will join as many as 50 other organizations in signing-on to comments to FDA as part of the Coalition headed by the Campaign for Tobacco-Free Kids.

STATE INITIATIVES

At the time of this report, most state legislatures are out of session for the remainder of year. While last year produced a number of bills regarding telehealth or telemedicine, this year the focus appears to be on tobacco use with several states proposing to raise the age to 21 to purchase tobacco products. As expected, several bills regarding occupational and professional licensure have been introduced with three being passed. These and other issues are discussed in detail below:

Licensure Issues

WISCONSIN: As discussed in previous reports, the Wisconsin society was facing the creation of an Occupational License Review Council to review currently licensed professions and, based on a set of criteria, make recommendations to the legislature and Governor taking into account whether less restrictive forms of regulation versus licensure are available that still protect public health, safety and welfare. On top of that, a separate bill would have created a new profession known as "complementary and alternative health care practitioners" who would be exempt from practice protection laws, including respiratory care, if certain conditions were met. Yet another bill would have established a self-certification registry. The good news is that none of these bills made it through the legislative session and hopefully will not be re-introduced in the next session.

LOUISIANA: They, too, had a bill introduced as the Occupational Licensing Review Act. However, after several amendments by the Senate, all provisions of the Act were deleted and language amended to require the governor to review on an annual basis 20% of agencies engaged in regulatory and licensing activities of which all must be reviewed within 5 years, and information from the annual reviews made available to the public in a timely manner. The bill was signed into law May 30, 2018 and becomes effective August 1, 2018. At the time the respiratory profession comes up for review, AARC will work with the state society in every way possible to ensure licensure is protected.

NEBRASKA: As discussed in a previous Board report, a bill was introduced back in 2017 titled the Occupational Board Reform Act which was designed to address anti-trust laws and is similar to the Louisiana bill noted above. Beginning in 2019, each standing committee of the Legislature must review annually 20% of occupational regulations within its jurisdiction (all within 5 years) and make recommendations as to which should be terminated, continued or modified. While not successful in the previous session, it made it through the current session and the Governor signed the bill on April 23. When applicable, we will work with the state society to ensure licensure for RTs is maintained.

MISSOURI: A bill approved by the Governor June 1 establishes guidelines for regulating occupations and professions not regulated prior to January 1, 2019 and for combining any additional occupation or profession under a single license regulated prior to January 1, 2019 sought by an "applicant group". An occupation or profession will be regulated by the state if: 1) the unregulated practice could cause harm/endanger the general welfare; 2) the public can benefit from an assurance of personal qualifications; and, 3) the general welfare cannot be sufficiently protected by other means. While we will monitor activities as they evolve, it appears that

respiratory therapists would not be in danger of losing licensure since we have been successful in defending the need of licensure to protect the general health and welfare in the past.

CONNECTICUT: Earlier this year, a bill was introduced to expand the RT scope of practice to include, among other services, extracorporeal membrane oxygenation (ECMO) and extracorporeal carbon dioxide removal in appropriately identified health care settings (e.g., adult, pediatric, and neonatal intensive care units), if applicable standards were met. The bill also made minor changes to update licensure requirements and to increase annual CEU requirements from six to 10 hours. Although supported by the Department of Public Health, the bill ended up being opposed by the nursing and perfusionist organizations and didn't make it past the public comment period. However, due to strong CTSRC leadership and their lobbyist's behind-the-scene actions, the bill language emerged as part of the Public Health Omnibus bill and was passed May 5, 2018 and signed by the Governor June 14.

NORTH CAROLINA: On April 12, the NC Board of Respiratory Care approved a Declaratory Ruling by which the Board would endorse licensed respiratory care practitioners as "Advance Practice Respiratory Therapists" (APRT) if they: 1) complete a CoARC accredited APRT program; 2) have a Master's degree or higher in advanced respiratory therapy clinical practice (e.g., minimum of one-year or 1,000 hours of clinical training); and, 3) hold the credentials of RRT, RPFT, ACCS and NPS, **or** the APRT credential at such time as it is offered by the NBRC. CoARC has established standards for the APRT and we are hopeful that educational institutions will offer programs in the very near future.

The AARC is in the process of conducting a needs assessment to gauge physician-support for the proposed APRT practitioner. In the initial needs assessment, 7 in 10 physicians were supportive. The scope of practice to allow APRTs to perform services that cannot be furnished under current scopes of practice and credentials has not been established nor has the examination content outline for the APRT credential been developed by the NBRC. AARC's Ad Hoc Committee on Advanced RT Practices, Credentialing and Education continues to work on these and other issues as we look to the future.

NEW HAMPSHIRE: A bill passed and adopted by the House and concurred by the Senate allows persons licensed for certain allied health professions, including respiratory therapists, in Connecticut, Rhode Island, Massachusetts, Maine, New York, or Vermont to be granted a temporary license to practice in NH while applying for regular licensure. The bill also requires boards and commissions of regulated occupations and professions to allow for reciprocal and temporary licensure for an applicant for full licensure for 120 days while awaiting a determination for such licensure.

RRT Entry Level

GEORGIA: The rule change to require the RRT credential for entry level licensure that was passed and sent to the Governor for signature earlier met an unexpected delay. Apparently, on its way to being signed, the Governor's Office of Planning and Budget raised questions as to the impact of the change on the state workforce. This necessitated the GSRC and the Georgia Composite Medical Board updating and clarifying language in the original rule, especially with respect to those credentials which are grandfathered. The revised rule passed unanimously June 7, 2018 with GSRC's full support. The rule is now awaiting the Governor's signature again and this time full implementation is expected effective January 1, 2019.

NEW YORK: A bill has been introduced in the Senate that would amend the respiratory therapy education law in relation to licensure requirements by requiring a bachelor's degree in respiratory

therapy or a program determined by the department to be equivalent. However, it allows for a transitional period of six years to allow those programs that aren't currently at the bachelor degree level to transition to the higher standard. NY is one of those states that has a two-tier system. The bill would eliminate the RT technician (which is a CRT) as obsolete, which means new applicants for licensure must have a RRT credential for entry-level. The legislation also includes language to grandfather existing practitioners.

Tobacco Legislation

The following states have introduced bills in various stages of the legislative process to raise the legal age to purchase tobacco products to age 21: **ARIZONA, FLORIDA, ILLINOIS, MISSISSIPPI, NEW HAMPSHIRE, NEW MEXICO, VERMONT, WASHINGTON and WEST VIRGINIA**

A number of states have introduced bills in various stages of the legislative process to address smoking in public places and protection of minors from the adverse consequences of second-hand smoke. States have also raised or levied excise taxes on cigarettes and various types of tobacco products including e-cigarettes, vapor products, and cigars and/or revised or added definitions of such products. Highlights of those actions included in the March Board report are repeated here for the House of Delegates' information.

- **ALABAMA** – Prohibits smoking in a motor vehicle, whether in motion or test, in which a minor is a passenger.
- **INDIANA** – Provides for an increase in penalties if a person sells cigarettes other than in an unopened package or sells or distributes tobacco or e-cigarettes to a person under 18 years of age.
- **MASSACHUSETTS** – Makes it unlawful for any primary and secondary student to use any type of tobacco product within school buildings or facilities, in school buses or at any school-sponsored event.
- **MISSISSIPPI** – Prohibits smoking in all enclosed public places, enclosed areas of places of employments without exception, and certain outdoor areas. Another bill prohibits smoking in a motor vehicle in which a child less than 6 years old is a passenger.
- **NEW JERSEY** – Directs revenues from tobacco taxes to fund evidence-based programs that include goals of preventing kids from smoking, reducing exposure to second-hand smoke, and youth initiative of tobacco usage. Another bill prohibits any type of tobacco use, including smokeless, in any dorm or student residence building located on the grounds of a public or private institution of public education.
- **WEST VIRGINIA** – Prohibits use of lit tobacco products in a motor vehicle while an individual 16 or under is present
- **UTAH** – Prohibits smoking/use of tobacco on the Capitol Hill complex; however, designated smoking areas can be designated by the State Capitol Preservation Board.

Telemedicine

MISSISSIPPI: A bill has been enacted by the House to prohibit a health insurance policy from requiring face-to-face contact between a health care professional and patient for services appropriately provided via telemedicine. Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located. Respiratory therapists would appear to be included as telehealth professionals. However, a senate bill of the 99th legislature must be enacted into law to make this amendment effective.

NORTH CAROLINA: A bill engrossed June 11 requires the Department of Health and Human Services to study and report recommendations for telemedicine reimbursement standards for private health benefit plans by September 1, 2019. The report includes recommended State licensing standards, credentialing processes, and prescribing standards for telemedicine providers, including any proposed legislation.

Other Items of Interest

CALIFORNIA: A bill co-sponsored by the CSRC and the Respiratory Care Board of California (RCBC) passed the House on June 12 and has been re-referred to the Committee on Appropriations. It would prohibit any state agency, other than the RCBC from defining or interpreting the practice of respiratory care or from developing standardized procedures or protocols, unless authorized by the bill's provisions or specifically required by state or federal statute. It also allows the RCBC to adopt regulations to differentiate between basic, intermediate and advance respiratory tasks, services and procedures.

UTAH: As highlighted in an AARC NEWs NOW article, the USRC worked diligently to recognize the devastating effects of death from opioid-induced postoperative respiratory depression and the critical role of RTs in treating the disease. A resolution was signed by the Governor in March that specifically recognizes RTs and other health care professionals, particularly from Intermountain Health Care and Uintah Basin Healthcare, who have taken proactive measures to protect against the risk of death from opioid-induced respiratory depression. The resolution also urges further study of the issue.

WEST VIRGINIA: An enrolled bill which passed March 2 permits a nursing home to use "Approved Medication Assistive Personnel (AMAP)" to administer medication, including inhaled medications, under the direction of a registered professional nurse if the AMAP has successfully completed required training and competency testing and considered competent by the authorized registered professional nurse. AMAPs are prohibited from administering medications ordered "as needed" by a health care professional unless the supervising nurse has first performed and documented a bedside assessment after which the AMAP can administer the medication based on the written order with specific parameters which preclude independent judgment. RTs are listed as licensed health care professionals.

SOUTH CAROLINA: An enrolled bill which revises sections of the Nurse Practice Act includes "delegated medical acts" defined as "additional acts delegated by a physician or dentist to a physician assistant, respiratory care practitioner, anesthesiologist's assistant or other practitioner authorized by law under approved written scope of practice guidelines or approved written protocols as provided by law in accordance with the applicable scope of professional practice"

COLORADO: As reported in the March 2018 Board report, Colorado adopted a final rule to implement provisions of a bill to create a Community Paramedic (CP) certification effective on or before January 1, 2018. Qualifications include completion from an accredited paramedic training program or a college/university accredited educational accrediting body. **"Out-of-hospital medical services"** include initial assessment of the patient and any subsequent assessments, as needed; the furnishing of medical treatment and interventions; care coordination; patient education; medication inventory; nursing services and rehabilitative services among other things. It is unclear as to the overall impact this may have on RTs in the state.

HOD Report

Submitted by Keith Siegel - Summer 2018

Recommendations

None

Report

The Officers of the House of Delegates have worked hard this year to restructure the activities of the HOD so that more meaningful work gets accomplished during our meetings. Much focus has been placed on strengthening the state affiliates and aligning the work of the HOD and the affiliates with the AARC's strategic plan. As a result of this work, I anticipate approximately 13 resolutions to be brought before the House for deliberation.

As the AARC's Board of Directors and Strategic Planning Committee modify the Association's horizon goals and strategic plan, the HOD is prepared to work alongside the Board to assure that the affiliates share the goals of the Association and align their strategic plans accordingly.

Here is a list of the highlights of my activities as Speaker in 2018:

- Held multiple individual and conference calls with House Officers/Parliamentarian and Co-Chairs of the HOD Elections and Policy & Guide committees to identify ways of hard-wiring the House elections process to avoid mistakes such as happened in 2017.
- Appointed committee chairs and members for 2018 HOD. This is an ongoing process as committee chairs transition out of the HOD, making it necessary to fill their spots.
- Appointed Joe Goss (NJ) to AARC Bylaws Committee to fill the remainder of Raymond Pisani's unexpired term.
- Appointed Lori Shoman (ND) to the AARC Bylaws Committee to fill in for Gary Smith.
- Updated and communicated HOD committee charges and deadlines.
- Held monthly calls with President Walsh and Speaker-elect Miller.
- Held monthly House Officers' conference calls.
- Held quarterly House Officers/Committee Co-Chairs conference calls.
- Held special call with House Officers who have a background in education and Dr. Strickland in the Executive Office to answer President Walsh's questions re: baccalaureate degree for entry into practice.
- At President Walsh's request, communicated with the President/ President-elect, and Delegates from Michigan re: their concerns about the AARC BOD's decision to eliminate the practitioners Sputum Bowl.
- Held calls with the Chairs of the HOD Resolutions committee to discuss resolutions and work out logistics of having over a dozen resolutions for the Summer meeting.

