



American Association for Respiratory Care

Board of Directors Meeting

Fort Lauderdale Marriott Harbor Beach Resort & Spa
Fort Lauderdale, Florida

July 22-24, 2019

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Executive and Finance Committee Meeting – July 22, 2019

Board of Directors Meeting – July 23-24, 2019

Monday, July 22nd

3:30-5:30pm	Executive Committee Meeting	St. Petersburg Boardroom-5 th Floor
5:30-6:30pm	Finance Committee Meeting	Grand Ballroom-Salons G-K

Tuesday, July 23rd

Board of Directors

8:00-5:00pm

7:00am – 8:30am Breakfast Available Grand Ballroom, Salons G-K

8:40am Color Guard ó HOD ó BOD introductions

9:00am Call to Order
Approval of Minutes p.5

Approval of the Consent Agenda
➤ *Listing of Reports to pull out*

---Consent Agenda---

General Reports pp.22-50

Standing Committee Reports

Audit Subcommittee p.52 R, A

Executive Committee p.55 verbal

Judicial Committee p.57

Program Committee p.58

Bylaws p.59 R, A

Elections p.60

Finance p.61 verbal

Strategic Planning p.62

Specialty Section Reports

Adult Acute Care p.64

Diagnostics p.66 NR

Education p.67

Management p.72 A

Neonatal-Pediatrics p.80

Post-Acute Care p.82 R

Sleep p.83

Surface to Air Transport p.85

Special Committee Reports

Advanced RT Practices, Credentialing, and Education Committee p.88

Advocacy & Government Affairs p.89

AS to BS Conversion Committee p.100

Benchmarking Committee p.101

Billing Codes Committee p.102

BS Entry to Practice Committee p.103

Career Pathways Committee p.104

Diversity Committee p.106 R

Fellowship Committee p.108

International Committee p.110

Membership Committee p.112

Oxygen Safety Committee p.114

Position Statement Committee p.118 **R, A**
Virtual Museum Committee p.119
Vision Grant Committee p.120

Special Representatives

Society for Airway Management p.122 **NR**
AMA CPT Health Care Professional Advisory Committee p.123
American Assoc of Cardiovascular & Pulmonary Rehab (AACVPR) p.124 **NR**
IPEC p.1245 **R**
American Heart Association p.126
NAEPP p.127 **NR**
Committee on Accreditation of Medical Transport Systems p.128
Chartered Affiliate Consultant p.134
Coalition for Baccalaureate and Graduate Respiratory Therapy Edu (CoBGRTE) p.135
Extracorporeal Life Support Organization (ELSO) p.137 **R**
International Council for Respiratory Care (ICRC) p.138 **A**
NAAHP p.140 **R**
Neonatal Resuscitation Program p.141

Other Reports

ARCF p.143
CoARC **verbal**
NBRC p.145

---Consent Agenda Ends---

General Reports

President p.23
Past President p.25 **NR**
Executive Director p.26
Advocacy & Government Affairs p.36
House of Delegates p.47 **R**
President's Council p.49
BOMA p.50

9:45am	<i>Cavarocchi · Ruscio · Dennis Associates, LLC (CRD)</i> 6 Erika Miller via phone <i>Fundamentals of Respiratory Care</i> - Jerome Sullivan <i>CoARC</i> - Allen Gustin and Tom Smalling
10:45am	Continue Review of Reports (<i>General and Pulled Ones</i>)
11:45am	Ratifications/E-Votes p.149
12:00pm	Lunch Break (Daedalus Board Meeting)
1:30pm	Joint Session Roll Call (Goodfellow) President Report Advocacy & Government Affairs Report (Hummel, 20 mins) Elections Committee Finance Committee (Goodfellow) Bylaws First reading – Bylaws chair Town Hall 3 questions HOD (15 min each)
3:00pm	Review of Referrals and Carried Motions p.153
4:00pm	Review of Recommendations p.150 House of Delegates Recommendation 19-2-6.1

Audit Subcommittee	Recommendation 18-3-13.1 Recommendation 19-2-13.1 Recommendation 19-2-13.2
Bylaws Committee	Recommendation 19-2-9.1 Recommendation 19-2-9.2 Recommendation 19-2-9.3
Diversity Committee	Recommendation 19-2-19.1
Position Statement Committee	Recommendation 19-2-26.1 Recommendation 19-2-26.2 Recommendation 19-2-26.3
Post-Acute Care	Recommendation 19-2-57.1 Recommendation 19-2-57.2
IPEC	Recommendation 19-2-63.1 Recommendation 19-2-63.2
ELSO	Recommendation 19-2-69.1
NAAHP	Recommendation 19-2-72.1

5:00 pm RECESS

Wednesday, July 24th Board of Directors 8:00-5:00pm
(7:15am – 8:45am Breakfast available)

8:00am	Call to Order
8:15am	Continue Review of Recommendations p.151
10:00am	HOD Resolutions
12:00pm	Lunch Break
1:30pm	Reconvene
1:30pm	Unfinished Business p.155
2:30pm	New Business p.156
3:30pm	Review of Action Items (Goodfellow, 10 mins)

ANNOUNCEMENTS

TREASURER’S MOTION

ADJOURNMENT

A-Attachment
R-Recommendation
Verbal-Report will be given verbally
NR-No report

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

March 22, 2019 – Grapevine, TX

Minutes

Attendance

Karen Schell, DHSc, RRT, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President
Brian Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, Past President
Sheri Tooley, BSRT, RRT, RRT-NPS, CPFT, AE-C, FAARC, VP External Affairs
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Kim Bennion, MHS, RRT
Dana Evans, MHA, RRT, RRT-NPS
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Jakki Grimbball, MA, RRT, AE-C
Carl Hinkson, MS, RRT, RRT-NPS, FAARC
John Lindsey, Jr., MEd, RRT, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT, RRT-NPS, FAARC
Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT
Kari Woodruff, BSRC, RRT, RRT-NPS, FAARC

Consultants

Ellen Becker, PhD, RRT, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President,
Neil MacIntyre, MD, BOMA Chair
Keith Siegel, MBA, RRT, CPFT, Past Speaker
Teri Miller, RRT, CPFT, HOD Speaker
Joe Goss, RRT, RRT-NPS, HOD Speaker-elect
Jennifer Anderson, RRT, RRT-NPS, HOD Treasurer

Excused

Jodi Jaeger, RRT, RRT-NPS, HOD Secretary

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Associate Executive Director
Ada Morton, Senior Accountant
Jena Weeter, Executive Assistant to Executive Director
Heather Willden, Communications Coordinator

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 8:58 a.m. CST. Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum. President

Schell asked Board members to introduce themselves. As part of introductions, President Schell asked Board members to share a hobby they like to do as well as any COI.

DISCLOSURE

President Schell reminded members of the importance of disclosure and potential for conflict of interest and directed them to review the COIs in the AARConnect Board of Directors library.

President Schell informed members that vaping will soon be added to the Tobacco Free Pledge, so new pledges will go out.

President Schell asked members to be flexible if the agenda is moved around slightly during the meeting.

President Schell then invited Ellen Becker to explain the expectations related to the Consent Agenda.

Sheri moved to suspend the rules of the Consent Agenda.

Motion Carried

APPROVAL OF MINUTES

Lynda moved to approve the minutes of the December 2, 2018 meetings of the AARC Board of Directors.

Motion carried

Lynda moved to approve the minutes of the December 3, 2018 meetings of the AARC Board of Directors.

Motion carried

Lynda moved to approve the minutes of the December 7, 2018 meetings of the AARC Board of Directors.

Motion carried

E-MOTION ACCEPTANCE

Lynda moved to ratify the E-Motions.

Motion carried

RATIFY OXYGEN SAFETY ON AIRLINES COMMITTEE

Carl moved to ratify the Oxygen Safety on Airlines Committee.

Motion Carried

PRESENTATION: MERRILL LYNCH

Nancy Bello with Merrill Lynch gave an overview of the Investment Report.

PRESENTATION: HOWARD, LLP

Tim Pike with Howard, LLP gave an overview of the Audit report. He explained the new liquidity disclosure which will result in the need of establishing an official policy.

They did not have any disagreements with management during the audit. Tim Pike also noted that they did receive the full support from management. They concluded that operations have continued to run steady over the years.

John Wilgis requested resources to better explain the audit process to members.

PRESENTATION: CRD ASSOCIATES

Erika Miller and Stefani Rinehart gave an overview of the Congressional-related updates and initiatives. They will be meeting with key Democrats to secure a co-sponsor for the pilot telehealth bill since Cong. Thompson is not going to introduce standalone bills at this time.

Anne Marie Hummel gave an update of the upcoming April 9 Hill day, including key topics of interest such as patient access to liquid oxygen and AARC's opposition to including ventilators under competitive bidding. She also announced a new Medicare proposal on interoperability and FDA guidelines impacting flavored tobacco products and provided updates on key state legislative actions.

PRESENTATION: CoARC

CoARC Representatives Pat Munzer, Shane King, Tom Smalling, and Allen Gustin gave an update from CoARC.

CoARC Representatives expressed concern with the draft Entry to Practice 2025 Position Statement. Members asked questions and engaged in a dialogue about this concern.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 12:10 p.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 1:35 p.m. CST.

PRESENTATION: NBRC

Lori Tinkler and Kathy Fedor with NBRC gave an overview of their submitted report.

CONSENT AGENDA

President Schell explained that this Board meeting would include a Consent Agenda.

President Schell asked Board members if they had any questions regarding any of the reports without recommendations.

President Schell asked Board members if they wish to move any consent agenda items to the regular agenda for further discussion.

Cheryl moved to accept the Consent Agenda as modified.

Motion carried

GENERAL REPORTS

President

President Schell gave highlights of her submitted report and included updates. She also shared about her experience regarding her recent trip to Africa. President Schell informed members of a new initiative on sharing meeting notes with the entire membership to share what the Board is accomplishing and working on. President Schell has asked three Board members to take notes to provide a summary of the Board's meetings.

Past President

Past President Brian Walsh had nothing to report.

Executive Director

Tom Kallstrom gave highlights of his written submitted report and reviewed the Executive Office referrals from the last Board of Directors meeting. Tom called special attention to the One Minute Asthma book that the AARC now has rights to, courtesy of Dr. Thomas Plaut.

Tom also gave updates on referrals 18-3-70.1 and 18-3-29.4.

Jakki moved that the Board accept Recommendation 18-3-29.4 as information and refer the recommendation back to the Executive Office to seek legal opinion.

Motion Did Not Pass

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 2:48 p.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 3:06 p.m. CST.

Brian moved that the board bring Recommendation 18-3-29.4 back to the floor.

Motion Carried

Brian restated Recommendation 18-3-29.4, asking for the board to vote. The Board voted to defeat the recommendation.

House of Delegates (HOD)

Speaker Teri Miller did not have anything to add to her submitted report.

Board of Medical Advisors (BOMA)

Dr. Neil MacIntyre referred members to his submitted report.

President's Council

Dianne Lewis encouraged members to carefully consider their nominations for Life and Honorary awards. Dianne announced Tim Myers as the winner of the Jimmy A. Young award.

Carl made a motion to close out the General Reports.

Motion Carried

PULLED CONSENT AGENDA REPORTS

Elections Committee

Tim gave an update on the status of the 2020 election.

FM 19-1-10.1 Brian moved that the nomination period be extended by one week for the Diagnostics section.

Motion Carried

Program Committee

Steve Sittig requested that presentation expectations/declined presentation explanations should be better communicated as part of the presentation submission process.

FM 19-1-15.1 Steve moved to have the Program Committee develop an improved process for explaining declined presentations.

Motion Did Not Pass

Virtual Museum

Dianne encouraged members to send photos and other items related to the history of COPD to Dianne or Trudy Watson.

International Committee & ICRC

President Schell gave an update on conversations she's had with these two groups.

Extracorporeal Life Support Organization (ELSO)

Carl referred members to the ELSO report. Carl asked members what has been done in the past related to ELSO.

FM 19-1-69.1 John moved for the VP of External Affairs to reach out to ELSO to determine how the AARC and ELSO can work together.

Motion Carried

AMA CPT Health Care Professional Advisory Committee

Anne Marie informed the Board that Susan Rinaldo Gallo volunteered to be the AARC advisor to the AMA CPT and her nomination was submitted to the CPT panel.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 3:59 p.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 4:10 p.m. CST.