Other

I want to thank my fellow HOD Officers Jakki Grimball, Teri Miller, Dana Evans and Kerry McNiven, along with Parliamentarian Ken Thigpen for all of their invaluable help and support. I

also want to thank President Walsh for his help and for always being available to discuss any issues that may arise.

I also want to thank everyone in the Executive Office, especially Asha Desai and Shawna Strickland for the amazing support and guidance.

Board of Medical Advisors Report

Submitted by Dr. Lori Conklin – Summer 2018

The Board of Medical Advisors held a conference call in April. Below are the minutes.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Medical Advisors Meeting

April 10, 2018 – Conference Call

Minutes

Attendance

Lori Conklin, MD (ASA), Chair
Neil MacIntyre, MD (ATS), Chair-elect
Robert Aranson, MD, FACP, FCCP, FCCM (ACCP), Immediate Past Chair
Terence Carey, MD (ACAAI)
Steven Boas, MD, (AAP)
David Bowton, MD, FCCP (ACCP)
Russell Acevedo, MD, FCCP (ACCP)
Janet Lioy, MD (AAP)
Mark Yoder, MD, MS (ACCP)
Peter Papadakos, MD, FCCM, FAARC (SCCM)
Kent Christopher, MD, RRT, FCCP (NAMDRC)
Loreta Grecu, MD (ASA)
Col. Michael Morris, MD, FACP, FCCP, USA RET

Excused

Allen Dozor, MD (ATS)
Kevin Murphy, MD (ACAAI)
Ira Cheifetz, MD, FCCM, FAARC (SCCM)
David Kelley, MD, RRT-NPS, CRT (ASA)
Paul Selecky, MD, FACP, FCCP, FAARC, FAASM (NAMDRC)
Ravi Tripathi, MD (ASA)
Frank Salvatore, Jr., MBA, RRT, FAARC, AARC Past President

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Anne Marie Hummel, Associate Executive Director
Shawna Strickland, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, FAARC, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

Chair Conklin called the meeting to order at 6:01pm CDT. Roll was called, and a quorum was declared.

Dr. Conklin reminded members to complete a Conflict of Interest form online.

APPROVAL OF MINUTES

Dr. Aranson moved to accept the minutes of the October 5, 2017 meeting of the AARC Board of Medical Advisors.

Motion carried

CHAIRMAN'S REPORT

Dr. Conklin attended the AARC Board of Directors meeting in March.

She engaged in a conversation regarding the need for organizations to recognize respiratory therapists and allow them the same opportunities as mid-level care providers. Currently her organization, American Society for Anesthesiologists (ASA), does not support this idea and says they do not need more mid-level care providers. Hopefully, with the new leadership at ASA this can be further discussed. Tom Kallstrom suggested a face-to-face meeting with ASA executives in Washington, DC during their Legislative Conference in May.

Shawna Strickland spoke about how the APRT (Advanced Practice Respiratory Therapist) credential would be different than the mid-level care provider and how they would fit in to the medical care setting. One needs assessment has been performed and another one has been approved. No data to share at this point, but, hopefully at the AARC Summer meeting in July.

CoARC and NBRC REPORTS

The submitted CoARC and NBRC reports were reviewed.

The Board of Medical Advisors offers congratulations to Lori Tinkler in her new role as Chief Executive Officer of NBRC.

AARC PRESIDENT'S REPORT

The report was reviewed.

EXECUTIVE DIRECTOR REPORT

Tom Kallstrom reported that membership has increased 1.2% over last year. The baby boomer therapists are retiring but we are bringing in millennials. AARC is forecasted to achieved 40,000 active members. At that level, states will earn an extra dollar for each active member thru revenue sharing. Tom acknowledged the membership department and thanked them for their hard work.

Dr. Papadakos introduced Tom Kallstrom to the Neurocritical Care Society (NCS) and they had a call about partnering. Tom invited NCS to attend the AARC Hill Day and offered a booth at AARC Congress in Vegas.

A joint venture was created between the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and AARC to create a pulmonary rehab certificate. The courses have far exceeded expectations.

The American Thoracic Society (ATS) and AARC are working on a pulmonary function lab site visit.

AARC Summer Forum is in San Antonio July 2018. Congress will be held in Las Vegas in early December 2018 at Mandalay Bay. Thanks to CHEST CME credits are offered to attendees.

Dr. Lioy inquired about the fund for an RT to attend Congress. Three BOMA members have made donations and $1,000 has been raised so far. InspirX has agreed to match funds contributed. Dr. MacIntyre encouraged other BOMA members to contribute so this grant cane be awarded in 2018.

ADVOCACY & GOVERNMENT AFFAIRS REPORT

Anne Marie Hummel updated the Board on AARC's upcoming Virtual Lobby Campaign designed to send messages to the Hill in support of RT telehealth legislation; new FDA advance proposed rules dealing with premium cigars, flavors in e-cigarettes and development of a nicotine product standard; changes in how a patient's oxygen flow rate is reported when determining medical necessity; and several new state legislative issues on a variety of topics.

MEDICAL ADVISOR REPORTS

Dr. Lioy spoke of the 3 documents she provided for the BOMA book pertaining to respiratory therapists. Dr. Lioy is now a member of AAP-SoOHNS (American Academy of Pediatrics Section on Otolaryngology Head and Neck Surgery) and AAP-SoNPM-WiN (American Academy of Pediatrics Section on Neonatal Perinatal Medicine-Women in Neonatology).

SPECIALTY SECTION REPORTS

The Specialty Section Reports were reviewed. All Specialty Sections now have a BOMA representative. Section membership is increasing per Tom Kallstrom.

OTHER REPORTS – ARCF and INTERNATIONAL COMMITTEE

The ARCF and International Committee reports were reviewed.

The ARCF Fundraiser in Indianapolis had a net of over $54,000. The Las Vegas fundraiser details are underway. For the first time a "Super Fellow" will be introduced. She is from Ghana and is interested in introducing respiratory therapy to her country.

UNFINISHED BUSINESS

ARCF AWARD NOMINATIONS

BOMA has been asked to submit nominees for the following ARCF awards: Mike West Award,
Forrest M. Bird Award, Dr. Charles H. Hudson Award, and Mitch Barron Award.

An email will be sent to BOMA with the details of each award and nomination forms.

NEW BUSINESS

Dr. Aranson moved to add a Veterans Affairs (VA) physician representative to BOMA.
Motion carried

Dr. Aranson suggested that a get-well gift be sent to Dr. Selecky. Dr. Christopher will contact Dr. Selecky's wife for suggestions.

Dr. Christopher updated the Board on his medical condition.

ADJOURNMENT

Dr. Conklin adjourned the meeting of the AARC Board of Medical Advisors at 7:40pm CDT.

President`s Council

Submitted by Dianne Lewis – Summer 2018

Recommendations

None

Report

The Council is waiting for the final nominations for Life and Honorary membership which will be received soon after the Summer Forum. At that time, we will choose the 2018 recipients.

Other

The Council is here to provide guidance and historic information for the AARC BOD. If there are any questions or information we can provide, we are here to assist.

Standing Committee Reports

Audit Sub-Committee

Submitted by Teri Miller – Summer 2018

Recommendations

None

Report

The Audit Sub-Committee is continuing its work toward completion of the recommendation from the Audit Sub-Committee which the BOD approved from the Spring 2018 meeting:

> *Recommendation 18-1-13.6 "That the AARC Board of Directors assign CA.002 to be reviewed by members of the Audit Sub-Committee, HOD leadership and the HOD Chartered Affiliates Committee, by the spring 2019 BOD meeting with recommendations for policy changes to address demonstration of fiscal responsibility, timelines for all requirements and reviews, and appropriate identification of interventions if affiliates are not found in compliance."*
>
> *Dianne Lewis moved to make a friendly amendment to change "by the spring 2019" to "no later than spring 2019."*
> ***Motion carried***

The Audit Sub-Committee continues to monitor the monthly financial statements as we receive them.

The Audit Sub-Committee is prepared to participate in the Finance Committee meeting in July 2018 in San Antonio Hill Country.

Other

I would like to thank the Audit Sub-Committee for their commitment and contributions.
Members: Dana Evans (IL), Lynda Goodfellow (GA), Sheri Tooley (NY), John Walton (IL)
Liaisons: Ada Morton (TX) and Tim Myers (TX)

Bylaws Committee

Submitted by Brian Cayko – Summer 2018

Recommendations

That the AARC Board of Directors find that the Alaska Bylaws are not in conflict with the AARC Bylaws. (See "Alaska Bylaws 2018" attached)

That the AARC Board of Directors find that the Hawaii Bylaws are not in conflict with the AARC Bylaws. (See "Hawaii Bylaws 2018" attached)

That the AARC Board of Directors find that the Indiana Bylaws are not in conflict with the AARC Bylaws. (See "Indiana Cover Page" and "Indiana Bylaws 2018" attached)

That the AARC Board of Directors find that the Michigan Bylaws are not in conflict with the AARC Bylaws. (See "Michigan Bylaws 2018" attached)

Report

- The AARC Bylaws Committee would first like to continue our prayers and thoughts for Chair Elect Gary Smith of Iowa who has been recovering from Stroke. Lori Shoman, North Dakota, has been appointed to fill Gary's committee position until he is able to make his return. Dennis Guillot will assume the role of Chair Elect as the other elected member from the House.

- The bylaws committee has determined that the bylaws for Alaska, Hawaii, Indiana and Michigan are not in conflict with the AARC bylaws.

- The bylaws committee has determined that the bylaws submitted by Wyoming and Texas ARE in conflict with the AARC bylaws. Wyoming has been contacted and have acknowledged their need to make changes in order to comply. Texas has yet to be contact but will be soon to discuss the committee's decision.

- The committee chair has reviewed all current and past due affiliates for bylaw review and emailed the appropriate state contacts. We have been efficiently working through those that we have received to date. Nine affiliate bylaws have been reviewed and approved to date while continuing to work with new submissions and those who were reviewed but NOT approved.

Other

Notes regarding Michigan Bylaws: The Committee was concerned with the language regarding members and voting. We reached out to Michigan and received clarifying information that led us to approve the bylaws but would recommend the affiliate clean up their language and that the BOD also consider their language carefully.

Notes regarding Indiana Bylaws: Several concerns were discussed the Indiana bylaws regarding electronic voting and one of their committees. Ultimately, these issues did not interfere with the Acid Test.

Elections Committee

Submitted by: Jim Lanoha – Summer 2018

Recommendations

None

Report

The AARC 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. In collaboration with the EO, officers of the Board of Directors, House of Delegates, Specialty Section members, and Affiliate Presidents were invited via email correspondence to nominate individuals as follows:

- **Board of Directors** were invited to nominate for the following positions:
  - *VP-Internal Affairs*
  - *VP-External Affairs*
  - *Secretary-Treasurer*

- **House of Delegates** were invited to nominate for the following positions:
  - *Directors* (4 seats)

  - **Specialty Sections** were invited to nominate for the following positions
  - Neo-Peds Chair
  - Sleep Section Chair
  - Post-Acute Care Chair

Election Committee members reviewed nominations and held a conference call to discuss and make final selection of respective position nominees. Final Ballot is as follows. **Note**. All candidates are listed here in ***Alphabetic Order***, and ***NOT*** by the way they will appear on the ballot. At Summer Forum the committee will draw names from a hat for how they will appear on the ballot.

AARC Directors at Large (4 slots to be filled)

- Dana Evans
- Jakki Grimball
- John Lindsey
- Curt Merriman
- Raymond Pisani
- Debra Skees
- Pattie Stefans
- Kari Woodruff

Secretary - Treasurer
- Lynda Goodfellow
- Gary Wickman

Vice President - Internal
- Cheryl Hoerr
- Lisa Trujillo

Vice President - External
- Tim Opt'holt
- Sheri Tooley

Neo-Peds Chair
- Bradley Kuch

Sleep Section Chair
- Jessica Schweller

Post-Acute Care Chair
- Adam Mullaly

Other

I wish to thank the following committee members, and Tim Myers (EO), for their unwavering commitment and guidance related to committee operations and activity achievement over the past quarter.

Ed Borza RRT-NPS, ACCS, CPFT
Kevin Fischer BS, RRT, FAARC
Frank Salvatore MBA, RRT
Pattie Stefans BS, RRT

Executive Committee

Submitted by Brian Walsh – Summer 2018

Verbal report

Finance Committee

Submitted by Brian Walsh – Summer 2018

Verbal report

Judicial Committee

Submitted by Anthony DeWitt – Summer 2018

Recommendations

None

Report

There has been no judiciary activity during this reporting period.

Other

This committee only meets to discuss items brought to it by the Board or the membership through the complaint process.