Position Statement and Issue Paper Committee

Lynda gave background to how the committee responded to the charge related to entry to practice paper. She then reviewed the draft version of the "Entry to Respiratory Therapy Practice 2025" issue paper as well as began a discussion on the comments to the draft.

Each member then expressed a comment regarding the Issue Paper.

ADJOURNMENT

President Schell adjourned the AARC Board of Directors meeting at 4:51 p.m. CST.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

March 23, 2019 – Grapevine, TX

Minutes

Attendance

Karen Schell, DHSc, RRT, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President
Brian Walsh, PhD, RRT, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, Past President
Sheri Tooley, BSRT, RRT, RRT-NPS, CPFT, AE-C, FAARC, VP External Affairs
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Kim Bennion, MHS, RRT
Dana Evans, MHA, RRT, RRT-NPS
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Jakki Grimball, MA, RRT, AE-C
Carl Hinkson, MS, RRT, RRT-NPS, FAARC
John Lindsey, Jr., MEd, RRT, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Georgianna Sergakis, PhD, RRT, FAARC
Steve Sittig, BSRT, RRT, RRT-NPS, FAARC
Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT
Kari Woodruff, BSRC, RRT, RRT-NPS, FAARC

Consultants

Ellen Becker, PhD, RRT, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President,
Keith Siegel, MBA, RRT, CPFT, Past Speaker
Teri Miller, RRT, CPFT, HOD Speaker
Joe Goss, RRT, RRT-NPS, HOD Speaker-elect
Jennifer Anderson, RRT, RRT-NPS, HOD Treasurer

Excused

Neil MacIntyre, MD, BOMA Chair
Jodi Jaeger, RRT, RRT-NPS, HOD Secretary

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, RRT, RRT-NPS, AE-C, FAARC, Associate Executive Director
Anne Marie Hummel, Associate Executive Director
Jena Weeter, Executive Assistant to Executive Director
Heather Willden, Communications Coordinator

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 8:30 a.m. CST. Secretary-Treasurer Lynda Goodfellow called the roll and declared a quorum.

PULLED CONSENT AGENDA REPORTS (Continued)

Position Statement and Issue Paper Committee (Continued)

Lynda presented the Position Statement and Issue Paper Committee's Recommendation 19-1-26.1 "The issue paper entitled "Entry to Respiratory Therapy Practice 2025" (originally developed and reviewed by the BOD in 12/2018; See FM18-3-26.5) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved. (Both a "Clean" version of draft of this issue paper and one with the noted revisions to the previously reviewed draft using the formatting described above accompany this recommendation.)"

Lisa Trujillo moved to call question.

Motion Did Not Pass

Cheryl moved to ask the Committee to consider the input from the Board and reevaluate the goal date of the project and start developing an implementation plan. Lisa Trujillo made a friendly amendment that when the paper goes back to the committee that the Issue Paper and Position Statement language be separated.

Lisa Trujillo moved to call question.

Motion was Withdrawn

FM 19-1-26.2 Cheryl moved to send the Issue Paper "Entry to Respiratory Therapy Practice 2025" back to Committee to be separated into two documents: A position statement stating the goal of BS entry to practice and an issue paper to include a target date of 2030.

Motion Carried

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 9:30 a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 9:42 a.m. CST.

President Schell asked the board what level of details to include in the meeting summary notes.

STANDING COMMITTEE REPORTS

Bylaws Committee

Cheryl moved to accept Recommendation 19-1-9.1 "That the AARC Board of Directors find that the Kentucky Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Kentucky Society for Respiratory Care 2019")"

Motion carried

Cheryl moved to accept Recommendation 19-1-9.2 "That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Missouri Society for Respiratory Care 2019")"

Motion carried

Cheryl moved to accept Recommendation 19-1-9.3 "That the AARC Board of Directors find that the Vermont/New Hampshire Society for Respiratory Care Bylaws are not in conflict with the

AARC Bylaws. (See attachment “Vermont. New Hampshire Society for Respiratory Care 2019”)

Motion carried

Cheryl moved to accept Recommendation 19-1-9.4 “That the AARC Board of Directors find that the Maine Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Maine Society for Respiratory Care 2019”)

Motion carried

Audit Subcommittee

Lynda moved to accept Recommendation 19-1-13.1 “The Audit Subcommittee recommends that the Board of Directors accept the independent auditor’s report as presented.”

Motion Carried

Lynda moved to accept Recommendation 19-1-13.2 “The Audit Subcommittee recommends that the Board of Directors establish a liquidity policy as recommended by the independent auditor.”

Motion Carried, Referred to the Executive Office

SPECIALTY SECTION REPORTS

Post Acute Care

Sheri moved to accept Recommendation 19-1-57.1 “AARC set up an Instagram Account (similar to American Nursing Association (ANA), American Speech-Language-Hearing Association (ASHA), American Thoracic Society (ATS), American Medical Association (AMA), etc.)

Rationale: Many of our younger members use this social media outlet.”

Motion carried, Referred to the Executive Office

SPECIAL COMMITTEE REPORTS

Vision Grant Committee

Cheryl moved to accept Recommendation 19-1-22.1 “That the AARC BOD approve the attached Vision Grant 2019 Call for Proposals.”

Motion carried

SPECIAL REPRESENTATIVES

American Association of Cardiovascular & Pulmonary Rehab

Sheri moved to accept Recommendation 19-1-62.1 “AARC BOD to **promote and share the key resources noted below with our AARC members**: this is an ATS campaign to improve national awareness of pulmonary rehabilitation (PR)

- Two recent ATS editorials in the Journal highlighting poor PR utilization and reimbursement as significant barriers to PR availability & improved patient outcomes
 - <https://www.atsjournals.org/doi/abs/10.1164/rccm.201809-1711ED>
 - <https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201809-641ED>
- a NEW Resource for pulmonary patients, families and caregivers
 - www.livebetter.org.

live-better.pdf”

Motion carried, Referred to the Executive Office

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Sheri moved to accept Recommendation 19-1-68.1 “CoBGRTE requests that a CoBGRTE Board member be assigned to the writing committee for the Entry Level education and credential issue paper.”

Motion Did Not Pass

Interprofessional Education Collaborative

Sheri moved to accept Recommendation 19-1-63.1 “Appoint a Special Representative to IPEC.”

Motion Carried, Referred to the President

AD HOC COMMITTEES

Advanced RT Practices, Credentialing, and Education

Sheri moved to accept Recommendation 19-1-31.1 “We recommend adding the following measurable outcomes be added to our Charges / Objectives.

Measurable outcomes:

1. Develop
 - a. five (5) vignettes describing the practice of an APRT.
 - b. a standardized scope of practice for an APRT.
 - c. an APRT draft job description that may be used as a template for potential employers.
2. Support the growth of CoARC approved APRT programs.
3. Publish needs assessment(s) of non-physician advance practice providers.
 - a. Literature review
 - b. JBS Survey”

Motion Carried

UNFINISHED BUSINESS

Vote on Summer Forum recommendation by Program Committee

Doug gave background on the 2020 Summer Forum hotel location being pulled. At this time, the Program Committee does not have a location set to be voted on by the Board.

Program Committee moved to accept Recommendation 19-1-15.2 “That the AARC Board of Directors approve Palm Springs, CA to serve as the host city for the 2022 AARC Summer Forum.”

Motion Carried

Because of the short time frame, the 2020 location needs to be confirmed in the next 4 to 6 weeks. Recommendation to come soon.

House of Delegates

Teri discussed Chartered Affiliates Financial Reporting Obligations. She asked the Board for their input, to be shared with the HOD.

President Schell asked that the BOD take the information back and share comments on Connect.

Teri requested input be shared by May 1.

RECESS

President Schell recessed the meeting of the AARC Board of Directors at 10:31 a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 10:49 a.m. CST.

Strategic Plan Update

Tom led a discussion on the summary of the Strategic Plan Update. Each Associate Executive Director delivered a summary respective to their division: Advocacy, Communications / Marketing, Education – Professional Development, Events - Meetings, Membership, Revenue – Finance.

Horizon goals are posted on the website.

RECESS

President Schell recessed the meeting of the AARC Board of Directors at 12:17 p.m. CST.

RECONVENE

Past President Walsh reconvened the meeting of the AARC Board of Directors at 1:41 p.m. CST.

Honorary Member Nominee

Lisa moved to nominate Debbie Bunch–nominated by Dianne Lewis.

Motion carried

Life Membership Nominee

Sheri moved to nominate Ken Thigpen–nominated by Sheri Tooley.

Motion carried

Legends of Respiratory Care Nominee

Carl moved to nominate Allen Devilbiss – nominated by Dianne Lewis

Motion carried

Carl moved to nominate Charles Hudson – nominated by Dianne Lewis.

Motion carried

Carl moved to nominate Dr. Paul Selecky–nominated by Sheri Tooley.

Motion carried

Carl moved to nominate Dr. Neil MacIntyre–nominated by Susan Rinaldo Gallo.

Motion carried

Carl moved to nominate Bert Bunnell–nominated by Kari Woodruff.

Motion carried

ARCF AWARD NOMINEES

The Board brought forth the following nominees for the ARCF Awards in 2019:

Mitchell A. Baran Clinical Excellence in Aerosol and Airway Clearance Therapies

Sheri moved to nominate Rob DiBlasi–nominated by Carl Hinkson.

Motion carried

Forrest M. Bird Lifetime Scientific Achievement Award

Cheryl moved to nominate Terry Volkso–nominated by Georgianna Sergakis.

Motion carried

Mike West, MBA, RRT Patient Education Award

Sheri moved to nominate Kim Wiles–nominated by Sheri Tooley.

Motion carried

Charles H. Hudson Award for Cardiopulmonary Public Health

John moved to nominate John Lewis–nominated by Jakki Grimball.

Motion carried

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care

Susan moved to nominate Shaylynn Uresk–nominated by Kim Bennion.

Motion carried

Lynda Goodfellow moved to destroy the ballots.

Motion Carried

POLICY REVIEW

BOD.014 – Attendance at Receptions

Sheri moved to retire the policy.

Motion carried

BOD.026 – Open Communication Policy

Tim Opt’Holt moved to leave the policy as is.

Motion carried

BOD.012 – Approval of Presidential Appointments, Goals, Charges

Brian moved to accept the changes as discussed. (See Attachment “A”)

Motion carried

NEW BUSINESS

Ad Hoc Committee on AS to BS Conversion

FM 19-1-32.1 Sheri moved to accept the committee members as presented.

Motion Carried

Lynda presented the following charges established by the committee:

1 – Identify AS programs that want to offer a BS degree and work with PDs to achieve the AS to BS by 2020. Track the process required to make the transition and identify factors that facilitate and hinder the process.

2 – Identify AS programs that want to develop BS articulation agreements and work with PDs to achieve the AS to BS by the end of 2020. Track the process used in forming those articulation agreements to identify factors that facilitate and hinder the process.

President Schell asked that members take this as information.

TREASURER'S MOTION

Lynda moved that expenses incurred at this meeting be reimbursed according to AARC policy.

Motion Carried

MOTION TO ADJOURN

Lisa moved "To adjourn the meeting of the AARC Board of Directors."

Motion Carried

ADJOURNMENT

President Schell adjourned the meeting of the AARC Board of Directors at 4:43 pm CST.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachment “A”

BOD.012 – Approval of Presidential Appointments, Goals, Charges

American Association for Respiratory Care

Policy Statement

Page 1 of 1
Policy No.: BOD.012

SECTION: Board of Directors

SUBJECT: ~~Approval~~ Ratification of Presidential Appointments, Goals, Charges

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~July 2012~~ March 2019

DATE REVISED: ~~December 2007~~ March 2019

REFERENCES:

Policy Statement:

All goals, charges, and appointments made by the President shall be approved by the Board of Directors before being considered official.

Policy Amplification:

1. At the Board of Directors meeting following the Annual Meeting of the Association, the President shall submit:
 - a. Appointments of individuals to serve on Special Committees, ~~Ad Hoc Committees, Focus Groups,~~ and Panels, and as representatives to other organizations, as applicable
 - ~~b. Goals for the succeeding year~~
 - ~~e.b.~~ Charges to Special Committees, Ad Hoc Committees, ~~Focus Groups, Panels,~~ Specialty Sections and representatives, as applicable
2. Any other appointments made by the President during his/her term shall also be submitted to the Board of Directors for approval prior to being considered official.
3. Only the President may notify committee chairs and committee members of their appointment.

DEFINITIONS:

ATTACHMENTS:

Committee Chairs/Reps-2019

Rec No.	GENERAL REPORTS	Chair/Rep	
1	Exec. Office/Consumer RT	T. Kallstrom	
2	Advocacy & Govt Affairs	A. Hummel	
3	OPEN		
4	Presidents Report	K. Schell	
5a	VP Internal Affairs	C. Hoerr	
5b	VP External Affairs	S. Tooley	
6	House of Delegates	T. Miller	
7	BOMA	N. MacIntyre	
8	Presidents Council	D. Lewis	
----- (I)	STANDING COMMITTEES	Chair/Rep	Staff Liaison
9	Bylaws	D. Guillot	T. Myers
10	Election	E. Borza	T. Myers
11	Executive	K. Schell	T. Kallstrom
12	Finance	K. Schell	A. Morton
13	Audit Subcommittee	J. Goss	A. Morton
14	Judicial	A. Dewitt	T. Kallstrom
15	Program	S. Varekojis	D. Laher
15a	2019 Sputum Bowl	T Lamphere	D. Laher
16	Strategic Planning	B. Walsh	T. Kallstrom
(I)	SPECIAL COMMITTEES	Chair/Rep	Staff Liaison
17	Benchmark	C. Menders	T. Myers
18	Billing Codes	S. Gallo	A. Hummel
19	Diversity	J. 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	J. Anderson	S. Strickland/A. Feil
25	PAC	G. Varcelotti	A. Hummel
26	Position Statement	M. Madison	T. Myers
27	Virtual Museum	T. Watson	T. Kallstrom
28	Career Pathways	L. Haan	S. Strickland
29	BS Entry to Practice	B. Walsh	T.Kallstrom/S.St rickland
30	Airline Oxygen Safety	S. Tooley	T. Kallstrom
31	Advanced RT Practices, Credentialing and Education	Walsh/CoARC/NBR	S. Strickland
32	AS to BS Conversion	C. Russian	S. Strickland

VP/External Affairs –Sheri Tooley ó *Specialty Sections, Special Representatives, Ad Hoc Cmtes*

VP/Internal Affairs –Cheryl Hoerr – *Standing Cmtes, Special Cmtes*

Committee Chairs/Reps-2019

Rec No	(E) <i>SPECIALTY SECT</i>	Chair	Staff Liaison	BOMA
50	Adult Acute	C. Hinkson	D. Laher	Papadakos
51	OPEN			
52	Diagnostics	K. Hynes	T. Myers	Yoder
53	Education	G. Sergakis	S. Strickland	Acevedo
54	OPEN			
55	Management	K. Bennion	D. Laher	Aranson
56	Neonatal/Pediatric	S. Sittig	T. Myers	Cheifetz
57	Post-Acute Care*	A. Mullaly	S. Strickland	Carey
58	Sleep	J. Schweller	T. Myers	TBD
59	Surf to Air	O. Kaullen	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	IPEC	S. Davis		
64	Amer Heart	B. Walsh		
65	NAEPP	D. Burnett		
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	NAAHP	T. Opø Holt		
73	OPEN			
74	OPEN			
75	OPEN			
76	Neonatal Resuscitation	J. Gallagher		
	OTHER REPORTS	Chair / President		
		Allen Gustin (Pres)		
80	CoARC	Tom Smalling (Exec. Dir)		
		Kathy Fedor (Pres)		
81	NBRC	Lori Tinkler (Exec. Dir)		
		Michael Amato (Chair)		
82	ARCF			
83	Unfinished Business			
84	New Business			

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

General Reports

President's Report

Submitted by Karen Schell– 2019 Summer Report

Report:

Thank you for this opportunity to update the board on activities since the last board meeting in March in Dallas.

Our 6 Horizon Goals are in place with committees working to achieve.

In March, immediately after the board meeting, I attended the AARC Leadership Workshop in Dallas. I had the opportunity to meet and participate with affiliate leaders from across the country. The workshop was well attended and thanks to the AARC office for providing information to help inform and improve state operations. It was a pleasure to learn more and share with state societies. The AARC staff did a wonderful job.

April/May were busy travel months speaking to membership

- April 1-2 Tennessee Society Meeting
- April 3 – visit to the -VA in Des Moines
- April 4 – Iowa State Society Meeting
- April 5 – Kansas State Society Meeting
- April 8-10 – PACT in Washington D.C.
- April 13-14 – Washington State Society meeting
- April 16 – Phone conference with BOMA meeting
- April 24-25 – Louisiana State Society meeting
- May 1st – Colorado State Society Meeting
- May 2nd – Nebraska State Society Meeting
- May 3rd – 4th NBRC meeting in North Carolina
- May 22nd – June 23rd -out of the country to Ghana
- July 10th – Texas Society Meeting

Continue to have:

- Monthly phone calls with AARC BOD Executive Committee, AARC CEO, HOD Executive Committee, and Speaker of the House
- Weekly 3 Ps calls

Worked with Ann Marie on requests from organizations for support.

- AARC signed on recently to a letter to the House of Representatives regarding bills introduced by several members that would raise the age to purchase tobacco to 21
- Update on Opposition re Ventilators in Competitive Bidding
- Letter Thanking H.R. 2508 Co-Sponsors and Letter to Support Pallone/Shalala Bill
- Joint comment letter that AARC sign-on to regarding comments to FDA on compliance policies re deemed tobacco products that focused on flavored e-cigarettes.

Upcoming events:

- August 1st – Tristate meeting
- August 13th – Ohio State meeting?

- August 23rd -25th – NBRC meeting
- September 5- New York State meeting
- September 11 – North Carolina State meeting
- September 26th – Kentucky State meeting?
- October 8th – Delaware State meeting
- October 9th Massachusetts State Meeting

SAVE the dates:

- October 24th – President's webcast to Affiliate Presidents and HOD members
- November 6th, 7th, 8th 2019 AARC BOD meeting
- November 9, 10, 11, 12, 2019 International Congress
- May 4th and 5th PACT 2020

Continue to work with Internal/external VPS in assisting with resources for committees/sections as needed. We are updated on progress at executive phone calls.

Developing dashboard for tracking progress – will discuss at summer meeting.

Verbal report to be added at summer meeting if needed.

Thank you to AARC executive office, AARC board members, HOD and members for continued support.

Sunflowers are growing across the country – I have distributed over 5000 lapel pins to members that have requested them to share in their states.

Past President's Report

Submitted by Brian Walsh– 2019 Summer Report

Recommendations

N/A

Report:

Nothing to report

Executive Office

Submitted by Tom Kallstrom – Summer 2019

Recommendations

None

Report

Membership

At the end of May 2019, our total membership numbers were 46,108. We will have more current figures to report at the board meeting in July.

Summer Forum 2019

As of the writing of this report, pre-registered attendance is 394 and with 4 weeks still to go to the meeting, we're well on target to hit our budget (455). There are also 25 committed exhibitors (24 in 2018).

Future Summer Forum Destinations

- | | |
|-------------------------|-----------------------------|
| – 2019 – Ft. Lauderdale | – 2021 – Bonita Springs, FL |
| – 2020 – Snowbird, UT | – 2022 – Desert Springs, CA |

AARC Congress 2019

Logistical planning for AARC Congress 2019 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 (AARC Times) is slated for the Sept. issue (released mid-August) and the website (Aug. 13, 2019).

Details of the meeting are as follows:

- AARC Congress 2019 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 113 confirmed exhibitors, which is one less than last year (Vegas) at the same time. Financially speaking, we are on target to hit budget. NOTE: We budgeted a 16% increase in exhibiting revenue compared to 2018.
- 135 presenters, 216 lectures
- 38 first time presenters (53 in 2018). This equates to 28% of presenters.
- No auditions for the AARC Speaker Academy will be held this year. We host auditions every other year.
- **Lectures by Content Category**

– Adult Acute Care: 41	– Clinical Practice: 43
– Management: 25	– Pulmonary Function: 14
– Neo/Peds: 32	– Patient Safety: 5
– Sleep: 8	– Ethics: 6
– Education: 30	
- **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:**
 - **Keynote (Dec. 4):** At the time of this writing, we have a verbal agreement with our Keynote who will be announced at the Board Meeting
 - **Thomas L. Petty Memorial Lecture (Nov. 10)** – What Would Dr. Tom Think of COPD Today? (Barry Make MD)
 - **Donald F. Egan Scientific Memorial Lecture (Nov. 11)** – Asynchrony – Detections, Clusters & Outcomes (Luis Blanch MD)
 - **Phil Kittredge Memorial Lecture (Nov. 12)** – Closing the Gap: Improving Critical Thinking Skills for the Respiratory Therapist (Shelly Mishoe)
 - **Closing Ceremony (Nov. 12)** – TBD
 - 30-minute presentations + required 5-minute commitment for Q&A
 - Each presentation will be designated by Content Category
- **2 AARC Sponsored Pre-courses:**
 - Women in Leadership II (sponsored by AARC)
 - The Burden of Asthma & Emerging Therapies (sponsored by AARC)
- **Future AARC Congress Destinations**

– 2019 – New Orleans (Nov. 9-12)	– 2023 – TBD (Recommendation from Program Committee)
– 2020 – Orlando, FL (Nov. 14-17)	– 2024-2025 – OPEN
– 2021 – Phoenix, AZ (Nov. 6-9)	– 2026 – TBD (Recommendation from Program Committee)
– 2022 – TBD (Recommendation from Program Committee)	
- **Convention Data Services**
The AARC partnered with Convention Data Services (CDS) in 2018 to perform registration services for AARC Congress 2018. Following the successful implementation of Protech as our new CRM, we performed a full integration between Protech/CDS as part of Phase 2 implementation. As a result, we forecast an improved experience for our members in 2019 and beyond.

AARC TIMES

- After more than 35 years of employment, Marsha Cathcart has announced her retirement from the AARC as Editor of the AARC Times. Her last day of employment will be Aug. 9. If time permits, we'd encourage anyone who knows Marsha to drop her a congratulatory note. No decision has been made on her replacement. The Executive Office is considering multiple options/possibilities regarding the future of the magazine and how a potential replacement for Marsha will be integrated with those plans.
- AARC members were notified in Q4 2018 regarding changes to an all-digital format for the magazine. We have received minimal negative feedback on this decision. As members renew their membership in 2019, there is no add-on option for a paper magazine.
- On 6/18/19, RR Donnelly/LSC (our printer and digital host of our on-line DigiMag) was officially notified of our intent to cancel paper production of our magazine. There is no early termination penalty by opting out of the contract.
- New advertising strategies for the on-line DigiMag have been discussed and a new 2020 rate card will be determined as part of the budgeting process happening later this Summer.

RESPIRATORY CARE

- We received 296 submissions for the 2019 Open Forum. Of these, about 80% will be accepted for presentation in New Orleans. The Open Forum makes AARC members aware of the important role research plays in creating a scientific basis for their profession. Presenting an Open Forum abstract is the highlight of many respiratory

therapists' careers. Abstracts will be published online as a supplement to the October 2019 issue of the Journal. A printed abstract book will be available for congress attendees. Accepted abstracts will be presented in Poster Discussions, Posters Only, and Editors' Choice sessions over the 3 days of congress. As in the past, authors of abstracts selected for Editors' Choice must commit to submit a full manuscript to RESPIRATORY CARE.

- The proceedings of the Journal Conference *Noninvasive Respiratory Support* were published in June issue. The 2019 conference, *Monitoring Respiratory Function in Adult Critical Care*, was presented in June 2019 and the proceedings will be published in June 2020.
- 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. In 2018, 1,946 members received CRCE by attending the JournalCasts and 2,597 received CRCE through the Journal.
- Plans are underway to provide an editor internship, which will allow respiratory therapists an opportunity to learn the processes of peer-review, journal production, and other activities of RESPIRATORY CARE. This will be a 6-month internship and we hope to begin January 2020.
- In early 2020, the Journal entered an agreement with Publons. This is a service to our peer reviewers. Publons is an online repository of peer reviews. Once a review is completed, the reviewer can receive credit for their review through Publons. This allows reviewers to maintain an online database of their reviews for RESPIRATORY CARE and other journals. Publons has become a very popular service offered by most major journals worldwide. Tracking their peer reviews is very important for individuals working in academics.
- We have entered into an agreement with the Cochrane Collaboration to publish brief overviews of completed Cochrane reviews. Final details are yet to be completed, but the intent is to begin this by the end of 2019 or early 2020.
- 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.
- Our 2018 Impact Factor is 1.736, down a bit from 2.073 in 2017. The Impact Factor is a metric describing the number of times papers published in RESPIRATORY CARE are cited. On average, there are 1.7 citations for each paper published in RESPIRATORY CARE.