Program Committee

Submitted by Tom Lamphere – Summer 2018

Recommendations

None

Report

1. Prepare the AARC Congress Program, Summer Forum, and other approved seminars and conferences.

Status:
The Summer Forum has been published both in print and online and will take place on July 17-19, 2018 in San Antonio, TX. As of the writing of this report, there are 425 pre-registered attendees which sets a record for the third year in a row! Vendor registration is also up from last year. A pre-course will be held on Monday, July 16, 2018 entitled "Women in Leadership" that focuses on developing and encouraging both women and men to establish a leadership presence as part of developing or helping others to develop a career path. The Program Committee is very excited about having this event which we believe is an important and timely topic! Following the pre-course, an "AARC Block Party" welcoming reception will be held which will once again provide an opportunity to mingle with colleagues from around the country, AARC Corporate Partners, executives from AARC, CoARC, and the NBRC.

The 64th AARC International Respiratory Convention & Exhibition will take place December 4-7, 2018 in Las Vegas, NV. The Program Committee met in January and reviewed submitted proposals for this year's program. The Executive Office has already been hard at work making the many arrangements necessary for this year's event. The final program is nearly complete and early registration has been posted to the AARC website with the final program to follow. There will be three pre-courses this year including another offering of the "Women in Leadership" program, "Challenges in Mechanical Ventilation: An Interactive Approach" and "Ultrasound Guided & Emergent Vascular Simulation Workshop"

The Program Committee would like to thank the membership, Executive Office staff and the BOD for their support and contributions on these two events.

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

Status:
Summer Forum – 2019 destination has been approved by the BOD (Ft. Lauderdale, FL).
Congress – 2019, 2020 and 2021 destinations have been approved by the BOD (New Orleans, LA; Orlando, FL; Phoenix, AZ, respectively).

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

Proposals for the Summer Forum and the Congress were received from all Specialty Sections and Roundtables. As has been our practice, Program Committee members worked with the Section Chairs to review the submitted proposals and ensure that a well-rounded representation of section interests are included in the final program.

4. Develop and design the program for AARC Congress to address the needs of the membership regardless of area of practice or location.
Status: Summer Forum (Complete) Congress (In Process)

The committee worked hard to ensure that all specialty areas are addressed in the 2018 Summer Forum & 2018 Congress. Attendees at Summer Forum will have an opportunity to earn 13.49 hours of CRCE during the event - primarily in the education and management areas. An additional 3.56 hours can be earned by those who attend the "Women in Leadership" pre-course. Attendees at the 2018 Congress will have an opportunity to earn 18.15 hours. Additional CRCE will be available for these courses.

Strategic Planning Committee

Submitted by Frank Salvatore – Summer 2018

Recommendations

None

Report

1. In light of Presidential goals, review the Strategic Plan of the Association and make recommendations to the Board for revisions or adjustments in the plan at the spring 2018 Board of Directors Meeting. **(The committee has been working diligently on creating strategic objectives for each of the Horizon goals set by the board in the Spring Meeting. We are also working on creating a better vision statement as well. On July 19th, the committee, AARC Executive Committee and AARC EO key staff will be meeting to complete the work and begin working on tactical goals for the strategic objectives. Because this work will be done just prior to the board meeting, we will provide an updated document for the board to review before it comes up on the summer 2018 Board Agenda. We realize there will be a short period between your receiving the document and discussion/voting, but we're working hard on having a complete document in place prior to the start of Karen Schell's Presidency.)**

2. Provide oversight of how the Association is moving towards achieving the objectives of the Strategic Plan. **(Ongoing)**

3. Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care. **(Ongoing)**

Measures of success:

- Relevance between Presidential Goals and Strategic Plan established
- Updated Strategic Plan

Specialty Section Reports

Adult Acute Care Section

Submitted by Carl Hinkson – Summer 2018

Recommendation

None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
    a. *In progress*

2. Create section specific measures of success and present to the board at least once a year.
    a. *10% growth in section membership*
    b. *April membership number 2174, 14% increase in membership for 2018 so far*

3. 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.
    a. *Completed*

4. 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 Spring Board Report.
    a. *February CXR of the Month*
    b. *March CXR of the Month*
    c. *April CXR of the Month*
    d. *May CXR of the Month*

5. Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
    a. *In March began utilizing a "welcome to the section" personal email.*

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

7. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
    a. *I have identified Karsten Roberts as a future leader of the section*

8. Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.
    a. *Web page content has been updated*

9. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserve that promotes the art and skill of respiratory care.
    a. *Work is ongoing*

10. 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 Spring Board Report and updated for each Board report.
    a. *Not completed*

11. Share best practice with fellow section chairs to improve value or membership participation.
    a. *Not completed*

12. 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.
    a. *Work is ongoing*

Diagnostics Section

Submitted by Katrina Hynes – Summer 2018

Recommendations

None

Report

2018 Diagnostic Section Charges

1. Create section specific measures of success and present to the board at least once a year.
    a. *Charge not met - in progress.*

2. 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.
    a. *Charge met. The Diagnostic Section membership submitted a total of 43 RFPs for consideration at the International Respiratory Congress.*

3. 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 Spring Board Report.
    a. *The section has 2 scheduled activities:*
        i. *Tuesday, May 3, 2018 – Webcast: 2017 ERS/ATS Standards for Single-breath Carbon Monoxide Uptake in the Lung presented by Susan Blonshine.*
            1. ***505 attended the Webcast***
        ii. *Tuesday, June 12, 2018 – Diagnostic Section Virtual Meeting*
            1. ***Rescheduled to Tuesday, July 24, 2018 due to a medical emergency.***

4. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
    a. *Charge met. Mrs. Jennifer Weltz-Horpedahl BSRT, RRT, NPS, AE-C, RPFT from Kadlec Regional Medical Center, Washington, assumed the Section Bulletin Editor role. To build the section's leadership ladder and increase exposure to leadership opportunities within the section, a Co-editor role was created. Ms. D'Aun Flesher BSRT, RRT-NPS, AE-C from Oregon Institute of Technology, Klamath Falls, Oregon, has assumed this role.*

5. 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 Spring Board Report and updated for each Board report.

a. *Content within the Section library and swap shops will be reviewed annually. Results will be reported in the 4th quarter for 2018.*

Other

Bulletin Editor: Jennifer Welz Horpedahl BSRT, RRT-NPS, RRT

Bulletin Co-editor: D'Aun Flesher BSRT, RRT-NPS, AE-C

Education Section

Submitted by Georgianna Sergakis – Summer 2018

Recommendations

None

Report

- First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.

  Status: A previous recommendation was to continue to engage associate degree programs in facilitating a stronger career pathway for their graduates to earn a baccalaureate degree. To address the recommendation, six programs in Category IV (at educational institutions in states that do not allow community colleges to award the baccalaureate degree) were contacted to engage in a discussion about barriers and opportunities. The respondents identified barriers and challenges associated with transitioning to offering the baccalaureate degree. This issue was also addressed at the collaborative meeting held in Kansas City in early 2018. Notes and data collected were shared with leadership.

- Create section specific measures of success and present to the board at least once a year.

  Status:

  1. Achieve a section membership of 1300 active members by September 30, 2018.
  2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree.
  3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.
  4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.

- 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 January.

  Status: Complete

- 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 Board Report.

  Status: Spring section activities included the book discussion and graduation handoff discussion. Lisa Shultis facilitated the section book club discussion of ""Differentiated

Instructional Strategies: One Size Does Not Fit All." Engagement in this discussion was low; the plan is to use the open discussion at Summer Forum and AARC Connect to poll members about their preferences for engagement activities.

- Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.

  Status: For 2018, I will work with the Executive Office to develop success stories that highlight the value of membership and we will explore opportunities for engagement to encourage membership growth.

  Under the guidance of Dr. Strickland, a small committee developed the proposed "Apex Recognition Award – Entry Level Educational Program Standards" criteria and the criteria were vetted by several current program faculty from both baccalaureate and associates degree programs to address this item as well as to assist education programs with sustainability efforts. The Apex Recognition award for educational programs will provide a mechanism for which undergraduate programs can be recognized for excellence.

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

  Status: The request for nominations for this award along with the scoring rubric will be used to evaluate candidates will be posted on the Education Specialty Section webpage.

- Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serves one term.

  Status: Potential nominees for new section leadership will be invited to moderate afternoon Summer Forum sessions. Emerging leaders will be contacted for continued engagement in the section.

- Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.

  Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, Preceptor Recognition Program, SPOTY awards and the Fall RC week webcast (October 2018) are shared to help educators schedule this within their calendar or as part of curricula. Similar plans will be developed for fall 2018.

- Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserve that promotes the art and skill of respiratory care.

  Status: Section resources are regularly shared at the two in-person section meetings each year. The PowerPoint file is shared within Connect for members who cannot attend. AARC resources are highlighted as appropriate for all communications and presentations given. This year, at SF an open discussion format will be facilitated in lieu of just reporting on content in this digital file. This may generate ideas and opportunities for future programs as well as develop ideas for future initiatives.
  Section members will be made aware of a new benefit for student members. Student members of the AARC will now have complimentary access to the complimentary student

Exam Prep program. A student, while they are a student member in good standing, will have access to over 31 hours of videos and handouts without charge.

- 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 Spring Board Report and updated for each Board report.

  Status: The Swap Shop will be updated during fall 2018. AARC Connect library: is up to date and organized in folders by category and subtopic.

- Share best practice with fellow section chairs to improve value or membership participation.

  Status: Management section and education section collaboration opportunities will be explored through discussion at Summer Forum.

- 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: Membership increased this quarter, and as of May 31, 2018 active membership was 1,311.

  The AARC Clinical Preceptor Education Recognition program is another method of guiding future educators towards resources in the section that will develop their careers. The second class of recipients will be considered.

  Karen Schell facilitated a discussion with hospital educators (Kelly Rose and Shawna Murray) to develop the "Proposal to Increase Hospital Educators' Membership in the Education Section of the AARC." Discussion to implement this plan is ongoing. State recruitment will continue. We currently have 17 recruiters in 15 states – the opportunity to expand this list will be announced at Summer Forum and in AARC Connect. In 2017, a template letter was created with the assistance of several section members to highlight section benefits. This letter will be shared again with our state recruiters along with the list of respiratory care program directors who are not current Education Section members in mid-September.

- 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.

  A September webinar will be offered by the past recipients of the Preceptor Recognition Awards and include information germane to both academic and hospital educators. They will share their perspectives on: benefits of being a preceptor, best practice, how they dealt with a challenging situation.

  In addition, I plan to use a case study approach ("What would you do?") to engage

educators on both ends of the educational process for a fall 2018 engagement activity. The Summer Forum and AARC Connect will be used to recruit volunteers to facilitate this discussion if this idea is supported through the open discussion at Summer Forum and in AARC Connect.

Management Section

Submitted by: Cheryl Hoerr – Summer 2018

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 January.

   Status: Section Chair collaborated with the Program Committee Liaison to review 95 individually submitted proposals; an additional 6 submitted proposals were re-classified to other sections. 15 management-specific presentation slots for the Summer Forum have been populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.

2. Arrange or lead 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 Board Report.

   Status: A management specialty section meeting was held on Thursday, October 5th in conjunction with the International Respiratory Congress. The Leadership Book Club concluded its latest session May with the author, Jones Loflin, leading the discussions of Juggling Elephants. There will be a management section meeting held during the Summer Forum on Thursday, July 19th.

3. Jointly with the Executive Office, undertake efforts to demonstrate 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. Managers are encouraged to join the Leadership Book Club community on Connect and contribute to the discussions. The programing for the management section at the International Congress highlights topics that the members of the management specialty section have identified as critically important to their practice and to keeping RT relevant and growing.

4. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.

Status: 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, and (4) to submit proposals for the Summer Forum and/or International Congress and Exhibition. Several new management speakers will be presenting at the 2018 Summer Forum and have been encouraged to continue their participation and development in the section. Recruiting for the next section chair has also included identification and solicitation of several potential qualified candidates as well as continued interaction and development of interested but less qualified members.

5. Enhance communication with and from section membership through the section AARConnect, review and refine information for section web page, provide timely responses to requests for information from AARC members. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and list serve that promotes the art and skill of respiratory care.

   Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads continue to be started each month. Many topics are requests for technical information as well as process and policy assistance. Many topics are recurring themes and similar conversations appear with regular frequency. The most discussed topics in the past 3 months included budgeting practices, RT participation on Emergency Management Committees, EMR/Ventilator interface issues, and a variety of equipment and process issues (allowing patients to bring home CPAP units into the hospital, the optimal choice for a transport vent, solutions for skin breakdown from NIV masks, infection prevention, etc.). The section membership remains very active and engaged.

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: No work has been able to be accomplished on this project due to other, more urgent 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: As of this writing there are 1,609 total management specialty section members. This represents an increase in section membership of +29 members year to date.

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

   Status: Solicitation for nominations for the Management SPOTY was opened on Friday June 8th and will continue through Wednesday July 11.

9. Create section specific measures of success and present to the board at least once a year.

   Status: No specific indicators have been chosen at this point.

FM17-2-83.2 "*To identify managers who found a way to convince their Human Resources departments to hire only BS graduates and to share with other managers how to make these changes through AARC initiatives." Cheryl Hoerr will bring an action plan to Summer Forum.*

This project is ongoing, and what follows is a summary of the state of progress to date. I would like to thank Frank Salvatore, Garry Kauffman, and Doug Laher for their thoughtful reflections and efforts.