Building & Facilities

- Three new HVAC units were installed in April. These units were budgeted for as Capital Expenditures. Purchase and installation costs came in below budget
- We are working with a local design architect for renderings to make renovations to our Executive Boardroom. Capital dollars were budgeted for this project. We are still in the design phases of this project...work has not yet begun.

COLLABORATIONS

- **Allergy and Asthma Network**

Earlier this year we partnered with Allergy and Asthma Network (AAN) and decided that we needed to determine if these types of situations play out for members of ANA. A survey was posted online where over 600 patients and caregivers completed it. What we found was that indeed patients have experienced these episodes while in flight. In fact 55% of respondents claimed they or a family member had flown a commercial air carrier and experienced an

allergic reaction or asthma flare and 65% claim it was due to exposure to an allergen in aircraft.

Other observations included:

- 26% claimed exposure to animal dander on a plane
- 20% claimed exposure to food products that they were allergic to
- 63% claimed they resolved problem in flight by using an auto injector or albuterol inhaler
- 28% did not have either and had to borrow from other passengers
- Less than 5% were able to access to either from the airline
- 70% said their actions resolved the issue
- 67% claimed that there was no medication available on the plane for their particular emergency
- Our next step was to reach out and get a sampling from over a dozen airlines to better understand what precautions they make to prevent adverse events or what they do once an event occurs. We did a combination of reviewing this information from their web site and/calling a representative of the company as necessary.

Thirteen airlines were either surveyed:

- | | | |
|-------------|-------------------|------------------|
| • United | • JetBlue | • Qantas |
| • Southwest | • Alaskan | • Swiss Airlines |
| • American | • Frontier | • Singapore |
| • Spirit | • Air Canada | |
| • Delta | • British Airways | |

Some additional highlights that we identified were

- 23% of airlines serve peanuts
- 92% serve other varieties of nuts
- 53% of airlines offer a buffer zone (seating away from obvious triggers)
- 77% allow dogs (not just service dogs) in cabin
- 85% allow Cats
- 31% allow birds, rabbits, guinea pigs/hamsters
- 77% the airline claim to train attendants for allergic awareness
- 23% allow early boarding options which allow patients to clean their seat and tray
- 46% of the airlines have Epi Pens in the first aid kit

Prevention of an adverse reaction on the patient's part is key and patients and caregivers have the power to do something about it. Interestingly it does not happen all that often

- 85% of the patients or caregivers did not ask to be seated away from a pet or animal
- 73% of the patients or caregivers did not ask to be seated early to wipe down the seat and tray
- 65% of the patients or caregivers did not request accommodation at check in or when booking the flight

In a perfect world we would have air carriers that are following a mandate from the feds that at the very least provide injectable epinephrine, albuterol with a spacer, training that teaches attendants and pilots how to recognize an adverse event and how to respond appropriately especially as it pertains to allergies and anaphylaxis. In addition, if airlines were mandated to make an announcement asking passengers not to consume peanut containing goods as well as to only offer peanut free meals perhaps we might see less of these events on board.

Our next step will be to share this data with our patients within the AARC network along with Allergy and Asthma Network as well as the airlines. We will be also grading all of those airlines that we surveyed. It might be presumptuous to think we will change the practices of the airline industry but we would defiantly want to see that happen. The most important motivation for studying this was our patients who may be able to use this as a guide of sorts as they make their travel arrangements.

- **ATS**
 - AARC is represented on an Oxygen CPG that will be coming out later this year
 - AARC is represented in their Oxygen Advocacy Committee
 - AARC has been invited to be part of an Oxygen Access Symposium in 2020 in Denver
- **CDC**
 - AARC has been added to another partnership project with TIPS Campaign through November of this year
 - CDC has renewed our Stockpile Education Workshops for 2020
- **CHEST**
 - Reciprocity for doc and RT for meetings again in 2019
 - AARC invited to present at CHEST meeting this fall

Leadership Boot Camp

The 2019 Leadership Boot Camp was held March 23 - 25. We welcomed 45 attendees from 30 state societies, and our space was filled to capacity with a group this size. Our cost came in at budget. A Best Practice session in the House of Delegates has been reserved to share highlights with all the delegates.

We are exploring expanding the 2020 event to allow for 60 attendees. This will require different accommodations, a modified schedule, and an increased budget.

Outreach, Promotion, and Engagement Opportunities

The AARC is partnering with local volunteers from Florida programs to participate as judges in the HOSA 42nd Annual International Leadership Conference. Kimberlee Harvey, the Director of Clinical Education at Valencia College, coordinated this effort. The AARC will also have an ad in the 2019-2020 HOSA Affiliation packet, which will reach 5,000 schools that participate in HOSA.

Specialty Sections

The 2019 Specialty Practitioner of the Year recipients have been selected by the section chairs from the nominations submitted:

- **Adult Acute Care:** Karsten Roberts, MS, RRT, RRT-ACCS, RRT-NPS
- **Diagnostics:** James P. Sullivan, BA, RPFT
- **Education:** Donna (DeDe) Gardner, DrPH, RRT, RRT-NPS, FAARC
- **Management:** Margarete (Margie) Pierce, MS, RRT
- **Neonatal-Pediatrics:** Sara Wing Parker, MPH, RRT, RRT-ACCS, RRT-NPS, AE-C
- **Post-Acute Care:** Michael W. Hess, BS, RRT, RPFT
- **Sleep:** Beth Brooks, RRT, RRT-SDS
- **Transport:** Scott May, BHS, RRT, RRT-NPS, C-NPT

SPECIAL PROJECTS

Public Relations & Recruitment

A business plan has been enacted for the new public relations and recruitment project, tentatively titled "Be an RT." The multi-year plan focuses on downloadable flyers, handouts, PowerPoint® presentations, and video for the first year. Results of a needs assessment focused on content and proof of concept will be available at the July Board meeting.

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. Four of the six teams have begun guideline development; two teams are finishing data extraction.

EDUCATION

Pulmonary Disease Educator credential

The NBRC is scheduling the viability study for a pulmonary disease educator credential, which is the first step in determining whether or not the NBRC will pursue the development of the credential.

Respiratory Care Education Annual

The current issue is under development. Eight manuscripts have been accepted for publication. Volume 28 will be published in September 2019. The Respiratory Care Education Annual is indexed in CINAHL and Ulrich's (ISSN 2372-0735).

Preceptor Recognition Program

The 2019 Preceptor Recognition Program nomination period is open and will close July 29, 2019.

CDC Strategic National Stockpile Ventilator Workshops

The AARC is coordinating the 2020 workshops with the CDC. The current plans include workshops in Tennessee, Virginia, New York, and Michigan, as well as at AARC Congress 2020.

Clinical PEP Update

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 2,804 records for the Clinical PEP program (1,606 unique member records and 1,198 non-member records) through 12/31/18. In 2018, 148 subscriptions to the product were purchased.

- | | |
|------------------|------------------|
| – 2018: 846 CRCE | – 2015: 468 CRCE |
| – 2017: 672 CRCE | – 2014: 263 CRCE |
| – 2016: 617 CRCE | – 2013: 77 CRCE |

2019 Educational Product Sales/Attendance Trends at a glance (as of 5/31/19)

	2019 YTD	2018	2017	2016	2015	2014	2013	Comments for 2019
Webcasts and JournalCasts	1,526 (509)	11,402 (480)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	137	223	241	246	183	268	203	Above budget
Ethics	1,839	4,498	4,299	4,242	1,928	1,757	2,361	Above budget
Exam Prep (F&P grants in 15, 16, & 18)	31	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	40	Above budget
Leadership Institute	29	52	60	99	68	89		Under budget

Asthma & the RT	270	547	512	604	446	172		Above budget
ACCS	68	192	140	164	121			At budget
PFT: Spirometry	242	659	575	422	228			Above budget
PFT: Pediatrics	83	195	132	117	43			Above budget
PFT: Advanced Concepts	132	358	280	264	79			Above budget
Tobacco Training	97	227	188	259	85			At budget
Congenital Heart Defects	39	77	72	122				Under budget
Pulmonary Disease Educator	269	413	319	32				Above budget
NPS	86	143	124					Above budget
Pulmonary Rehabilitation	163	354						At budget

ADDITIONS TO EDUCATION: 2019

Leadership Institute: Updating the Leadership Institute is underway. The expectation is that the product will release in Q3 2019 with new purchasing options to reduce fiscal burden on participants.

NBRC CMP courses: Specialty sections have been engaged with the purpose of convening teams to develop 4 quarterly courses to prepare the credentialed practitioner for the RT, ACCS, NPS, SDS, and PFT CMP quarterly quizzes. The expectation is that the product will be ready for release in Q4 2019.

ADVERTISING, MARKETING, BUSINESS DEVELOPMENT AND GRANTS

Advertising

Print advertising is tracking well behind 2019 budget projections as the sale of ads in Respiratory Care and AARCTimes are lagging behind 2018 budgets as well. While there are some larger orders pending for the fall, the expectation are that neither publication will achieve budget for 2019.

Digital advertising on aarc.org continues to sell out slots through our partner, Multiview. All of aarc.org and AARConnect advertising positions have been sold out for the remainder of 2019. We will be re-evaluating this business relationship in 2020 as our advertising platforms start to undergo changes in January 2020.

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 ahead with 2019 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.

With AARCTimes discontinuing its print option in 2020, we are conducting a review of ALL AARC advertising vehicles, advertising sales consultants and options as we move toward the 2020 Budget cycle later this summer. Preliminary discussions have led us to believe that there will be changes in some of these areas to realign our financials in the next year.

Marketing and Communications

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 have undergone a 6-month pilot project with Belos INC to learn more about Google Analytics and how to use this powerful tool to our benefit.

Earlier this year we hired a new digital media specialist to work for AARC, Jacqueline Segura brings a multimedia experience to AARC as well as a certification in Google Analytics. Jackie is working with MARCOM to enhance our revenue opportunities through our website and digital media products.

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

Business Development

Various meetings took place at ATS with pharmaceutical, patient advocacy and professional associations on potential collaborations. We have several items that we are looking 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.

Corporate Partners

We moved to a 3-tiered (Platinum, Gold and Silver) Corporate Partner program in 2019 based on a fixed rate for membership. Each partnership level will have an established bundle of benefits based on the level or partnership selected. This change provided a fresh set of revenue to the association.

2019 Platinum Partners: Hamilton Medical (new), Mallinckrodt, Masimo, Medtronic, Monaghan, Fisher Paykel, Sunovion Pharmaceuticals and Vapotherm (new).

2019 Silver Partners: Boehringer Ingelheim

In a few months, we will begin recruitment of 2020 Partners. We expect to retain the 2019 Partners and have heard from 6-8 other companies of their interest in joining or rejoining the program in 2020.

Products

We continue to see steady 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.

The committee has reviewed the previous edition of the URM and is working on the 6th Edition of the Uniform Reporting Manual. We expect a survey to go out later this summer to assist in the development of time standards for the URM. We expect the 6th edition to be ready by late 2019 or 1st quarter 2020.

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 at budget target in 2018. We have selected a theme and are in the final stages of developing creatives for 2019. We hope to be able to launch everything around Summer Forum this year.

We current are reviewing and updating our patient education materials that we sell for health fairs and other venues. We are looking at adding several additional items after the current inventory has been addressed.

Grants

We have submitted grants/sponsorships for the 5th 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 \$50,000 from the ARCF to revise and update and expand the Leadership Institute curriculum. The grant will also be used to develop an advance concept module, as well as, one directed at medical directors for respiratory care. The launch of the revised leadership institute will also provide scholarships to future leaders that meet the enrollment criteria currently under development. Continuation of this funding in 2020 and 2021 will come from an industry partner.

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 any and 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 April, AARC has been able to provide 2019 catch-up on monthly financials and closings. We have also eliminated all temporary help, in addition Bob Lyons and Richard Prince have officially retired. AARC was able to rehire Erica Coleman (a long time former employee) to fill our accounting vacancy. Ada and the accounting department are working to streamline reports in Protech and will integrate the database with our accounting software later in 2019.

We also took this opportunity to convert on credit card processing banks that provide us lower rates on credit card transactions that will realize savings in processing fees. We also implemented new software with our current bank, BBVA Compass to conduct more on-line banking transactions through ACH deposits or wires. We are looking at moving our Corporate Credit Cards from Bank of America over to BBVA Compass as well as it will offer us some better connectivity to our Nexonia software for bill processing.

IT Services

It has also been a year of transition for the IT service department of AARC. The department has seen the successful launch of a new CRM database as well as several pieces of software that will allow employees throughout AARC to become more efficient. We are current continuing our work with Protech to integrate our AARC meetings registration software (CRS) and mobile app (Mosiatic) into the database.

In addition, we are current serving as a pilot company (with 8 other groups) to evaluate and develop a new reports module in in Protech, Protech LX. Russell, Amanda and Pam are working with Protech from AARC to development and design reports that will benefit us (and others) for membership and meetings. When LX launches to the public later this fall, the other modules of Protech will also be integrated with LX

In addition, there are a number of items that are being addressed over the several months that could not be completed or finalized before our September go-live. Most of these items do not have a negative impact on our members but comes with a heavy manual workload for the staff. AARC has resumed phase 2 of the Protech implementation with the additional funds that the AARC Board approved at Summer Forum. As we fully implement Protech, we will be able to retire older antiquated software and hardware at AARC associated with the replaced systems and software.

AARC Internet Services also successfully worked with a 3rd party to redesign the ARCF and ICRC websites and implement it on our web platform (Wordpress). Both of these projects were paid for by grants from the ARCF. In 2019, AARC will solicit grant funding to convert its final website, YourLungHealth.org as well.

With completion of all these software and program implementations, AARC has started to look to hire a Director of Information Services to replace Steve Nelson who retired at the end of June 2018.

Advocacy and Government Affairs

Submitted by Anne Marie Hummell– 2019 Summer Report

CONGRESSIONAL UPDATE

Congress is just over a month from its August recess with little progress being made on must pass legislation and its health priorities. The House has passed the first four FY 2020 appropriations bills, including the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill that funds the agencies and programs of most interest to AARC and its members. However, the Senate has not yet started working on its spending bills but may begin the appropriations process after the 4th of July recess. FY 2019 ends on September 30.

Congressional work on the FY 2020 spending bills has been delayed because of ongoing negotiations to raise the budget caps. Appropriators will know how much money is available to fund the agencies and programs until a deal is reached. Without action, both defense and non-defense discretionary programs will face significant cuts as a result of these spending caps mandated by the Budget Control Act of 2011. Congress has twice reached bipartisan agreements to raise the caps, but negotiations are not going smoothly at this point. Despite bipartisan interest in Congress to reach a deal, the White House's position is not clear. Currently, the President is offering a one-year deal to raise the caps forcing Congress to address this issue again immediately before the 2020 election.

The committees of jurisdiction have been holding hearings and developing legislation to address the high cost of prescription drugs and surprise medical bills, typically those received by patients when they see an out-of-network provider at an in-network emergency room. There is bipartisan support for both issues, but still disagreement on the best path forward. We anticipate that these issues will continue to be the focus of health-related activity into the fall.

LEGISLATIVE INITIATIVES

H.R.2508 – Better Respiration Through Expanded Access to Telehealth (BREATHE) Act

On May 2, Representatives Mike Thompson (D-CA), TJ Cox (D-CA), Mike Kelly (R-PA) and Buddy Carter (R-GA) introduced the BREATHE Act, AARC's 3-year telehealth pilot covering respiratory therapists as telehealth practitioners furnishing certain disease management services to Medicare beneficiaries with COPD. As of June 21, there are 26 cosponsors of the bill, and AARC is working to mobilize grassroots to garner additional cosponsors. Our Virtual Lobby Reboot resulted in 19,979 messages sent from May 14-23 and a total of 5,335 advocates. By the end of the month, the totals moved to 20,023 and 5,346, respectively.

Subsequent to our Hill day, we had several representatives ask if there are other organizations that support the bill in considering whether to co-sponsor. We have reached out to 18 organizations asking for their support and sign-on to a letter drafted by our lobbyists that will be sent to House Members asking for co-sponsorship of the BREATHE Act. We did a similar letter when RTs were included in the Medicare Telehealth Parity Act.

As noted in the March Board Report, AARC responded to a request for information on policies related to “CONNECT 2.0”, legislation that will include a variety of legislative initiatives to improve telehealth. Representative Thompson (D-CA), the lead sponsor of the BREATHE Act, has expressed support for including our pilot in this larger legislative package. We believe the package is still on track to be introduced in the fall.

Now that the BREATHE Act has been introduced in the House, AARC is shifting its attention to garnering support for the pilot in the Senate. We are realistic that we may not be able to get the bill introduced as standalone legislation in the Senate and that the best-case scenario would be for it to be included in the Senate’s version of “CONNECT 2.0”. Provisions will be pulled from this larger telehealth package and attached to must-pass health bills, so having the BREATHE Act included will be a positive development.

AARC’s lobbyists have assembled a bipartisan list of Senate targets to educate Senators and their staff on the pilot as well as encourage the introduction of the standalone companion bill and inclusion in “CONNECT 2.0”. They are meeting in Washington with those offices and developing a strategy for grassroots’ outreach to these Senators during the August recess. As we learn more about expectations as to when we may see reintroduction of the bill, we will revise our messages to Congress to include co-sponsorship for the BREATHE Act but also to support including the bill language into the revised CONNECT 2.0 legislation.

S. 1258 – Tobacco 21 Act and S. 1541 – Tobacco-Free Youth Act

There has been an elevated interest in Congress this year to address the epidemic proportions of young adults who are using e-cigarettes and other vaping tobacco products. Senators Brian Schatz (D/HI), Todd Young (R/IN), Dick Durbin (D/IL) and Mitt Romney (R/UT) introduced S.1258, the Tobacco 21 Act and Senators Mitch McConnell (R/KY) and Tim Kaine (D/VA) introduced S.1541, the Tobacco-Free Youth Act. These bills would establish a national tobacco sale age of 21 and continue to provide FDA with enforcement authority over tobacco products that includes retail compliance checks and assessing penalties for violations.

As a member of the Partners Tobacco Coalition, AARC signed-on to a letter to all Senators in support of the bills but urged removal of one provision in the McConnell/Kaine bill to require states to enact their own tobacco 21 laws under the threat of losing federal substance abuse funds. Tying the loss of federal funding if they do not take separate action could provide tobacco companies an opportunity and the leverage to add special interest provisions to the state laws, such as prohibiting local governments from restricting the sale of flavored tobacco products and for that reason we support the Coalition to remove the provision.

H.R. 2339 – Reversing the Youth Tobacco Epidemic Act of 2019/H.R. 2411 – Tobacco to 21 Act

H.R. 2339 is a comprehensive and far-reaching bill introduced by Representatives Frank Pallone (D/NJ) and Donna Shalala (D/FL). AARC signed-on to a letter to both Representatives in support of the provisions which will protect public health and save lives. It includes the provisions: 1) prohibits sale of flavored products that appeal to kids as well as menthol cigarettes, 2) prohibits the sale of tobacco products to individual under age 21, including online sale of tobacco products, and 3) extends marketing restrictions that FDA currently applies to cigarettes and smokeless tobacco products to all tobacco products. H.R. 2411, introduced by Representatives Diana DeGette (D/CO) and Chris Stewart (R/UT) also increases the age to purchase tobacco products to 21, provides enforcement authority, establishes penalties and offers the ability of the Secretary to provide guidance. Both bills ensure they can be implemented quickly and effectively and do not contain special interest provisions.

H.R. 2084 – Stopping Consumption of Tobacco by Teens (SCOTT) Act of 2019

H.R. 2084 increases the age to purchase tobacco to 21 but also contains provisions that raise concerns among public health groups as part of the Coalition. The definition of “vapor products” could likely include new heated tobacco products, which are currently classified by FDA as cigarettes, to escape stronger rules. Further, FDA would have to issue regulations to increase the age to 21 within 2 years after enactment. Last, the SCOTT bill does not clearly limit enforcement to retailers and other commercial entities who profit from the sale of tobacco products.

H.R. 2771 - Protecting Home Oxygen and Medical Equipment Access Act of 2019

On May 15, 2019, Representatives Cathy McMorris Rodgers (R/WA) and Dave Loebsack (D/IA) introduced H.R. 2771 “Protecting Home Oxygen & Medical Equipment Access Act” which among other things, eliminates an outdated oxygen budget neutrality requirement passed many years before competitive bidding and one which was never intended to apply to oxygen reimbursement rates derived from the program.

As discussed in earlier Board reports, last year CMS finalized new oxygen payment categories designed to improve payment for liquid oxygen systems. However, the budget neutrality clause required CMS to reduce payment in the stationary category in order to increase payment for liquid oxygen to remain budget neutral. When AARC was advocating for a carve out for liquid oxygen due to a dramatic decline in patient access since the inception of competitive bidding, we brought up the issue of the budget neutrality clause and its impact on payment for liquid oxygen in meetings with Congressional leaders. A high cost score from the Congressional Budget Office could make it difficult for this legislation to move forward.

A bill to authorize advance practice practitioners to order or refer patients to cardiac and pulmonary rehabilitation under Medicare

Although no formal legislation has been introduced at the time of this report, it is expected soon. AARC signed-on to a background document in support of the anticipated legislation. It builds on the provisions in last year’s budget act that allows nurse practitioners, physician assistants and clinical nurse specialists to provide direct supervision for cardiac and pulmonary rehab programs. Prior to that change, CMS interpreted the statute to only permit physicians to provide direct supervision. The goal of the new legislation is to help increase patient access to cardiovascular and cardiopulmonary care, especially in rural areas by allowing advance practice practitioners to order or refer patients to these vital programs.

Reducing Unnecessary Senior Hospitalizations (RUSH) Act

The Telehealth/Remote Patient Monitoring Coalition of which AARC is a member supports the reintroduction of this bill which is expected shortly. It was originally introduced in 2018 by Representatives Adrian Smith (R/NE), Diane Black (R/TN), Joe Crowley (D/NY), Morgan Griffith (R/VA) and Ben Ray Lujan (D/NM). The bill aims to give skilled nursing facilities more incentives to use telemedicine and telehealth to improve patient outcomes and reduce readmissions by establishing a “SNF-based Provision of Preventive Acute Care and Hospitalization Reduction Program”. CMS would be required to evaluate each recipient six months after receiving a telehealth service and at least once every two years after that. This could bode well for including respiratory therapists in the future if we are successful in demonstrating their value as telehealth practitioners as part of the BREAHE Act.

FEDERAL INITIATIVES

By the time of the Board meeting, we should see proposed CY 2020 payment rules for hospital outpatient departments and the physician fee schedule. A verbal report will be given if there are provisions that impact respiratory care.

Noninvasive Ventilators under Competitive Bidding

AARC has been leading efforts with the ALS Association and NAMDRRC as well as other partner organizations to address our concerns with CMS's plan to add noninvasive ventilators to the durable medical equipment competitive bidding program. AARC and our lobbyists organized and attended meetings with key Congressional offices and spearheaded a patient and provider stakeholder letter addressing our concerns to CMS that was signed by 19 organizations.

AARC has taken a two-part approach to addressing the issue: engaging Congress to draft Dear Colleague letters to the Administration, followed by a legislative solution. The Dear Colleague letter in the House of Representatives was led by Representatives Peter Welch (D-VT) and Morgan Griffith (R-VA) and had 180 bipartisan supporters on the final letter that was sent to CMS on June 18. The Senate Dear Colleague letter is being led by Senators Bill Cassidy (R-LA) and Sherrod Brown (D-OH) and will be sent to the Administration on June 28. These bipartisan letters express concern with the impact on patient access and clinical support if CMS moves forward with including noninvasive ventilators in competitive bidding and ask the Administration to reconsider the plan or to add additional patient safeguards before moving forward. While not legally binding, the Administration will be on notice about Congress' concerns, and if appropriate action is not taken, we will work with our congressional leaders to introduce legislation to address the issues. A verbal update will be provided at the Board meeting.

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

It has taken CMS three years to finalize rules that would provide more flexibility and regulatory relief for PACE organizations which provide comprehensive medical and social services to certain frail, elderly individuals who qualify for nursing home care but, at the time of enrollment, can still live safely in the community. More than 45,000 older adults, most of whom are dually eligible for Medicare and Medicaid services, are enrolled in over 100 PACE organizations in 31 states.