Below is a summary of actions that have been taken to date:

- Developed a list of top 25 adult and pediatric hospitals based on listing by U.S News & World Report. The Magnet status and CMS Star ranking of each institution were added to the spreadsheet. *(Completed)*

- Identified the RT director and added email contact info as known. Once the RT director is identified their AARC membership status is verified and added to the spreadsheet. Six (6) directors from the adult hospitals and 2 directors from the pediatric hospitals have yet to be identified. (*Ongoing*)

- A multi-question survey has been developed which will be distributed to the identified RT directors. Survey questions are as follows:

    1. Do you require newly-hired RTs to possess a baccalaureate degree? Y or N
        a. If NO
            i. Is it your "preference" to hire RTs with a baccalaureate degree? Y or N
                1. If no, proceed to Q1.a.2 if yes, proceed to Q1.a.3
                2. Do you believe that RTs with a BS possess expertise, skills or preferred characteristics that RTs with an AS do not? Y or N
                    a. If NO, end of survey
                    b. If YES
                        i. What skills, expertise or preferred characteristics do you believe they possess?
                            1. Better analytical skills, problem solving
                            2. Improved critical thinking skills
                            3. Ability to interpret research and statistical analysis
                            4. Better communication skills (soft skills)
                            5. More well-rounded overall
                            6. My local RT program is a BS-program
                            7. Other" (Comment Box)
                3. If YES
                    a. Is your preference to hire RTs with a baccalaureate degree, why is it not a requirement?
                        i. Union requirements prevent me from doing so
                        ii. Discriminatory practice – BS degrees are not required for licensure
                        iii. Admin/HR won't allow it
                        iv. Cost…BS therapists are more expensive to hire than AS therapists

v. Local workforce issues prevent me from being that selective
vi. Experience is more important to me than a degree
vii. Local RT-program is an AS program
viii. "Other" (Comment Box)
4. End of survey

b. If YES, proceed to Q2

2. Your requirement to hire only those RTs with a baccalaureate degree is based on what?
   a. My belief that RTs with BS degrees have better analytical and problem-solving skills
   b. My belief that RTs with BS degrees have improved clinical
   c. My belief that RTs with BS degrees are better able to interpret research and statistical analyses
   d. My belief that RTs with BS degrees are better communicators and possess improved soft skills
   e. My belief that RTs with BS degrees are overall more well-rounded employees
   f. Published research suggests healthcare providers with BS degrees are superior than those with AS degrees
   g. We're modeling our hiring practices after nursing (e.g. MAGNET hospital)
   h. "Other" (comment box)
   i. Because it's my preference…
      1. If (f), please provide the reference by which you are citing
      2. All other responses, proceed to Q.3

3. Did you require approval of Administration or HR to implement this requirement for hiring? Y or N
   a. If YES, proceed to Q.3.a.i
      i. What justifications were you required to provide to Administration and/or HR?
         1. Cost analysis
         2. Studies which showed employees with BS degrees add more value to organizations than do AS degrees
         3. Workforce analysis
         4. Simply communicated my desire to elevate the quality of our dept.
            a. If 2… please provide the reference by which you are citing
   b. If NO, end of survey

4. Have you measured the impact of this hiring decision? Y or N
   a. If YES
      i. What quantitative or subjective measures did you evaluate?
         1. Job satisfaction
         2. Turnover
         3. Patient Satisfaction
         4. MD/RN satisfaction
         5. Quality metrics (readmissions, HCHAP scores, LeapFrog, TJC/CMS requirements, compliance with NPSGs)
         6. Call-offs
         7. "Other" (comment box)
   b. If NO

i. Proceed to next question

5. If you were to offer one piece of advice for those departments who wish to make BS degrees a requirement for hiring, what would it be? (Open text reply)

6. End of survey

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Summer 2018

Recommendations

None

Report

The Neonatal Pediatric section list serve continues to be very active with daily posts on any number of relevant topics. As section chair I have posted quarterly items including an ECG and neonatal chest x-ray for section discussion.

This year the section will have an election for Section Chair elect. Online call for nominations were made by Tim Myers and myself on AARConnect. I also personally phoned several potential candidates to encourage them to consider running for this office. As of this time, the number and name of candidates has not been released.

I have also posted notice on the list serve the upcoming deadline for Open Forum submission and a notice that we as a section would soon accept nominations for the 2018 Neonatal Pediatric Specialty Section Practitioner of the Year to be awarded at the AARC Congress in Las Vegas in December.

Post-Acute Care Section

Submitted by Katrina Hynes– Summer 2018

No report submitted.

Sleep Section

Jessica Schweller - Summer 2018

Recommendations

None

Report

Continue to encourage recruitment to the sleep section.

Encourage early nomination of the SPOTY for sleep section.

Surface to Air Transport Section

Tabatha Dragonberry - Summer 2018

Recommendations

None

Report

No major items to report.

Requests for SPOTY nominations made to community.

Other

I will not be able to attend AARC Congress due being under probation at my new organization and will not have the time to be able to attend. I will work with Olivia if she is attending to assist with the section meeting.

Special Committee Reports

Advocacy & Government Affairs

Submitted by Frank Salvatore – Summer 2018

Recommendations

None

Report

4. Find ways to gain support for the Telehealth bill. **(Ongoing)**
    - We're working on a pilot project that may take us in a slightly different direction but will continue to advocate for any and all Telehealth bills that include RTs.

5. Investigate ways for Respiratory Therapist to be recognized as professionals by the government. (Department of Labor, Department of Defense, etc.) **(Ongoing)**

6. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to states that begin moving toward RRT and/or BS entry for those seeking new license. **(Ongoing)**
    - Committee leadership continues to stand ready to help state affiliates with this.

7. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care. **(Ongoing)**
    - Virtual Lobby Campaign 2018 was completed and a final spreadsheet is attached to the report for the boards review.

8. Oversee the virtual lobby week and/or any calls to action that come up over the year. **(Ongoing)**
    - Virtual Lobby Campaign 2018 was completed and a final spreadsheet is attached to the report for the boards review.

9. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods. **(Completed)**
    - The committee members have been assigned states and will be the primary liaison to those states for both federal and state issues.

10. Assist in coordination of consumer supporters. **(Ongoing)**

Measures of success:

- 20% increase in the number of co-signers of the Telehealth bill. **(Not applicable)**
- Produce 10% more emails sent to Capitol Hill this virtual lobbying week. **(6% increase vs. Spring VLC in 2017)**.

2018 AARC Virtual Lobby Campaign
Final State Statistics - 5/4/18

#:	State	Advocates	RT Advocates	Licensed RTs	RT Engagement	Sum of Legislator Connections	Sum of Number of Emails	Sum of Number of Facebook Posts
1	*PA*	*1,085*	*895*	*7,258*	*12.33%*	*3,604*	*3,595*	*6*
2	*CA*	*841*	*404*	*23,599*	*1.71%*	*2,743*	*2,721*	*21*
3	*FL*	*776*	*666*	*11,922*	*5.59%*	*2,606*	*2,567*	*31*
4	*TX*	*662*	*511*	*14,568*	*3.51%*	*2,117*	*2,097*	*17*
5	*MI*	*473*	*313*	*5,219*	*6.00%*	*1,695*	*1,674*	*21*
6	*KY*	*350*	*259*	*3,475*	*7.45%*	*1,179*	*1,161*	*18*
7	*LA*	*300*	*201*	*3,495*	*5.75%*	*1,002*	*999*	*3*
8	*VA*	*300*	*206*	*3,833*	*5.37%*	*1,465*	*1,448*	*11*
9	*MO*	*264*	*185*	*4,246*	*4.36%*	*1,009*	*1,009*	*0*
10	*CO*	*246*	*199*	*2,859*	*6.96%*	*1,834*	*1,826*	*8*
11	*NY*	*231*	*152*	*7,303*	*2.08%*	*840*	*825*	*15*
12	*OH*	*227*	*177*	*8,458*	*2.09%*	*720*	*717*	*0*
13	*NC*	*215*	*182*	*4,719*	*3.86%*	*694*	*670*	*21*
14	*WA*	*204*	*154*	*2,885*	*5.34%*	*654*	*651*	*3*
15	*MN*	*179*	*140*	*2,019*	*6.93%*	*805*	*799*	*6*
16	*IL*	*166*	*120*	*6,093*	*1.97%*	*525*	*522*	*3*
17	*IN*	*159*	*144*	*4,619*	*3.12%*	*490*	*487*	*3*
18	*WI*	*155*	*122*	*2,940*	*4.15%*	*582*	*573*	*9*
19	*GA*	*154*	*143*	*5,574*	*2.57%*	*533*	*524*	*9*
20	*CT*	*145*	*110*	*1,795*	*6.13%*	*504*	*489*	*15*
21	*NJ*	*140*	*123*	*3,802*	*3.24%*	*516*	*510*	*6*
22	*TN*	*140*	*86*	*4,923*	*1.75%*	*482*	*468*	*11*
23	*IA*	*137*	*81*	*1,891*	*4.28%*	*432*	*432*	*0*
24	AR	*131*	*92*	*2,035*	*4.52%*	*432*	*426*	*6*
25	*AZ*	*126*	*81*	*4,000*	*2.03%*	*401*	*393*	*6*
26	*UT*	126	79	1,419	5.57%	417	408	9
27	MD	103	76	2,902	2.62%	330	327	3
28	MS	93	66	2,398	2.75%	359	357	2
29	NE	91	74	1,402	5.28%	312	306	6
30	ME	81	76	677	11.23%	259	250	9
31	OK	79	53	2,238	2.37%	273	265	6
32	SC	79	69	2,917	2.37%	291	288	3
33	MA	77	68	3,130	2.17%	249	243	6
34	ID	75	55	916	6.00%	234	231	0
35	KS	75	43	2,017	2.13%	258	258	0
36	WV	71	57	1,746	3.26%	351	351	0
37	SD	59	46	477	9.64%	217	216	0
38	NV	52	26	1,702	1.53%	168	168	0
39	AL	51	44	2,900	1.52%	267	264	3
40	MT	49	33	602	5.48%	645	645	0
41	DE	43	43	762	5.64%	138	138	0
42	OR	43	34	1,822	1.87%	228	219	6
43	NH	41	32	609	5.25%	154	145	9
44	VT	39	37	338	10.95%	126	126	0
45	NM	29	25	1,170	2.14%	96	93	3
46	ND	23	20	600	3.33%	111	111	0
47	WY	16	12	378	3.17%	90	72	18
48	DC	15	6	698	0.86%	17	17	0
49	RI	14	10	529	1.89%	45	45	0
50	AK	11	10	N/A	N/A	33	33	0
51	HI	5	3	754	0.40%	18	18	0
52	PR	2	2	N/A	N/A	2	2	0
53	VI	1	1	N/A	N/A	1	1	0
	(blank)					42	42	0
		9,249	**6,846**	**178,633**	**4.25%**	**33,595**	**33,222**	**332**
			74.0%		**AVG RT**			
			% RT Advocates		**Engagement**			

Benchmarking

Submitted by Chuck Menders – Summer 2018

Recommendations

None

Report

1. Two new members were added to the Benchmarking Committee – Frank Salvatore (who has previously served as a committee member) and Steve Abplanalp.

2. Client Support map was updated and regional client support has continued by all members of the team to assist new clients and follow up with subscribers.

3. Rick created YouTube "Getting Started" videos for filling out the hospital profile and one for quarterly data entry.

4. New client welcome letter was created for members to send to new clients in their region. The letter includes basics for getting started, as well links to the getting started videos.

5. Several documents in the Site Tools section were updated and a new Data Entry Worksheet developed that can be used by clients to record monthly statistics.

6. An Administrators Dashboard is available for committee members to monitor and manage user subscription dates and dates of data entry.

7. A committee conference call was held February 28. We are planning a committee conference call later this month to discuss current concerns and plans going forward.

8. There is still concern that some data entered into the system does not appear to be accurate and will skew data in compare groups. A plan needs to be developed to follow up on how to best monitor these and how to encourage more timely data entry by clients. Many clients still have not entered any data.

9. Membership in AARC Benchmarking has increased from 45 subscribers in February 2018 to 59 subscribers as of June 7, 2018.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Summer 2018

Recommendations

None

Report

We continue to monitor the Coding List serve and respond to coding questions from members.