In October 2016, AARC sent comments to CMS on the proposed rule in which we supported proposed changes to the interdisciplinary team (IDT) that would provide greater flexibility without compromising the quality of care to allow the IDT to be tailored based on each individual participant. We recommended the organizations hire respiratory therapists as a member of the IDT to serve those participants that suffer from chronic pulmonary disease. We believe this is a specialty that heretofore has been missing from the team composition and is vital to addressing needs of the elderly and frail population who have COPD, asthma, sleep apnea and other respiratory ailments. In the final rule, the IDT composition requirement was not changed due to nonsupport from the public during the comment period. However, other changes CMS made could open the door for respiratory therapists. For example, a provision CMS finalized would allow health care professionals to receive appropriate training from the PACE organization if they did not meet the 1-year requirement of prior experience working with a frail or elderly population.

Expanded Telehealth Services under Medicare Advantage Plans

In the March 2019 board report, we discussed CMS' proposal that would allow Medicare Advantage (MA) plans to offer additional telehealth benefits to its enrollees as part of its basic

benefit plan beginning in 2020 as part of a new change in the Medicare statute. Certain conditions apply. AARC submitted comments encouraging plans to include respiratory therapists as telehealth practitioners to provide chronic disease management services in order to improve patient outcomes and reduce utilization of costly inpatient services along the lines of the BREATHE Act. We also urged CMS to include remote patient monitoring services as well as other virtual services if they are clinically appropriate.

Final rules were published April 16, 2019. For the additional telehealth benefits to be part of the basic benefit, the MA plan must use contracted providers who meet and comply with applicable State licensing requirements and other applicable State laws in which the enrollee is located and receiving the service, which could bode well for hiring respiratory therapists.

Food and Drug Administration Steps Up Compliance Deadline for E-cigarettes

In July 2018, the AARC, along with other national pulmonary organizations led by the American Academy of Pediatrics, signed an Amicus Brief to force the FDA to carry out its legal authority to regulate e-cigarettes and to require market review in order to permit products to remain on the market. At issue was an August 2017 guidance document that extended the premarket review compliance deadline for e-cigarettes and other electronic nicotine delivery systems to August 8, 2022. The judge issued a decision on May 15, 2019, that found the agency acted illegally by allowing e-cigarettes to remain on the market until 2022 without product review and evaluation, bypassing safety and public health reviews mandated by the Tobacco Control Act.

In accordance with procedural requirements resulting from the decision, FDA has submitted a proposal that would enact a 10-month deadline on electronic-cigarette makers applying for U.S. government clearance to allow their products to stay on the market. The plaintiffs want the judge to require companies that make e-cigarettes and cigars to submit applications within 120 days. Both proposals will be considered, and an order issued that takes the requests into account. This is considered a big win for the tobacco control community.

New Payment Models Focus on Primary Care and Chronic Disease Management

CMS has developed five new Primary Care First payment models aimed at prioritizing the doctor-patient relationship and enhancing care for patients with complex chronic needs. Participation is voluntary and will be offered in 26 regions for a 2020 start date and tested for five years. One model focuses on general primary care where bonuses or penalties will depend on the ability of the practices to keep their patients “healthy and at home”. Another is directed at clinicians who focus on hospice or palliative care services servicing high needs populations. Three direct contracting models are expected to reduce expenditures and preserve or enhance quality of care and offer participation by a broad range of organizations. Although it is too early to tell how many practices will participate, it could mean new opportunities for respiratory therapists.

Proposed Interoperability Rules Offer Access to Health Information Electronically

CMS issued a proposed rule in March that would improve access to information that individuals need to make informed decisions about their health care while minimizing reporting burdens on affected plans, health care providers or payers. The goal is to encourage patients to take charge of and better manage their health care, which in turn can improve a patient’s long-term health outcomes. Clinicians and hospitals would also have ready access to health information about their patients, regardless of where the patient received care previously which can assist respiratory therapists in improving patient health outcomes.

STATE INITIATIVES

In the March board report, we highlighted a series of legislative bills impacting occupational and professional licensing boards which are summarized by the National Association of State Boards for Accountancy (NASBA) which are discussed further in this report. These actions are not surprising as states continue to be mindful of rules that could run afoul of anti-trust laws. This year has also seen an uptick in federal legislation regarding tobacco issues, especially moving the legal age to purchase tobacco to age 21. State legislatures have jumped on the bandwagon as well, with tobacco legislation dominating the legislative bills tracked by AARC.

Occupational and Professional Licensing

According to the NASBA list, 23 states have introduced some form of occupational licensing legislation. The good news is only a handful have been enacted. Most of the bills are still sitting with various committees with legislative sessions adjourned for the year while bills in 11 states are effectively dead. Some states have more than one bill introduced. An overview is provided below:

States with occupational licensing bills that have been withdrawn, tabled, postponed indefinitely, passed by or died include: **AZ, CO, FL, IA, ME, MT, ND, SD, TN, TX and VA**. The MT bill was one of the most problematic because it would have repealed the Board of Respiratory Care and sections of the law regarding licensure of respiratory care practitioners effective October 1, 2019. Fortunately, the Montana state affiliate presented strong arguments against de-licensure with assistance from AARC staff and the bill died in process.

State bills that are in various stages of committee review or hearings include: **CA, IA** (2 bills/adjourned 2019/20), **IN** (adjourned 2019), **MI, MO** (2 bills/adjourned 2019), **NH, NY, OK** (adjourned 2019/20), **SC** (adjourned 2019/20), **TN** (adjourned 2019/20), **WA** (adjourned 2019/20), **WV** (adjourned 2019).

AK enacted a bill signed by the Governor March 12 to create the “Red Tape Reduction Expedited Temporary and Provisional Licensure Act. It authorizes the occupational entity to grant a temporary and provisional license for 90 days to an individual who presents evidence that their current license is active and is substantially similar to their practice within the field of his/her occupation or profession in another state, territory, or US district. Licensing fees would apply.

AZ enacted a bill signed by the Governor on March 22 to require agencies to post on their website a notice that individuals have a right to petition the agency to repeal or modify an occupational regulation or bring forth an action to challenge the occupational regulation in a court of general jurisdiction. Arizona statutes limit occupation regulations to those that are demonstrated to be necessary to protect public health, safety or welfare concerns, so it is unlikely to impact respiratory therapists. A second bill signed by the Governor on April 10 grants an occupational or professional license or certificate to be issued in the discipline applied for and at the same practice level as determined by the regulating entity to a person who establishes residence in the state. Licensing fees apply. The bill makes it clear that the license is valid only in Arizona and does not make the person eligible to be part of an interstate compact.

OH enacted a bill effective April 5, 2019 with certain provision effective November 1, that imposes a sunset review regime that requires licensing boards to be reauthorized every six years by the Ohio General Assembly. A significant portion of the sunset review establishes a framework through which state boards and their statutes and rules will be analyzed to determine whether they utilize the least restrictive means necessary to protect the public. The bill also allows an individual who has been convicted of a criminal offense to request a licensing

authority to determine whether the individual is disqualified from receiving or holding a professional license based on conviction.

For a comprehensive overview and status of occupational licensing bills, the NASBA has provided a tracking report as the following link :

<http://www.cgstatetrack.com/texis/statetrack/insession/viewrpt/main.html?event=54ecddf8956>

This link also gives a brief overview of additional bills that may not be included in the tracking report. <https://t.e2ma.net/message/fx2q4/fxir3b>

Moving the Profession Forward

MN is the latest state to introduce legislation to advance the profession. The bill requires an applicant for licensure to achieve a qualifying score on a registered respiratory therapist or advanced level respiratory therapy credentialing examination within five years prior to application for registration. To be eligible for licensure by reciprocity, the applicant must be credentialed as a registered respiratory therapist or advanced level respiratory therapist by the National Board for Respiratory Care or other board-approved organization and have worked at least eight weeks of the previous five years as a respiratory therapist. An applicant for renewal after July 1, 2020, is eligible for license renewal if the applicant has a valid and current certified or registered respiratory therapist credential designation, or other entry or advanced level respiratory therapy designation, issued by the National Board of Respiratory Care or other board-approved organization. The bill also changes the terms “respiratory care practitioner” to “respiratory therapist” and “respiratory care” to “respiratory therapy.”

NY has reintroduced legislation from last session to require as a condition for licensure completion of a bachelor’s degree program in respiratory therapy or in a program determined by the Department to be equivalent. It would take effect on the first of September in the fifth year next succeeding the year in which it becomes law and only applies to the issuance of initial licenses. The bill also eliminates licensure for initial applications for a respiratory therapy technician upon enactment but allows for renewal if licensure is issued before that date. The legislation includes language to grandfather existing practitioners.

Asthma Initiatives

CA introduced a bill to include asthma preventive services as a covered benefit under the Medical program. It requires the department, in consultation with external stakeholders, to approve two accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers consistent with specified federal and clinically appropriate guidelines.

MD has enacted a bill that establishes the Breathe Easy East Baltimore Pilot Program in cooperation and consultation with certain entities. The purpose of the program is to provide and study the effects of asthma remediation services on eligible households, which include cleaning, education, structural interventions, and any other services deemed necessary.

MN has a bill passed by the 1st Chamber to establish an enhanced medical assistance asthma care services benefit provided for children with poorly controlled asthma in their home if certain conditions are met. Covered products include allergen-reducing products identified as needed, and recommended for the child by a registered environmental health specialist, healthy homes specialist, lead risk assessor, certified asthma educator, public health nurse, or other health care professional providing asthma care for the child and proven to reduce asthma triggers.

Emergency Medical Services

CO enacted a bill that expands an emergency medical service provider's scope of practice to perform in-scope tasks and procedures in a clinical setting in collaboration with medical staff and established operating policies and procedures to ensure the EMS performs tasks and procedures and administers medications within their scope of practice. It does not alter the authority of a physician or registered nurse in a clinical setting to delegate acts, including the administration of medications, that are outside of an emergency medical service provider's scope of practice. It is assumed delegation could include respiratory therapists as appropriate.

PA introduced a bill to add a new definition of “Comprehensive Emergency Services” to mean the capacity of a hospital emergency department to maintain staff and provide immediate and advanced care for patients requiring trauma care treatment 24/7 based on the availability of specified services, including ancillary services such as laboratory, radiology, pharmacy and **respiratory therapy**, at all times, with appropriate personnel who can report immediately to the hospital emergency department as needed. Also provides a definition and accreditation standards for trauma centers.

Telehealth

FL has an enrolled bill that establishes use of telehealth services and defines the telehealth provider as any individual who provides health care and related services using telehealth and who is licensed or certified under certain provisions of the statute. The statutory provisions listed in the bill include respiratory therapists.

GA enacted a bill that revises the definition of telehealth which includes, among other things, services that facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. A health care provider is one who practices within his or her scope of practice as if provided in-person with a patient and is legally allowed to practice in GA. The assumption is respiratory therapists would be included.

MA has a bill to advance and expand access to telemedicine through regulations that would allow licensees to obtain proxy credentialing and privileging for telemedicine with other healthcare providers and allied health professionals. Respiratory therapists should be included.

KY has companion legislation that amends the law to include remote patient monitoring (RPM) telemedicine services provided by a healthcare services provider practicing within the scope of practice when the provider is at a qualified site other than where the patient is located. RPM for disease management when ordered by a physician is covered for patients with COPD, a chronic disease which causes impaired mobility or expected to last for life, a patient approved for home oxygen, home ventilator use, or BiPAP or CPAP use among other conditions. Healthcare services provider is not defined but it is assumed respiratory therapists would be qualified.

WA enacted a bill effective January 1, 2020, to allow a health care professional who provides clinical telemedicine services to complete telemedicine training that includes information on current state and federal law, liability and informed consent, and a question and answer methodology to demonstrate accrual of knowledge which may be made available in electronic format and completed over the internet. "Health care professional" means a person licensed, registered, or certified to provide health services so it is assumed respiratory therapists would be included. At the time of implementation, the telemedicine collaborative shall make

telemedicine training available on its web site for use by health care professionals who use telemedicine technology.

Tobacco Legislation

There are literally well over 100 bills tracked by AARC that include some form of tobacco control. Most of the bills add vapor products, alternative nicotine products, e-liquid products, and e-cigarettes to the definition of tobacco products while other bills continue to add public places where smoking any type of tobacco product is prohibited. Multiple states introduced legislation to raise taxes on tobacco products; some included taxes on cigars. It is impressive to see so many states including bills to raise the age to purchase tobacco. Additional details are provided below.

States that have raised the age to 21 to purchase tobacco products include **AK, CA, CT, DE, HI, IL, ME, MD, MA, NJ, OR, TX, UT, VT, VA** and **WA** along with Washington, D.C. and at least 470 localities.

Several other states have introduced legislation to raise the age to 21 statewide. They include **AR, AZ, FL, IA, LA (failed to pass) MN, MS, NH, NM (both Houses passed, postponed indefinitely), PA, RI, TN, and WV.**

Licensing Anesthesiologist Assistants

KS introduced a bill to license Anesthesiologist Assistants (AA) in which the AA would work under the direction and supervision of a supervision or designated anesthesiologist. Currently only 16 states license these professionals. Concern was raised by the state society that the bill would limit respiratory therapists in the operating room unless language in their RT Practice Act was added. However, amendments to the bill included the exclusion of “other healthcare providers who are licensed, registered, certified or otherwise credentialed by agencies of the state of Kansas,” which should resolve any issues about RTs. In a March hearing a representative of the Kansas Medical Board testified that the bill “in no way limits the scope or practice of other providers or creates inconsistent standards for supervised practice.” The legislature did not act on the bill before it adjourned until January 13, 2020.

AR has a similar bill to license Anesthesiologist Assistants. Among other things, the AA can establish basic and advanced airway interventions, including intubations of the trachea and perform ventilator support.

Recognition of Apprenticeship and Training Programs

NC has a bill to require occupational licensing boards to grant a license to any applicant who completes an apprenticeship approved by the state or federal Department of Labor and passes an exam, if one is deemed to be necessary. Training hours can also be applied earned through career technical education provided by NC public schools and colleges towards the requirements for licensure in the same occupation. Each board must establish a passing score for its examinations which cannot exceed the passing score that is required under the board's standard licensing processes. If the relevant law or rule does not require an examination for the standard licensing process, no examination may be required for applicants who complete an apprenticeship in that occupation. Respiratory therapists should be protected by the requirement for the NBRC TMC exam.

Continuing Education

GA passed a bill signed by the Governor May 6 that authorizes the Board to require persons seeking renewal of certification as respiratory care professionals to complete board approved continuing education. The board is authorized to establish the number of hours of continuing education required biennially for renewal and the categories in which these hours should be earned. The board is also authorized to approve courses offered by institutions of higher learning, specialty societies, or professional organizations.

OR enacted a bill May 30 to require the Respiratory Therapist and Polysomnographic Technologist Licensing Board to require persons authorized to practice professions regulated by the board to complete cultural competency continuing education.

Noteworthy Bills that Impact Respiratory Therapists Directly

IL has an enrolled bill requiring medical personnel that includes respiratory therapists to immediately report to the department when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child. Medical personnel who work with children in their professional or official capacity must complete mandated reporter training at least every 6 years and attest at each time of licensure renewal that they understand they are a mandated reporter of child abuse and neglect in addition to other statement attestations. Does not preclude medical personnel from receiving continuing education credits for the training.

IA introduced a bill to require a patient who receives any in-home sleep diagnostic testing to receive education on the proper use of such equipment by a respiratory care practitioner, respiratory care and polysomnography practitioner, registered polysomnographic technologist, or physician employed by or affiliated with the sleep diagnostic testing facility, or by a person supervised by such a person.

KY would add amendments dealing with compensation arrangements under provisions governing the practice of respiratory care or any activities undertaken by a respiratory care practitioner to state it is a violation to make referrals to any entity furnishing health care services to which the respiratory therapist has an ownership interest or investment or a compensation arrangement.

MD enacted a bill May 13, 2019 updating its sunset provisions for the Respiratory Care Professional Standards Committee to June 1, 2020 after which all rules and regulations will be terminated. Same rules apply to the Polysomnography Professional Standards Committee. AARC will work with the society as appropriate to ensure the profession is not de-regulated.

MN enacted legislation April 11 in which respiratory care practitioners license renewal is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth, beginning January 1, 2020. Any licensee whose license lapsed before January 1, 2010 and who seeks to regain licensure after that date shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule.

NE enacted a bill June 6 dealing with licensing of radiation therapy or radiologic imaging and clarifies that a physician assistant, practitioner of respiratory care or homeopathic assistant is prohibited from engaging in radiation therapy or radiologic imaging unless he or she holds a license or limited license.

PA introduced a bill in March that establishes the Hospital Nursing Staff Report Care Act. It provides for the compilation of daily nursing staff reports by hospitals, for public posting of reports and for reporting to the Department of Health. One item on the report must include whether patients requiring scheduled or emergency respiratory treatments have had treatments that were administered by a respiratory therapist or the direct care nursing staff of the unit.

WA enacted a bill May 8 that clarifies required meal and rest breaks for certain health care employees' work schedules that includes respiratory care practitioners effective July 1, 2020. The law also adds that an employee accepting overtime who works more than twelve consecutive hours shall be provided the option to have at least eight consecutive hours of uninterrupted time off from work following the time worked.

House of Delegates

Submitted by Teri Miller – 2019 Summer Report

Recommendations

Resolve, that for a trial in 2019, in order to optimize communication, writers of HOD resolutions which are passed (or their co-sponsor designee) represent the resolution before the AARC Board of Directors during its consideration.

Report:

The following are the Speaker goals and updates as presented at the Winter 2018 meeting to the HOD:

Goal 1: Work collaboratively with President Schell to successfully implement the AARC's strategic plan

- President Schell and I have communicated regularly (at least monthly) via President/Speaker conference calls; President/Executive Committee/HOD Officer calls; email and as needed.
- The Progress & Transition Committee has been re-activated and will assist in re-organizing the Strategic Objectives Adhoc Committees under it in order to realign with AARC Horizon Goals.

Goal 2: Use HOD time and talents productively

- We have worked to align officers and delegates on HOD committees and activities, giving attention to interests, talents, and need.
- We have worked to build an agenda which aligns with President Schell's in order to minimize duplication, utilize HOD time effectively and build opportunities for robust engagement and action.
- We have worked to facilitate a meaningful opening ceremony which honors our military, veterans, and first responders.

Goal 3: Support initiatives which promote the recruitment and mentoring of our future leaders.

- We have worked to continue activities which encourage student engagement, delegate engagement, and which support activities that help strengthen the affiliates.
- We have worked to support activities such as the AARC's Leadership Bootcamp.
- The Orientation Committee, along with Asha Desai and Parliamentarian Kauffman has worked to update Delegate orientation materials to facilitate a smooth transition into the Delegate role.

Goal 4: Work collaboratively with AARC and HOD to identify opportunities and best practices which will strengthen the affiliates

- We have worked to design collaborative time between the HOD and BOD at the upcoming meeting and to improve communications related to resolutions.
- We have given attention to incorporating best practices and relevant presentations which will support affiliates and delegates.
- We have worked collaboratively with the AARC Audit Subcommittee and HOD Chartered Affiliates Committee to develop a proposed HOD Policy which supports AARC Policy CA. 002 related to Chartered Affiliate financial management responsibilities.

Speaker Charges:

1. Preside at all meetings of the House – in progress
2. Prepare an agenda for each meeting and submit it to each delegation at least twenty-three (23) days prior to such meeting- completed for Summer 2019
3. Appoint a Parliamentarian and may appoint a Sergeant-at-Arms- completed
4. Appoint the chairs and members of House standing and special committees completed for all committees
5. Remove the chairs and members of House standing, special and elected committees- N/A
6. Invite persons other than delegates to participate in House activities- In progress
7. Be an ex-officio member of all House committees except the Elections committee- In progress
8. Forward all House-recommended changes to the AARC Bylaws to the Bylaws Committee for review- In progress
9. Serve as Chair of the House Executive Committee- In progress
10. Attend a minimum of four meetings a year, House of Delegates summer and winter meetings, and spring and winter Board of Directors meetings – In progress
11. Schedule and facilitate House of Delegates officer calls, average three to five a year, and participate in Association conference calls, average two to four a year- In progress
12. Perform other duties that the House may authorize. – In progress

Other

I would like to thank the HOD officers and Parliamentarian for their support and continuous attention to the needs of the HOD, Asha Desai for her expertise and willingness to “be there” when needed for everyone, and the many Committee Chairs and Co-chairs who are leading us through our many initiatives. Many thanks to Lanny Inabnit and Joe Goss for their considerable work with the Audit Subcommittee and Policy CA. 002, as it has been time intensive and thoughtfully done. Many thanks go to President Schell for her collaboration and open communication. Finally, many thanks to the Delegates for all you do for our profession! We are on track for a successful year thanks to each of you!

President's Council

Submitted by Dianne Lewis– 2019 Summer Report

Recommendations

N/A

Report:

The nominations for Life and Honorary memberships with CV and nomination letter are due to Kathy Blackmon by July 25,2019. If there are any questions concerning the process, please contact Kathy or I.

Other-Info:

The council wants to thank President Schell for listening to the members comments and questions concerning the formation of the new accreditation organization for 2 year RT programs.

Board of Medical Advisors

Submitted by Neil MacIntyre, MD– 2019 Summer Report

Recommendations

N/A

Report:

1. **General comments:** I am enjoying my second rotation as chair of BOMA and the link between AARC and the physician community. I welcome input from all members of AARC leadership on issues where BOMA can be of service. I particularly welcome the opportunity to provide physician support for important AARC initiatives.

2. **Areas of particular interest to BOMA:** Advanced respiratory care practitioner. BOMA recognizes the importance of an advanced RT practitioner in providing state-of-the-art care to patients with both acute and chronic respiratory disease. Providing high level education, supporting the development and application of complex diagnostic and therapeutic equipment, performing in depth patient assessments, developing comprehensive treatment protocols, and providing comprehensive disease management programs run by RT driven protocols are all examples of the unique services an advanced practitioner can provide. BOMA fully supports advanced degrees for these professionals and is available to assist in developing state and national legislation to license them.

- a. Collaboration with other professional organizations (including physician organizations represented on BOMA) to support:
 - (1) the certification/accreditation of respiratory care services. Two current examples are AARC collaborations with the AACVPR to provide pulmonary rehabilitation certificates and with the ATS pulmonary function lab committee (on which I am a member) to develop a certification program for pulmonary function laboratories.
 - (2) lobbying efforts with CMS and other payers to appropriately fund respiratory care services – especially in the outpatient setting. Issues include telehealth support, oxygen reimbursement, remote monitoring, pulmonary rehabilitation reimbursement, and home mechanical ventilation support. BOMA members have written in support of the current RT bill being discussed in Congress and clearly supports appropriate funding for RTs in providing these services.
 - (3) assuring a standardized, quality driven accreditation program for respiratory care schools that recognize the importance of advanced degrees as noted above. I have shared the CoARC letter outlining the issues with BOMA members and all 8 of those who wrote back to me were in full support of a single accrediting body focused on degrees beyond the Associates level.
- b. Recognition of exceptional RTs who have made or are making a difference. The most recent initiative was the development of a BOMA travel award funded directly by BOMA members with matching funds from AARC. In 2018, this allowed travel to the AARC meeting for Mike Davis to present his “Editors Choice” research paper. BOMA also welcomes its role in nominating candidates for important awards such as the Forrest Bird Lifetime Achievement award, the Baran Aerosol Development award and the Legends of Respiratory Care.

Standing Committee Reports

Audit Sub-Committee Report

Submitted by Joseph Goss, MSJ, RRT, RRT-NPS, FAARC-2019 Summer Report

Recommendations

1. The Audit Sub-Committee recommends the board take from the table the motion to amend CA 002 to read "C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight."
2. The Audit Sub-Committee recommends that the Board of Directors recognize the HOD policy addressing affiliate fiscal responsibility, timelines for all requirements and reviews, and appropriate interventions.
3. Audit Sub-Committee recommends that the Board of Directors direct the Executive Office develop a method to securely collect and securely maintain the affiliates financial information.

Report

A brief background to these recommendations. During Speaker Miller's time as Speaker-elect, the Audit Subcommittee was charged by the Board the responsibility of reviewing and helping define the newly revised Board Policy "*CA.002 C. Proof of Chartered Affiliate financial audit completed by an auditor licensed by the state board where the affiliate resides,*" which outlines financial responsibilities for the affiliates and subsequently requires affiliates to complete a financial audit as a means of demonstrating sound financial management.