Diversity Committee

Submitted by Crystal Dunlevy/Jakki Grimball – Summer 2018

Recommendation

None

Report

1. Web page:
    a. Jakki is continuing to collect input from committee members about improvements and edits that need to be made to the current web page. (http://www.aarc.org/resources/professional-documents/cultural-diversity-resources/).
2. Diversity video series
    a. No suggestions have been made from committee members to date.
3. There are currently no CRCE offerings that are related to diversity.
    a. Washington, D.C. requires that 2 CRCEs be dedicated to LGBTQ sensitivity. State boards will likely follow suit.
    b. Crystal has completed an outline for a two-hour CRCE. It is almost ready for committee review.
4. Provide education aimed at both reducing implicit bias and increasing and appreciating diversity at National meetings.
    a. Crystal gave two presentations on reducing implicit bias in March and April 2018 at UVA and OU.
5. To do/no progress to date: AARC membership survey; diversity toolkit; speaker's bureau

Fellowship Committee

Submitted by: Frank Salvatore – Summer 2018

Recommendations

None

Report

1. Review applications of nominees for AARC Fellow Recognition (FAARC). **(Ongoing)**

2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress **(Ongoing)**
    - The work of the Fellowship Selection Committee does not begin in earnest until the actual selection process commences later in the year. Please note that, due to the December dates of the AARC Congress, the 2018 deadline for receipt of online nominations for Fellow will be Friday, August 31st. The Selection Committee will then commence review of all nominations received by the established deadline. The selection process will be completed by mid-September with notification letters being sent shortly thereafter.

International Committee Report

Submitted by John Hiser – Summer 2018

Recommendations

That the proposed policy for country-specific list-serves be approved.

Justification: The proposed policy is in response to the following board action from March 2018:

> *Natalie Napolitano moved to accept Recommendation 18-1-23.3 "That the AARC offer country specific list-serves as a benefit to members from countries that have International Affiliate Status."*
>
> *Natalie Napolitano moved to refer back to the International Committee to develop a policy.* ***Motion carried***

Proposed Policy

American Association for Respiratory Care
Policy Statement

Page
Policy No.:

SECTION: Country-Specific List-serves

SUBJECT: Formation and Dissolution of Country Specific List-serves

EFFECTIVE DATE:

DATE REVIEWED:

DATE REVISED:

REFERENCES:

Policy Statement:
The Association Board of Directors shall retain the responsibility and authority to form**,** dissolve and convert Country Specific List-serves.

Policy Amplification:
1. The Association Board of Directors may establish a Country-Specific List-serve in countries that maintain all requirements of becoming and maintaining International Affiliate status.

2. The President shall appoint a contact person for newly established Country-Specific List-serves, subject to ratification by the Board of Directors.

3. The President may appoint liaisons from the International Committee to each Country Specific List-serves.

4. If the International Affiliate related to the country-specific list-serve cannot meet the membership requirements of the bylaws and is unable to increase its active membership the list-serve may be removed at the direction of the Board of Directors.

5. Members of the list-serve will be informed of the decision of the Board of Directors at the earliest opportunity via approved Association channels of communication.

6. The President shall notify the president of the international affiliate.

7. This notification shall provide the president of the international affiliate with the opportunity to show cause, in writing, why the country-specific list-serve should be removed.

DEFINITIONS:
ATTACHMENTS:

Report

1. Administer the International Fellowship Program.

   As of today, June 4, 2018 we have 25 applicants for International Fellows and 5 applicants for City Hosts. The committee will meet on Thursday July 19 during the Summer Forum. I will be sharing the final selection of fellows and hosts with BOD and HOD at your July meetings. We surveyed the Fellows and Hosts again this year. All of the comments were with minor exceptions, positive. The results of the surveys are being used to further improve the operations of the committee.

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 presentations given by the fellows to the council.

3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.

   We continue to be on the look-out for other educational materials that may be translated in the future.

4. Coordinate and serve as clearinghouse for all international activities and requests.

   We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.

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

I want to thank Crystal Maldonado for her hard work. I also want to thank the members of the committee.

Vice Chairs
Dan Rowley, MS, RRT-ACCS, NPS, RPFT, FAARC, Vice Chair for International Fellows
Hassan Alorainy, BSRC, RRT, FAARC, Vice Chair for International Relations

Committee members:
Arzu Ari, PhD, RRT, FAARC
Ed Coombs, MA, RRT, NPS, FAARC
ViJay Desphande, MS, RRT, FAARC
Hector Leon Garza, MD, FAARC
Derek Glinsman, RRT
Yvonne Lamme, MHA, RRT
Debra Lierl, MEd, RRT, FAARC
Natalie Napolitano, MPH, RRT-NPS, FAARC
Bruce Rubin, MD, FAARC
Jerome Sullivan, PhD, RRT, FAARC

Membership Committee

Submitted by Amanda Richter – Summer 2018

Recommendations

None

Report

With the recent elimination of the free student membership program, the membership committee has had a focused effort on improving student resources and benefits.

AARC Exam Prep program: A new site has launched for student members that provides access to a collection of exam prep videos. This is now a free added benefit for student members.

A site/database for students to access equipment/device resources is under development. This was a recommendation from a TX student that noted often students go to clinical sites that do not have the same equipment as their school. The intent is to provide a location to easily find educational resources for various RT equipment/devices.

The committee is currently evaluating a state-specific toolkit or resource for students, working to determine the most effective and useful format.

The committee continues to brainstorm and work on additional value-added benefits for our members.

Other

I would like to thank committee members for their continued engagement and participation. The membership committee would like to thank the Amanda F., Shawna, and the executive office team for working closely with us and helping to execute these projects

Position Statement Committee

Submitted by Pat Doorley – Summer 2018

Recommendations

That the position statement entitled "Cultural Diversity" (07/2010) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 1)

Rationale: The revisions made in this position statement update the language to expand the focus to encompass not only the recognition and acceptance of cultural diversity, but also the active inclusion of cultural diversity in all aspects of the organization's undertakings. The revisions in this document were developed with solicited input from the AARC's Diversity Committee as well as the general membership.

That the position statement entitled "Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists" (07/2013) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 2).

Rationale: Due to the technical complexity of ECMO devices, the primary revision in this position statement was included to specifically highlight the unique value of equipment-related operation, and troubleshooting, education that serves as a core component of the education of Respiratory Therapists. The other revision was made to update the language of the document to reflect current AARC terminology. The revisions in this document were developed with solicited input from the AARC's representatives to ELSO and as well as the general membership.

That the position statement entitled "Respiratory Therapy Protocols" (04/2013) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 3).

Rationale: The revisions made in this position statement update the language to reflect currently used terminology as well as strengthen the language used to describe the role of the Respiratory Therapist in implementation of protocols.

That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) -- Policy Amplification, # 6 be revised with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) as follows:

6. *Each statement or paper will be dated upon BOD action* ***to include the type of action taken – Developed, Reviewed, Revised, or Retired –*** *and posted publicly on the AARC web site and group in categories such as ethics and human rights, disease, consumer advocacy, practice, quality or safety.*

Rationale: The history and actions related to each of the position statements and issue papers is very important. The development, review, revision, and retirement of these documents is based on the specific recommendations of a Committee, and an action by the BOD, at specific

period. Since both the Committee members and the BOD members change regularly, it is difficult to maintain a historical context for each of these statements and issue papers. Being able to place the context of these actions in a specific time period will enhance the ability of the Committee, BOD and Executive Office to research and better understand the context of the actions taken and address questions related to these documents in the future.

That the AARC Board of Directors Policy Statement CT.008 – Position Statements and Issue Papers (June 30, 2016) – Policy Amplification, # 5 which requires each position statement or issue paper to be reviewed/revised at least every 5 years be temporarily suspended in order to adjust the AARC Position Statement and Issue Paper Review Calendar so that the required schedule of review of documents will be more evenly distributed.

Rationale: The AARC Position Statements and Issue Papers Review Calendar (see Appendix A) reveals that there will be at least six (6) position statements that require review in 2019, eight (8) in 2020, one (1) in 2021, and one (1) in 2022. Extending the required review time frame for six (6) of the documents from 5 to 6 years (see Appendix B) will result in a more even distribution of the Committee's work over the course of the next four years.

Report

Objectives:

1. Present a plan to the BOD to have all position statements and issue papers updated to meet the Policy CT .008 requirements.
   - Please find attached (Appendix A) a copy of the AARC Position Statements and Issue Papers calendar with the last date of review/revision/retirement if known identified.
   - The documents have been reviewed by members of the Committee and placed on a 5-year review/revision calendar based on their most recent review/revision as required in item # 5 of BOD Policy CT .008. A recommendation has been submitted to allow a change in the calendar this year in order to more evenly distribute the number of documents that require annual review over the next four years. The proposed adjusted calendar appears at Appendix B.
   - The Committee has completed the review/revision of the following three Position Statements following the process described in BOD Policy CT .008:
     1) Cultural Diversity – revised and recommended for BOD approval following membership review
     2) Respiratory Therapists as Extracorporeal Membrane Oxygenation Specialist – revised and recommended for BOD approval following membership review
     3) Respiratory Therapy Protocols – revised and recommended for BOD approval following membership review

2. Provide updates to the BOD periodically on the progress of meeting the policy requirements.
   - Committee activity meets the requirements outlined in AARC BOD Policy CT.008.
   - The Position Statements and Issue Papers currently published meet the requirements outlined in AARC BOD Policy CT.008. The dates of BOD actions (Policy Amplification statement # 6) are not available for all the published documents.

3. Provide recommendations to the BOD regarding new position statements or issue papers.

- The Committee has no recommendations regarding new position statements or issue papers currently.

4. Create a position statement on Disease and Case Management. (added 2/27/2018)
    - The Committee, specifically Joyce Baker and Joe Goss, began the development of a position statement currently titled “Respiratory Therapists as Cardiopulmonary Care Managers” in March 2018. The document has been undergone several revisions and the tentative goal is to have the document available for BOD action at their Winter 2018 meeting if possible.

Other

- I would like to thank each of the members of the Committee – Joyce Baker, Joel Brown, Joe Goss, Denise Johnson, and Kimberly Wiles – and our Executive Office Support – Kris Kuykendall and Doug Laher – for their contributions to achieving the objectives of our Committee.
- I would also like to thank Tim Myers for assisting the Committee in arranging for publication of revised documents for AARC membership review as required by policy.

Position Statement and Issue Paper Committee
Attachment # 1

Cultural Diversity **and Inclusion**

The AARC professional community embraces diversity and multi-culturalism in all of its forms and promotes respect, ~~and~~ cultural competence, **and inclusion** in every facet of its mission.

The AARC is enriched by the unique differences found among its diverse members, their patients/clients, and other stakeholders. The AARC values and ~~incorporates~~ **embraces** equal opportunity and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors and customs of the people that constitute its communities of interest, thereby creating a diverse**,** ~~and~~ multicultural**, and inclusive** professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity **and inclusion through** education and cultural competence in its ~~professional~~ education programs.
- **Actively** ~~R~~ recruiting candidates from under-represented groups for leadership and mentoring programs.

Effective 12/94
Revised 12/07, 04/13
Reaffirmed 07/10
Revised 06/18

Position Statement and Issue Paper Committee
Attachment # 2

Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists

The American Association for Respiratory Care endorses the use of qualified and appropriately educated Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialists.

ECMO is a modified cardiopulmonary bypass technique used for the treatment of life threatening cardiac or respiratory failure. An ECMO Specialist is the technical specialist educated to manage the ECMO system including blood pump, tubing, artificial oxygenator, and related equipment. The ECMO Specialist, under qualified medical direction and supervision, is also educated to be responsible for the clinical needs of the patient on ECMO which can include: (1) maintenance of normal acid-base balance, oxygenation, and ventilation, (2) administration of blood and blood by-products, (3) medication delivery, and (4) maintenance of appropriate anticoagulation.

The Respiratory Therapist's education provides extensive training in maintenance of normal acid-base balance; oxygenation and oxygen delivery; ventilation; and **cardiopulmonary** ~~cardiorespiratory~~ anatomy, physiology, and pathophysiology. **Equipment trouble shooting is another key attribute in the training of the Respiratory Therapist.** These fundamentals of Respiratory Care education make the Respiratory Therapist uniquely qualified to undertake further education as an ECMO Specialist. Additionally, the Respiratory Therapist's ability to function in multiple clinical settings among all age groups enhances his/her value as an ECMO Specialist, allowing for care of all patient populations in a variety of critical care environments.

The requisite qualifications for educating a Respiratory Therapist to be an ECMO Specialist should include: (1) the successful completion of an accredited respiratory care educational program, (2) an earned Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC), (3) a state license (where required), and (4) clinical experience in critical care. Education as an ECMO Specialist should be in accordance with the Extracorporeal Life Support Organization's (ELSO) document entitled "Guidelines for Training and Continuing Education of ECMO Specialists."

Effective 8/3/98
Revised 07/07
Reviewed 07/13
Revised 06/18

Position Statement and Issue Paper Committee
Attachment # 3

Respiratory Therapy Protocols

Respiratory therapy protocols are used to initiate**,** or modify**,** a patient care plan following a pre-determined and structured set of ~~physician~~ orders provided by a **Licensed Independent Practitioner (LIP)**. They include instructions or interventions in which the respiratory therapist is **empowered** ~~allowed too~~ to initiate, ~~discontinue,~~ refine, transition, **discontinue,** ~~or~~ **and** restart therapy as the patient's medical condition dictates. Protocols are generally written in algorithmic form, are based on **existing** scientific evidence **as well as expert opinion**, and include guidelines and options at decision points along with clearly stated outcome objectives.

Current medical literature supports the use of respiratory therapy protocols as an effective tool for ~~producing~~ **delivering** improved patient outcomes and appropriate allocation of services. Based on their demonstrated efficacy, it is the position of the American Association for Respiratory Care that institution-approved protocols should be used by respiratory therapists as the standard of care for providing respiratory ~~therapy services~~ **care** under qualified medical direction.

Effective 05/16/01
Revised 07/07
Reviewed 04/13
Revised 06/18

APPENDIX A: Position Statement and Issue Paper Review Calendar 06/20/2018

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022
AARC Statement of Ethics and Professional Conduct		Apr 15			X		
Administration of Sedative and Analgesic Medications		Oct 17					X
Best Practices in Respiratory Care Productivity and Staffing		Jul 15			X		
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14			X			
Continuing Education	2015				X		
Cultural Diversity		Apr 13	Summer 2018 – to BOD				
Definition of Respiratory Care		Jul 15			X		
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	Apr 16					X	
Electronic Cigarette		Nov 15			X		
Guidance Document on Scope of Practice		Retired					
Hazardous Material Exposure		Retired					
Health Promotion and Disease Prevention		Apr 14		X			
Home Respiratory Care Services		Mar 18	Reviewed				
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15			X		
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15			X		
Interstate Transport License Exemption		Jul 14		X			

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022
Licensure of Respiratory Care Personnel	Apr 15				X		
Pre-Hospital Ventilator Management Competency		Jul 14		X			
Pulmonary Rehabilitation		Apr 14		X			
Respiratory Care Scope of Practice		Jul 13	Winter 2018				
Respiratory Therapist Education		Mar 18	Revised				
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist	Jul 13		Summer 2018 – to BOD				
Respiratory Therapists as Cardiopulmonary Case Managers		Request to Develop 02/2018	Winter 2018				
Respiratory Therapists in the Emergency Department		Jan 18					
Respiratory Therapy Protocols	Apr 13		Summer 2018 to BOD				
Telehealth and Respiratory Therapy		Mar 18	Revised				
Tobacco and Health		Apr 14		X			
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Oct 17					X
Verbal Telephone Orders		Retired					
Total			**7**	**6**	**8**	**1**	**2**

Issue Papers	Reviewed	Revised	2018	2019	2020	2021	2022
Safe Initiation and Management of Mechanical Ventilation	2016					X	
Utilization in Respiratory Care	Retired						
RRT Credential	2003	2013	X				
Development of Baccalaureate and Graduate Education Degrees	Retired						
Respiratory Care: Advancement of the Profession Tripartite Statements of Support	No Date		X				
Improving Access to Respiratory Care (Respiratory Therapy Access Working Group)	04/2016					X	
Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates	Retired						
Ventilator Acquisition Guidance Document	2006		Under Expert Review				
Total			**3**			**2**	

APPENDIX B: Proposed Change in Position Statement Review Calendar

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022
AARC Statement of Ethics and Professional Conduct		Apr 15				X	
Administration of Sedative and Analgesic Medications		Oct 17					X
Best Practices in Respiratory Care Productivity and Staffing		Jul 15			X		
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14			X			
Continuing Education	2015				X		
Cultural Diversity		Apr 13	Summer 2018 – to BOD				
Definition of Respiratory Care		Jul 15			X		
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	Apr 16						X
Electronic Cigarette		Nov 15			X		
Guidance Document on Scope of Practice		Nov 13					
Hazardous Material Exposure		Nov 11					
Health Promotion and Disease Prevention		Apr 14		X			
Home Respiratory Care Services		Mar 18	Reviewed				
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15				X	
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15				X	
Interstate Transport License Exemption		Jul 14			X		

Position Statement	Reviewed	Revised	2018	2019	2020	2021	2022
Licensure of Respiratory Care Personnel	Apr 15					X	
Pre-Hospital Ventilator Management Competency		Jul 14		X			
Pulmonary Rehabilitation		Apr 14		X			
Respiratory Care Scope of Practice		Jul 13	Winter 2018				
Respiratory Therapist Education		Mar 18	Revised				
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist	Jul 13		Summer 2018 – to BOD				
Respiratory Therapists as Cardiopulmonary Case Managers		Request to Develop 02/2018	Winter 2018				
Respiratory Therapists in the Emergency Department		Jan 18					
Respiratory Therapy Protocols	Apr 13		Summer 2018 to BOD				
Telehealth and Respiratory Therapy		Mar 18	Revised				
Tobacco and Health		Apr 14		X			
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Oct 17					X
Verbal Telephone Orders		Jul 14					
Total			**7**	**5**	**5**	**4**	**3**

Virtual Museum

Submitted by: Trudy Watson - Summer 2018

Recommendations

None

Report

A new gallery was added this spring to mark the 100th anniversary of the onset of the 1918-1919 Spanish influenza pandemic, the deadliest in history.

As new images have been contributed, existing galleries have been updated this year.

Nominations for the Legends of Respiratory Care are due July 31, 2018. Our committee will review the nominations from the AARC BOD, CoARC, ARCF, and NBRC and will announce the 2018 Legends during the AARC Awards Ceremony in December.

We continue to receive requests for use of images from our galleries for educational purposes; have assisted with identification of vintage respiratory equipment; and provided background information when requested for articles.

Other

Any suggestions you might have to help us solicit images and new content for the Virtual Museum would be greatly appreciated.

Vision Grant Committee

Submitted by: Lynda Goodfellow - Summer 2018

Recommendations

None

Report

The revised application approved at the March BOD was posted to the AARC website in April. Five Letters of Intent (LOI) were received with two authors notified that their LOI was accepted and one author was asked to rewrite one section to be more in line with the Vision Grant guidelines. Full proposals are due July 1, 2018. The committee will review proposals in time to submit a recommendation to the July BOD meeting.

Other

Our thanks to Shawna Strickland for her coordination and communication efforts on behalf on the Vision Grant Committee.

Members:
Lynda Goodfellow
Gregg Ruppel
Georgiana Sergakis

Special Representatives Reports

AMA CPT Health Care Professional Adv Comm

Submitted by: Susan Rinaldo Gallo – Summer 2018

Recommendations

None

Report

Anne Marie and I monitor the AMA CPT website and respond to postings and questions from our members.

The most recent AMA CPT meeting was held in San Antonio, TX, May 17-19th. The AARC choose not to attend. There were 46 items on the agenda although none were related to Respiratory Care or Pulmonary medicine.

I'm sure there were some relevant presentations on legislation, CMS or RUC. I will review the minutes when they are published sometime next week. The next meeting is in October.

Feel free to contact me if there are any questions.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Summer 2018

Recommendations

That the AARC collaborate with AACVPR on a Legislative FIX for Site Location for Pulmonary Rehabilitation/Cardiac Rehabilitation Services to correct the unintended and negative results of Section 603. (See attachment "Sec 603 2015 Budget Act 250 yds rule")

- The below cut/pasted document is taken from the AACVPR 2018 Day on the Hill Talking Points for the 603 Legislative FIX
- Attached documents 603 and 413.65

Points to Make

- Section 603 of the Bipartisan Budget Act (BBA) of 2015 mandates that any outpatient services that are new or that re-locate from an on-campus location (within 250 yards of the main hospital) to an off-campus location after 11-2-15 (date of BBA passage) are reimbursed by Medicare at the Physician Fee Schedule (PFS) rate and not the Outpatient Prospective Payment System (OPPS) rate, effective January 1, 2017.
- This is a dramatic reduction in payment for CR and PR, financially prohibiting any such re-location for program expansion.
- AACVPR met with CMS shortly after enactment to explain the limitation this poses to CR and PR programs attempting to meet patient needs by expanding program capacity. CMS acknowledged the unintended consequence of this law and indicated the only option to address this is via legislation.
- This restriction impacts program growth and patient participation, so is an issue that programs and patients should care about greatly.
- SOLUTION: When the specialty billing with the greatest amount under the physician fee schedule for a CPT/HCPCS code is under $1M for the previous year for which data are available, that specific code is exempt from the rules and regulations of Section 603 of Public Law 114-74

Report

1. **<u>OIG 2019 Agenda for Audits CR/PR</u>**

U.S. Department of Health & Human Services

Office of Inspector General
U.S. Department of Health & Human Services

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Medicare Part B Outpatient Cardiac and Pulmonary Rehabilitation Services

Medicare Part B covers outpatient cardiac and pulmonary rehabilitation services. For these services to be covered, however, they must be medically necessary and comply with certain documentation requirements. Previous OIG work identified outpatient cardiac and pulmonary rehabilitation service claims that did not comply with Federal requirements. We will assess whether Medicare payments for outpatient cardiac and pulmonary rehabilitation services were allowable in accordance with Medicare requirements. We will also determine whether potential risks in outpatient cardiac and pulmonary rehabilitation programs continue to exist.

Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
May 2018	Centers for Medicare & Medicaid Services	Medicare Part B Outpatient Cardiac and Pulmonary Rehabilitation Services	Office of Audit Services	W-00-18-35808	2019

2. **<u>Pulmonary Rehabilitation Certificate: Collaboration between AARC and AACVPR is LIVE – on both website</u>**

3. **<u>AACVPR 5th Edition Pulmonary Rehabilitation Guidelines –</u> Release set for Sept. 2018**
   - **a.** Dr. James Lamberti and I are co-authored **Chapter 2 – Selecting and Assessing the Pulmonary Rehabilitation Candidate**

4. **<u>AACVPR Pulmonary Expert Committee member, this committee is chaired by Trina Limberg, UCSD</u>**

5. **<u>AACVPR 33rd Annual Meeting: Sept. 12-15, 2018 Louisville, KY</u>**
   - a. Member of the Pulmonary Conf. Committee with speaker recommendation and scoring of lecture submissions
   - b. Speaker; Dr. Lamberti/Gerilynn: Assessment Chapter New 5th Edition Guidelines :& Dr. Lamberti/Leah Junk RRT PR Team Member Inova: Smoking Cessation (SC), BreathFree2 Program and SC Medications

6. **<u>AACVPR MAC M & MAC J Reimb. Committee</u>**
   - a. Palmetto GBA has expanded to include <u>*MAC J Georgia, Alabama and Tennessee*</u> + the current MAC M Virginia/West Virginia/North Carolina/South Carolina
   - b. I am an active Member of the MAC M & J Committee with regular Conference Calls

7. **AACVPR Pulmonary Rehabilitation Program Certification**
    - **a.** only peer-review accreditation process designed to review individual facilities for adherence to standards and guidelines developed and published by AACVPR and other professional societies
    - **b.** 2018 AACVPR Program Certification has moved to an outcomes-based process with the measurement of more meaningful outcomes

8. **VACVPR, affiliate of AACVPR:**
    - *a.* Active on BOD and Pulmonary Rehab Reimbursement Committee Chair

9. **Pulmonary Hypertension Association, as a member of the PHPN PRACTICE COMMITTEE**
    - a. PHA's 2018 International PH Conference and Scientific Sessions - June 29 to July 1, 2018, in Orlando, Florida, at the Renaissance Orlando at SeaWorld
    - b. Speaker: Pulmonary Rehab and Oxygen therapy and Participating on a Patient Panel on Travel

American Heart Association

Submitted by Brian Walsh – Summer 2018

Recommendations

None

Report

Brian Walsh will serve as liaison on the Emergency Cardiovascular Care Committee of the American Heart Association/American Stroke Association beginning July 1, 2018 through June 30, 2019.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Summer 2018

Recommendations

None

Report

As per the request of Karen Good, Alaska Society for Respiratory Care and as approved by AARC President Brian Walsh and AARC Executive Director Tom Kallstrom, I am leading a strategic and operational planning session with the Alaska Society for Respiratory Care June 18, 2018 in Anchorage Alaska.

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)

Gary Wickman - Summer 2018

Recommendations

That the AARC Board of Directors appoint a CoBGRTE representative to the AARC Vision Grant Committee.

Rationale

- CoBGRTE has been involved with the BS Entry to Practice Collaborative Meeting and was asked to provide a PI for the project. Since discussing this with President Walsh, what was really wanted was support from CoBGRTE in engaging individuals or teams to submit study proposals for the AARC Vision Grant that would provide research evidence on the question of the difference in competency between of BS level prepared graduates compared to AS level prepared graduates.

- CoBGRTE would like to work closely with and support the AARC on this project and would like to be involved in both promoting this work and evaluating the efficacy of the study proposals.

Report

I have attended all CoBGRTE Executive Committee meetings since the last report in March 2018. The CoBGRTE Committee has been busy working on the CoBGRTE activities that will coincide with the AARC Summer Forum. A CoBGRTE Board Meeting is scheduled for July 16th. I have been invited to attend as the AARC Liaison to CoBGRTE. They have agreed to pay for my expenses to attend the meeting, so I will attend and represent the AARC there.

CoBGRTE will also hold a Seminar the evening of the 16th to add value to the CoBGRTE Members who attend the AARC Summer Forum. There will also be a Roundtable discussion on the evening of July 18th. The CoBGRTE Executive Committee will meet with the AARC Executive Committee and the CoARC Executive Committee during the Summer Forum to work on collaborating on the initiatives that they have in common. i.e. moving to BS as entry level education for Respiratory Therapists, continuing work on the APRT curriculum, and increasing membership in the organizations.

The executive committee discussed the decision of the AARC Board not to approve the recommendation from the March AARC Board meeting to add a CoBGRTE representative to the Ad Hoc Committee on APRT and to work with current committee members who are also CoBGRTE members. After speaking with President Walsh, Dave Shelledy reached out to Lynda Goodfellow to ask that she (with President Walsh's approval) serve as liaison with CoBGRTE to the APRT Committee. Lynda will meet with the CoBGRTE at their summer BOD meeting in San Antonio.

There was work on the BS Entry to Practice Collaborative Meeting action items that CoBGRTE was asked to help with. One item is to identify a PI from CoBGRTE to help with the research effort to study the comparison of effectiveness of BS prepared students to AS prepared students. After speaking with President Walsh, clarification on this request was made. What was really wanted was support to solicit and encourage researchers to apply for the AARC Vision Grant to help fund these types of studies. Much discussion was undertaken on how best to accomplish this. CoBGRTE has reached out to its membership to encourage researchers to apply for this grant both from the team level and from the individual level. The Executive Committee also is asking to have a CoBGRTE representative be appointed to the AARC Vision Grant review committee so they can provide input on evaluating the efficacy of the study proposals on this topic. The CoBGRTE Executive Committee is continuing work on the other action items from the BS Entry to Practice Collaborative Meeting. The discounted accreditation fees or incentives will be discussed at the Summer Forum Meeting.

Other work undertaken since the last report was that CoBGRTE conducted a survey with CoBGRTE members to identify the top items they felt were important for CoBGRTE to work on and support. A full report of the results will be provided to the CoBGRTE Board in July. CoBGRTE continues to publish the Coalition Chronicle on a monthly basis.

I think the main focus of the group continues to be supporting the move to BS or higher as entry level education for Respiratory Therapists by working to support programs to convert from AS to BS and promoting more Graduate programs as well, developing and implementing the APRT curriculum, providing support to members through continuing education, and increasing membership in the organization and the AARC.

Other

I would like to thank Dave Shelledy and the CoBGRTE Executive Committee for allowing me to work with them as the AARC Liaison to CoBGRTE.

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Summer 2018

Recommendations

That the AARC Board of Directors support the proposed change to the 11th Edition of the CAMTS standards that would require transport RTs to attain an advanced credential within two years of hire to a transport team.

Justification- The drafting of the 11th edition of the CAMTS standards continues with an expected release in October at the Air Medical Transport Conference in Phoenix. This edition differs in process in that now CAMTS has been awarded recognized as an American National Standards Institute (ANSI). The ANSI process is more formalized and designated CAMTS as the national transport standards organization.

One of the proposed changes to the 11th edition standards that can affect transport RT's is the requirement that within 2 years of hire, they attain one advanced credential. The options for advanced credential include the NBRC's NPS or ACCS credential or the National Certification Corporation's Certification in Neonatal Pediatric Transport (CNPT).

We have required advanced credential for transport nurses and medics for over 6 years (2 editions). During this time an advanced credential for transport RT's has been strongly encouraged. Noncompliance with this standard would not remove anyone from the transport team as we still have programs where nurses and or medics have not attained advanced credential within two years of hire. Depending on percentage of the profession a Concern could be noted for low percentage of noncompliant staff to a Deficiency when a considerable number of staff do not have an advanced credential. This one issue would not deny a programs accreditation.
This proposed change would bring transport RT's in line with other transport professionals educational and competency.

Report

The CAMTS BOD met in San Antonio April 5th to 7th prior to the Critical Care Transport Medical Conference (CCTMC). The executive committee met the evening of the 4th to discuss administrative issues and deliberate forwarded programs response to board reports. A total of 18 programs were presented to the full board for accreditation.

A presentation on Special Operation Medical Transport was delivered to the entire board. As an organization, we have had several companies who are hoping to acquire CAMTS accreditation.

The CAMTS Board has completed two scheduled online meetings in May and in June to accommodate timely accreditations. The full board will meet again in person in July and October.

As noted the CAMTS 11th edition standards are currently being drafted by a select dedicated multidisciplinary group. I have been a part of this group since its inception in late 2017. We meet online the first Tuesday of every month typically 2 hours. This specialized group is a part of complying with the ANSI standard development process.

Extracorporeal Life Support Organization

Bradley Kuch - Summer 2018

No report submitted.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Summer 2018

Recommendations

None

Report

I. ICRC Las Vegas Business Meeting Agenda & ARCF/AARC VIP Fellow: Work continues on the 28th Annual ICRC Business Meeting Agenda in cooperation with the AARC Executive Office. Plans are being made for Julie Essiam, CEO for the Ecobank Foundation, and the Group Executive for Human Resource & Corporate Affairs for the Ecobank Group. As her schedule permits Director Essiam will be the featured presenter at the Morning Session at approximately 10:00 AM. Thomas Kallstrom, AARC Executive Director/CEO will formally introduce her to the Council.

II. Japan Society for Respiratory Care and Rehabilitation (JSRCR) & AARC Membership Numbers: Informal discussions have taken place regarding the possibility of developing a relationship between the AARC/ICRC and the JSRCR. The group is committed to establishing a working group/committee with representatives from each organization with the goal of making recommendations on future plans. This is noteworthy as JSRCR has over 6,500 members and in the recent review of international membership in the AARC indicated Japan has the highest number of International AARC Members at 54.

III. Follow up on AARC Membership for International Affiliates: As a continuing effort The President of the ICRC is communicating with the leadership in the Italian Society for RC (ARIR) and the President of the Mexican Society to address the subject of international membership in the AARC. Both organizations are reviewing their standing as it relates to International Affiliate status and the need to maintain, as a minimum, 20 active members of the AARC. A progress report will be discussed as part of the ICRC formal Agenda in December 2018.

IV. Update on Fundamental Respiratory Care Support Course (FRCSC): The publication for the international FRCSC training course is composed of 37 Modules. Thus far we received manuscripts of 17 Modules, 5 of them are already in copy editing production phase, 7 are awaiting minor editing by authors after Dr. Hess's review, and 5 are currently under 1st review by Dr. Hess.

An additional 12 Modules have been assigned to authors and are in various stages of development. The remaining 8 Modules are not yet assigned as we are judiciously soliciting additional authors from outside of North America. We are pleased to report we have begun to release payment to those authors who have submitted the required elements for their respective Modules.

As we proceed we would like to assure the ARCF and the AARC that we are mindful that the FRCSC is a huge project that entails many components, including but not limited to; the publication of the Modules, Policies and Procedures, soliciting faculty, developing the Train the Trainer Manual, and a mechanism for acquiring equipment and supplies for the appropriate *Skill Stations*. Additionally, we are considering using as one of our Beta testing sites for the Neonatal portion of the FRCSC Modules an on-going program, "Helping Babies Breathe" which is located in Sierra Leone.

We are working diligently and steadily to complete all components of the project. Please accept our sincere appreciation for the many forms of advice and support including the generous financial support from the ARCF and the AARC. (*Please see below "FRCSC Project Update & Overview Summer 2018")*

V. International Education Recognition System (IERS): Recently there were eleven programs Approved. There were also three programs that were not approved.

Taiwan, RT BS, Level III - Approved
Changsha, China, Level II – Approved
Changsha, China, Level I – Approved
Hangzhou, China Level II – Approved
Hangzhou, China Level I – Approved
Royal Hospital, Muscat, Sultanate of Oman, Level I – Approved
Khoula Hospital, Sultanate of Oman Level I - Approved
Tongji University, Shanghai, China - Level I - Approved
Korean RC Association, Seoul, Korea, Level I – Approved
Alkhobar, Saudi Arabia, Level I – Approved
Fujian University, Quanzhou, China, Level I Approved

FRCSC Modules in Production Phase

Manuscripts Received, In Progress & Open

The following 17 Modules have been completed and received. 5 in copy editing production phase. Others under review.		
Ch.	**Chapter**	**Author**
3	Respiratory System Anatomy & Physiology	Will D. Beachey
6	Basic Oxygen Therapy	Patrick J. Dunne
8	Aerosol Therapy	Arzu Ari
9	Infection Control	Teresa Volsko
13	Suctioning, Airway Clearance & Lung Expansion Therapy	Bruce K. Rubin
15	Pulmonary Function Testing, Techniques and Interpretation	Jeffery M. Haynes
18	Ventilator Modes	Ghazi A. Alotaibi
21	Liberation From Mechanical Ventilation	Mohamad F. El-Khatib
22	Advanced Patient Monitoring & Wave Form Analysis	Timothy B. Op't Holt
24	Perioperative Respiratory Care	Sarah M. Varekojis
29	Pulmonary Rehabilitation	Trina M. Limberg
30	Respiratory Home Care	Angela King
33	Neonatal Pathophysiology, Assessment and Monitoring	Kimberly S. Firestone
37	Sleep Disorders	Ahmed S. BaHammam
2	Ethical& Patient Safety Issues in Respiratory Care	Shawna L. Strickland
10	Fundamentals of Respiratory Care Pharmacology	Douglas S. Gardenhire
12	Cardiopulmonary Resuscitation	Thomas A. Barnes

The following 12 Modules have been assigned, and authors are in process of writing		
Ch.	**Chapter**	**Author**
1	Introduction to Respiratory Care	Thomas Malinowski
5	Respiratory Assessment	Lisa Trujillo
7	Humidity Therapy	Ruben D. Restrepo
11	Airway Management	Richard D. Branson
19	Noninvasive Respiratory Support (HFNC, CPAP & NIV	Dean Hess
20	Lung Protective Ventilation Approaches in Various Disease States	Dean Hess
23	Inter/Intra-Hospital Transport of Critically Ill Patients	Richard D. Branson
31	Smoking/Tobacco Cessation Training	Karen Schell
32	Pediatric Pathophysiology, Assessment and Monitoring	Ira M. Cheifetz
34	Neonatal & Pediatric Resuscitation	Natalie Napolitano
35	Intensive Respiratory Care of Neonates	Huayan Zhang
36	Neonatal & Pediatric Ventilation	Kathleen M. Deakins

The following 8 Modules are pending assignment:		
Ch.	**Chapter**	**Author**
4	Overview of Common Cardiopulmonary Disorders	Open
14	Chest Imaging	Open
16	Cardiopulmonary Disorders in Acute Respiratory Care	Open
17	Acid Base Balance, Blood Gas Analysis & Oxygenation	Open
25	New Therapeutic/ Diagnostic Medical Gases	Open
27	COPD Diagnoses, Management and Education	Open
28	Asthma Diagnoses, Management and Education	Open
#	Hyperbaric Oxygen Therapy	Open

Neonatal Resuscitation Program

Submitted by John Gallagher – Summer 2018

No report submitted.

Society for Airway Management

Submitted by Monique Steffani – Summer 2018

No report submitted.

Ad Hoc Committee Reports

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

Submitted by John Wilgis – Summer 2018

Recommendations

That the AARC Board of Directors accept the Phase II - NPAPP Needs Assessment Report developed by JBS International, Inc.

Report

- At the March 24, 2018 AARC Board of Directors meeting, the Board approved the Committee Recommendation 18-1 – 31.1 with an amendment to read, "*That the AARC Board of Directors fund an expanded needs assessment to determine geographic location, physician specialty, and density of workforce need for non-physician advanced practice providers explicitly trained to provide care to patients afflicted with cardiopulmonary disease through the proposed Option B in the Phase II Proposal from JBS International*."
- A proposed survey instrument was developed and provided to the committee for input and recommendations for improvement.
- The committee held a conference call on May 16, 2018 to discuss carrying out the board motion and review the proposed survey.
- Written comments were accepted for those unable to make the call.
- Feedback was compiled and provided to JBS and edits to the instrument were made prior to testing.
- A very aggressive timeline for completion of the instrument fieldwork was established with the anticipation that the final report is prepared prior to the July 2018 AARC Board meeting.
- The final report is slated to be provided to the AARC Board of Directors as information for consideration of next steps.

2018 Charges

1. Create the framework for the needs assessment, retain a third-party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to determine appropriate next steps.

2. Clearly define the pros and cons of both an "incident to" and a direct billing approach related to advance practice provider reimbursement and provide information that assists in determining the best approach to establish for future use.

3. Identify states where passage of advance practice provider licensure or certification would have the greatest chance of success.
4. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice

provider.

5. General - Identify at least one educational institution to offer an educational pilot program(s) for advance practice provider.

6. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).

7. Consider the development of the credential for the advance practice provider.

Other

The Co-Chairs are grateful for the opportunity to share this report with the AARC Board of Directors and wish to extend their appreciation of the entire committee.

The 2018 Committee members include:

AARC Representatives:
Ellen Becker PhD, RRT, RRT-NPS, FAARC, Dana Evans MHA, RRT, RRT-NPS, Lynda Goodfellow EdD, RRT, FAARC, Anne Marie Hummel (ex officio), David Kelley DO (BOMA representative), John Wilgis MBA, RRT (co-chair), AARC Executive Office Liaison: Shawna Strickland PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, FAARC

CoARC Representatives:
George Burton MD (ex-officio), Kevin O'Neil MD, Kathy Rye EdD, RRT, RRT-ACCS, FAARC, Sarah Varekojis PhD, RRT, FAARC, CoARC Executive Office Liaison: Shane Keene DHSc, RRT, RRT-NPS, CPFT

NBRC Representatives:
Thomas Fuhrman MD, Kerry George MEd, RRT, RRT-ACCS, FAARC, Carl Haas MLS, RRT, RRT-ACCS, CPFT, FAARC, Robert Joyner PhD, RRT, RRT-ACCS, FAARC (co-chair), NBRC Executive Office Liaison: Lori Tinkler, MBA

Ad Hoc Committee BS Entry to Practice

Submitted by Lynda Goodfellow – Summer 2018

Recommendations

None

Report

Progress reports from all working groups will be provided at the July BOD meeting.

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Summer 2018

Recommendations

None

Report

Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Lutana Haan, Tommy Rust (leaving the committee), Shawna Strickland and Ellen Becker.

Two of our 7 charges have been completed: the revised Respiratory Therapist Education position statement was approved at the March 2018 BOD meeting and the proposed change for the respiratory therapist definition on the BLS website was unsuccessful. Below is the progress on the remaining charges.

1. **Charge:** The AARC will provide definitions of AS, AAS, BS, BAS degrees on a website as a decision-making resource for prospective students.

Status: Appropriate language is being drafted and the content will be added to the current AARC webpage: https://www.aarc.org/careers/respiratory_therapy_degree_advancement/162

2. **Charge:** The CoARC will evaluate what additional data programs can submit, through its annual report of current status, which would be helpful in promoting career pathways. This additional data may include, but not be limited to, names of organizations with whom they have articulation agreements, type of degree offered, whether the degree is accredited by CoARC as Degree Advancement, number of degree credits that transfer as part of articulation agreement, baccalaureate degree programs that their graduates attend, type of baccalaureate degree offered, and usual number of degree credits that transfer.

Status: Ongoing. CoARC will continue to evaluate the data that they can collect without incurring a significant financial impact.

3. **Charge:** The CoARC and the AARC will collaborate to develop a website hosted on the AARC website that allows prospective students to search for associate degree programs that have articulation agreements, baccalaureate degree options where students commonly transfer, and the number of degree transfer credits.

Status: Due to flux in agreements, it was decided that it would be too difficult to keep website data updated. CoARC has a link to degree advancement programs on their website which will be kept current. Instead, the committee decided to develop resources to help associate degree program directors create career pathways. A survey of program directors was conducted in January 2018 that yielded a 55% response rate. The findings from associate degree programs indicated that

· 49% of programs did not have information about pursuing a baccalaureate degree on their program website.
· 59% have articulation or transfer agreements.
· 22 programs were working towards offering a BS degree program in the next five years and 5 programs are working to offer a BAS program.
· Several respondents cited the inability to offer a bachelor's degree by a community college.

The committee members followed up with every individual who left contact information to address their perspectives. Approximately 90% of individuals did not return committee member messages and no additional significant information was obtained. The full survey results are in the attached file "*JanuaryCareerPathways2018Survey.pdf"*

Based upon these findings the AARC will develop a web story to address the steps educators are taking to move RT students along a career pathway and identify challenges encountered by educators who want to establish career pathways. The web story development is in process.

4. **Charge:** Collaborate with NN2 and NA2RC leadership to ask their membership to highlight the RT career pathway by posting the AARC goal of having 80% of RTs either hold or be working towards a bachelor's degree by 2020 near the top half of the first page of their program website.

Status: No further action on this specific goal has been addressed with NN2. The NA2RC member who recently joined our committee, Tommy Rust, needed to resign due to other commitments. A call to the NA2RC president to identify a new representative is pending at the time of this report.

5. **Charge:** Collaborate with NN2 and NA2RC leadership to ask their membership to post links to articulation agreements and other baccalaureate degree programs in prominent positions on their program website.

Status: See above.

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Summer 2018

The ARCF has been busy over the past several months. Below are updates of these activities.

Transition of Board of Trustees

At the end of 2017 Timothy Myers' term expired and moved from Board of Trustee to Business Development Officer**.** Gary Smith and Neil MacIntyre moved from their positions in Executive Committee and are now serving as ARCF Board of Trustees. The new Vice Chair is Tonya Winders, MBA and the new Secretary/Treasurer is Joe Lewarski.

International Fellow and City Host Applications

- 24 Fellow applications received
- 5 City Host applications received
- The deadline for applications was June 1, 2018. The information has been sent to the International Committee and placed in the International Committee community on AARConnect.
- The International Committee will make their decision at the SF 2018 Int. Comm. Meeting.

Congress 2018 ARCF Fundraiser

- Vapotherm sponsorship in the amount of $50,000.
- Fundraiser ticket sale site is scheduled to open by August 15, 2018.
- Ticket prices:
    - $150 per person if purchased by September 1 (includes access to event, meal and one entry for grand prize)
    - $175 per person if purchased between September 1 and day before event (includes access to event, meal and one entry for grand prize)
    - NO SELLING TICKETS AT THE DOOR

List of Awards for this year (Winners to TBD)

- Research Fellowship Awards
    - Charles W. Serby COPD Research Fellowship Award
    - Philips Respironics Fellowship in Mechanical Ventilation
    - Vyaire Fellowship for Neonatal and Pediatric Therapists
    - Jeri Eiserman, RRT Professional Education Research Fellowship
- Literary Awards
    - Mallinckrodt Literary Award
    - Draeger Literary Award
- Achievement Awards
    - Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement

    - Hector Leon Garza, MD, International Achievement Award
    - Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
    - Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
    - NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement
    - Mike West, MBA, RRT, Patient Education Achievement Award
    - Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies
- Education Recognition Awards for Undergraduate Students
    - Morton B. Duggan Jr., Memorial Education Recognition Award
    - Jimmy A. Young Memorial Education Recognition Award
    - NBRC/AMP William W. Burgin Jr., MD and Education Recognition Award
- Education Recognition Awards for Postgraduate Students
    - NBRC/AMP Gareth B. Gish, MS, RRT, Memorial Postgraduate Education Recognition Award
    - William F. Miller, MD Postgraduate Education Recognition Award
- Research Grants
    - NBRC/AMP H. Fredrick Helmholz, Jr., MD, Educational Research Grant
    - Parker B. Francis Respiratory Research Grant
    - Jerome M. Sullivan Research Fund

Summary

The ARCF Trustees continue 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. On behalf of the Trustees, I encourage you to to support our Foundation with your purchase of raffle tickets or any monetary tax-deductible donations. We urgently need you to join us in support of our Foundation.

CoARC Report

Submitted by Tom Smalling – Summer 2018

See Attachment:

"CoARC Update June 2018"

Date: June 21, 2018

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

From: Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President

Subject: NBRC Report

I appreciate the opportunity to provide an update from the NBRC. Since the last report, the Board of Trustees met in April 2018 in Kansas City to conduct examination development work as well as review final plans for implementation of a new credential maintenance program. The following information summarizes the current status of major initiatives and activities in which the Board and staff are currently involved.

Credential Maintenance Program f/k/a Continuing Competency Program

After more than 15 years, changes are upcoming to the NBRC's Continuing Competency Program (CCP) and the name is changing to the Credential Maintenance Program to better represent the purpose of the program. The new program format will be piloted with individuals who are due to recertify a specialty credential in the October – December 2018 timeframe and those earning a specialty credential between January – September 2019. Beginning October 2019, the new Credential Maintenance Program will be in place for all practitioners earning a new credential. Highlights of the changes include incorporating an assessment to each program whose content will focus on competencies that put the public at risk when performed incorrectly and whose practice changes rapidly. Practitioners can access a dashboard to check their progress which will be based on responses to assessment items. References to learning resources for each assessment item will be available through the dashboard and linked to each assessment item to which the participant has responded. The dashboard will be updated each year showing a participant whether it is likely that he or she will be required to document continuing education credits in his or her final year. Individuals who achieved a credential before July 2002 may opt-in to participate in the revised Credential Maintenance Program without putting their credentials at risk.

Advanced Practice Respiratory Therapist Ad Hoc Committee

Collaboratively with the AARC and CoARC, the NBRC has maintained its representation of four appointed representatives serving on the Ad Hoc Committee on the Advanced Practice RT. The charge of this collaboration is to explore issues related to the potential education, credentialing, and scope of practice of these advanced practitioners. In anticipation of an eventual credentialing examination for these advanced practice therapists, the NBRC continues to work with its trademark counsel to protect the terms APRT and RRT-AP through intent to use.

Job Analysis and Cut Score Studies

The Board reviewed and approved the final job analysis report which will result in new test specifications/detailed content outlines for the Therapist Multiple-Choice(TMC) and Clinical Simulation Examinations (CSE) to be implemented in January 2020. The validation study for the TMC and CSE will occur this summer and a cut score study will be performed in 2019.

Cut score studies were performed in April for the Adult Critical Care and Neonatal Pediatric Specialty Examinations; new test specifications for these programs will be implemented in June and October 2018, respectively.

Admission Policy Change

In 2017, the Board approved the elimination of the provision for CRTs who have held the credential for at least one year to be eligible for the Neonatal/Pediatric Respiratory Care Specialty Examination (NPS). This policy change will go into effect when new test specifications are implemented for the NPS Examination in October 2018.

Specialty Credential Ad Campaign

We are creating a national awareness campaign to promote the profession through inspirational stories – stories about the specialized care and high satisfaction levels that come from being an RRT with specialty credentials from the NBRC.
Credentialed practitioners have been invited to inspire excellence by telling us their story for a chance to be part of our national awareness campaign. Specialty credentials further define the excellence of a respiratory therapist - they have the power to help elevate the profession for all practitioners. To promote the critical role that respiratory care plays in the lives of patients, we want to hear how specialty credentialing has positively impacted their career. If selected for the campaign, individuals could be featured in print, digital and social media channels. We hope their stories of dedication in respiratory care will inspire others to embrace a career in respiratory care and direct more practitioners to consider specializing in one of the many subspecialties offered by the NBRC and the profession – with a true commitment to excellence.

Social Media

We have taken the leap into social media and now have a presence on Facebook, Twitter (@NBRC_tweets) and Linked In. Please follow us! For those not on social media, we have implemented an aggregator that displays all our social media posts on our website – nbrc.org.

2018 Examination and Annual Renewal Participation

Through June 15, over 13,000 examinations across all programs have been administered. Nearly 54,500 individuals have renewed their active status for 2018. A majority have taken advantage of the $5 discount available to those who renew online.

Examination Statistics – January 1 –June 15, 2018

Examination	***Pass Rate***
Therapist Multiple-Choice Examination – 6,675 examinations	
• First-time Candidates	Exceed High Cut-Score – 70.4% Exceed Low Cut-Score – 80.5%
• Repeat Candidates	Exceed High Cut-Score – 26.7% Exceed Low Cut-Score – 47.1%
Clinical Simulation Examination – 4,910 examinations	
• First-time Candidates	65.7%
• Repeat Candidates	44.9%

Adult Critical Care Examination – 682 examinations	
• First-time Candidates	76.8%
• Repeat Candidates	52.5%
Neonatal/Pediatric Examination – 512 examinations	
• First-time Candidates	74.4%
• Repeat Candidates	56.4%
Sleep Disorders Specialty Examination – 86 examinations	
• First-time Candidates	81.1%
• Repeat Candidates	58.3%
PFT Examination – 240 examinations	
• First-time Candidates	Exceed High Cut-Score – 27.8% Exceed Low Cut-Score – 64.9%
• Repeat Candidates	Exceed High Cut-Score – 12.4% Exceed Low Cut-Score – 59.6%

Your Questions Invited

I am honored to be serving as President of the NBRC and 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 the CoARC, as well as each of the physician sponsoring organizations of the NBRC. 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.

Old Business

- Mission and Vision Development

New Business

Policy Review

- BOD.027 – Board of Directors – Policy for Surveys Conducted by the Association
- CT.003 – Committees – Elections Committee – Nominations Process (see attachment "AARC ELECTION POLICY REVISION")
- CA.008 – Chartered Affiliates – AARC Affiliate AARConnect Community Policy/Procedure

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: October 2016

DATE REVISED: October 2016

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.

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. Have 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: Chartered Affiliates

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

EFFECTIVE DATE: October 14, 2016

DATE REVIEWED: October 14, 2016

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.

8. All affiliates are required to follow all policy amplication definitions for AARC Connect Community and revenue sharing requirements. Failure to follow these policy amplication definitions shall result in withholding of these affiliate benefits.
9. Section 7 a,b,c will be followed as written. The AARC has the right to rescind the community's right, revenue sharing and charted affiliates co-marketing.
10. The AARC BOD will be the determinate body when violations occur. The withholding of these revenues shall be reserved in a protected account.