Last year, with the Board's approval, the committee enlisted the help of the House Chartered Affiliates Committee and House Officers in this process and in developing a policy which aligns House policy with Board policy. The committee also recommended alternative language for CA.002 and proposed the HOD policy be developed. The result of the Board policy change CA 002 "*C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight*" was tabled at the December meeting until the House approved their policy. The proposed House policy is being considered during this summer meeting.

Since the transition in House Officers, the Audit Committee and Chartered Affiliates Committee has continued working on developing a policy and discussing the financial obligations issues and the impact on the affiliates.

A phone conference was held this past February to discuss the planned HOD financial reporting policy. The conference call was held with members of the Audit Sub-Committee, HOD Speaker; the Chartered Affiliates Committee co-chairs were invited but were unable to participate. Specifically, the proposed policy, chartered affiliate handbook supplement, financial responsibilities checklist, and implementation timeframe was discussed (appendix 1, 2, 3). Each document was developed based on the tabled December 2018 recommendation regarding board policy CA.002.

Prior to this call, the House Officers and Chartered Affiliate Committee chairperson conducted an investigatory conference call with the AARC's auditor, Tim Pike. Mr. Pike was helpful with providing guidance and answering questions regarding nonprofit fiscal management. He

provided a list of items that would substantially reduce the occurrence of impropriety within an affiliate. Those items include:

- Dual signature for all checks to ensure the check is issued to approved vendors in approved amounts.
- The person responsible for reviewing bank statements should not be able to write checks.
- The bank reconciliation should be reviewed periodically, no less than quarterly.
- Have 'road blocks' in place to ensure that false vendors cannot be set up.
- Person that reviews bank statements verifies vendors.
- Payments to any vendors of related parties should require board approval (conflicts of interest).
- A policy requiring that reimbursed expenses must be approved in advance, in writing (email or paper).
- Only one person should have access to a petty cash fund. Every time an individual receives cash from the box, a voucher should be signed and maintained.

Additionally, Mr. Pike provide guidance on other options besides a full audit. There are other services, such as a financial review or financial compilation, that a CPA could provide. These terms are defined in proposed HD0XX policy, which is being addressed during this summer's House meeting and the affiliate handbook. All the suggestions and financial inquiry options are incorporated into the policy and affiliate handbook.

Finally, we inquired as to the fees these other services might be as a comparison to an audit. While he could not speak for regional (state) variations in fees, a review could be 30% less than an audit but could still be several thousand dollars. A compilation could be more economical but still cost a few thousand dollars. He mentioned all these fees are based on the affiliate's assets and not necessarily a set fee by a CPA. Affiliates would need to investigate a CPA that would provide the appropriate service and budget for the fee.

In addition to the items discussed above, we addressed an implementation plan. That plan would permit a period of direct communication and education prior to the first affiliate reporting date. This engagement would consist of House meeting time, conference calls and webinars with affiliates, and session time at the Leadership Boot Camp. It is believed that while the materials provide an affiliate with guidance and tools, the required financial reporting may be a significant change in an affiliates normal operation and therefore requires a reasonable implementation period.

A second issue addressed was documentation collection. While it is recommended the Chartered Affiliates Committee is provided the fiscal documentation by each affiliate, there is concern other affiliates would not provide this information to another affiliate's delegate. Additionally, the committee membership generally turns over every few years which could lead to lost documents. It is recommended the Executive Office collect and serve as the document repository. The EO would then provide a report to the committee on the material collected and the committee would report to the Board and House as necessary.

In summary of the above, the Audit Subcommittee makes its recommendations that the proposed House of Delegate Policy "Chartered Affiliates Financial Reporting Obligations" be received as establishing acceptable financial monitoring responsibilities, amend CA.002.C to

read “*Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight,*” and request the EO to develop a method to collect and report back the financial information required in the House Policy to the Chartered Affiliates Committee.

Other

I would like to thank the Audit Sub-Committee for their participation. I also want to thank Tim Myers and AARC Executive Office staff, Tim Pike and the staff of Howard, LLP for their participation and open discussion and explanation of the Committee’s questions.

Members: Lynda Goodfellow (GA), Sheri Tooley (NY), Jennifer Anderson (TX), John Walton (IL) and Joseph Goss (NJ)

Liaisons: Timothy Myers (EO)

Respectfully submitted,

Joseph Goss

Speaker-elect

Executive Committee

Submitted by: Karen Schell - Spring 2019

Verbal Report to be given at the board meeting.

Judicial Committee Report

Submitted by Anthony Dewitt– 2019 Summer Report

Recommendations

No recommendations at this time.

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. We remain ready and willing to undertake any task the Board feels necessary.

Program Committee

Submitted by Sarah Varekojis– 2019 Summer Report

Recommendations

None

Report:

Chair: Sarah Varekojis, PhD, RRT, FAARC

Past Chair: Tom Lamphere, BS, RRT-ACCS, RPFT, FAARC

Members:

Kim Wiles, BS, RRT, CPFT, FAARC

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT, FAARC

Brady Scott, MS, RRT, RRT-ACCS, AE-C, FAARC

Richard Branson, MS, RRT, FAARC (consultant)

AARC Staff:

Doug Laher, MBA, RRT, FAARC

Anissa Buchanan

Horizon Goals:

- The AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy.
- The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.

Committee Objectives:

- Prepare the annual International Congress and Summer Forum, including content that is aligned with Horizon Goals.
- The Summer Forum will take place July 20-22, 2019 in Ft. Lauderdale, Florida. The program is available on-line, and as of the writing of this report, there are 398 pre-registered attendees. An interactive AARC pre-course will be offered on Friday July 19 titled “Professional Development: Enter to Learn, Go Forth to Lead” focused on identifying and overcoming obstacles to completing projects, leading high stakes conversations, developing an effective 30 minute interview, motivational interviewing and goal attainment scaling, and creating a variety of effective written communications. The program provides the opportunity for registered attendees to achieve 11.74 CRCE credits. Following the pre-course, an “AARC Block Party” welcoming reception will be held, providing an opportunity to mingle with colleagues from around the country, AARC Corporate Partners, and executives from AARC, CoARC, and the NBRC.
- The 65th AARC International Respiratory Convention & Exhibition will take place November 9-12, 2019 in New Orleans, Louisiana. Registration is open, and 348 attendees have already pre-registered. The AARC Executive Office is actively developing the program for the meeting and plans to release it mid-August 2019. Two AARC pre-courses will be offered: “The Burden of Asthma and Emerging Therapies”, and “Women and Leadership: Moving Forward”. The program will include the following distribution of content:

Content Category	Number of Lectures
Adult Acute Care	41
Management	25


Other-Info:


NA


Bylaws Committee

Submitted by Dennis Guillot– 2019 Summer Report

Recommendations

That the AARC Board of Directors find that the Florida Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Florida-AARC Chartered Affiliate Review 3.11.19”) 

That the AARC Board of Directors find that the Minnesota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Minnesota -AARC Chartered Affiliate Review 05.24.19”) 

That the AARC Board of Directors find that the New Mexico Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “NMSRC-AARC Chartered Affiliate Review 02.25.19”) 

Report:

The AARC Bylaws Committee has approved the following State Affiliate Bylaws (Amendments/Revisions) by determining they are not in conflict with the AARC Bylaws: Florida Society for Respiratory Care, Minnesota Society for Respiratory Care, and New Mexico Society for Respiratory Care Bylaws. The AARC Bylaws Committee recommends review and approval by the AARC Board of Directors as stated above.

The AARC Bylaws Committee has reached out to the following State Affiliates requesting submission of State Affiliate Bylaws for review and approval for the 2019 cycle: Attempts to request from California, Louisiana, Massachusetts, and Wisconsin were made via email. California, Massachusetts, and Louisiana have responded with intend to submit. Oregon and Wyoming that was not part of original list also plan to submit for review. Wisconsin was contacted a second time recently and the request was sent to Delegate Members of the Affiliate as well as the President.

This list completes the State Affiliates that are due or past due for the 2019 cycle as advised by Timothy Myers and the <http://www.aarc.org/aarc-membership/state-societies/>.

Thank you for approval of the March Bylaws Committee Recommendation.

Respectfully submitted,

Dennis J. Guillot

2019 AARC Bylaws Chair

Committee Members: Dennis Guillot, Brian Cayko, Kristi Hack, Lori Shoman, Brian Walsh, and Timothy Myers, Committee Liaison.

Elections Committee

Submitted by Ed Borza– 2019 Summer Report

Recommendations

None

Report:

Committee has met and has selected a list of candidates for open offices. The candidates and positions are President-Elect Lynda Goodfellow Sheri Tooley Director at Large (2 seats) Michael Madison Kerry McNiven Curt Merriman Raymond Pisani Adult Acute Care Chair Madison Fratzke Maria Madden Education Chair Jennifer Anderson Aaron Light Management Chair Kim Bennion Julie Jackson Diagnostics Chair Ralph Stumbo, Jr.

Other-Info:

The order of appearance on the ballot and final ballot information will be provided to AARC at the conclusion of the Summer HOD meeting.

Finance Committee

Submitted by: Karen Schell - Spring 2019

Verbal Report to be given at the board meeting.

Strategic Planning Committee

Submitted by Brian Walsh– 2019 Summer Report

Recommendations

N/A

Report:

Currently executing the strategic plan developed in 2018. We are seeing through the changes to the mission and vision within the proposed bylaws changes. Horizon goals have been disseminated throughout our committees.

Other-Info:

President Schell is working with the Executive Office to develop dashboards for specific expected outcomes.

Report Charges:

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 2017 Board of Directors Meeting.

Provide oversight of how the Association is moving towards achieving the objectives of the Strategic Plan.

Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care

Specialty Section Reports

Adult Acute Care

Submitted by Carl Hinkson– 2019 Summer Report

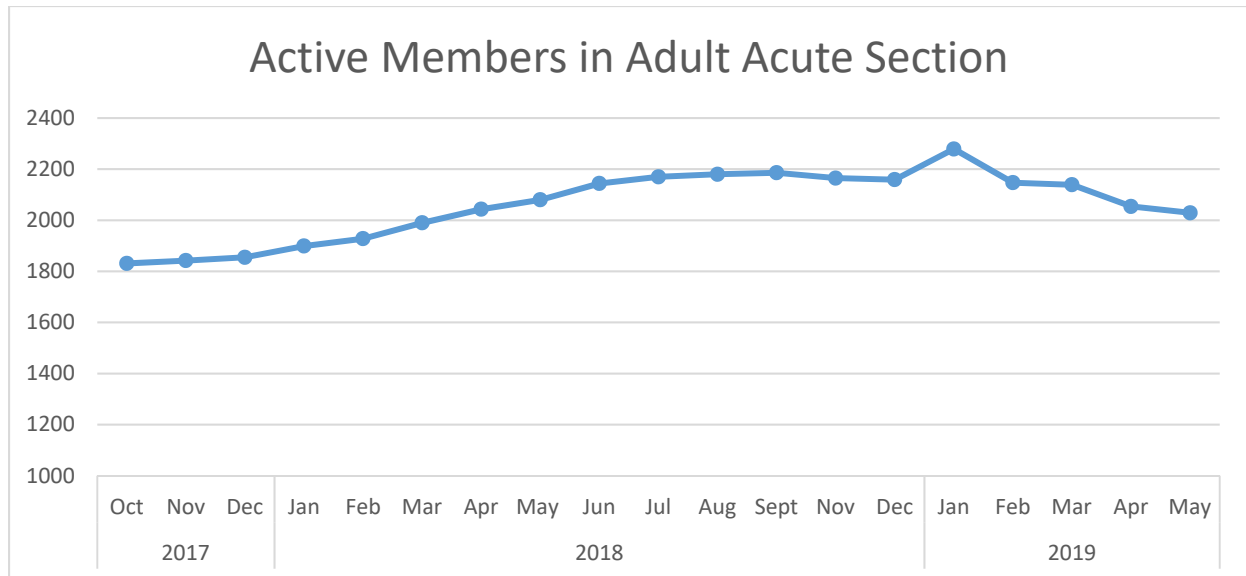
Recommendations

N/A

Report:

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
 - a. In progress and ongoing.
2. Create section specific measures of success and present to the board through the V.P. **quarterly** reporting method and spring, summer, and fall BOD meetings.
 - a. In progress
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 in January.
 - a. Completed
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. Journal articles, cases studies and other various topics are frequently discussed.
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - a. Not started, planned engaging section membership in helping with AARC executive office efforts for NBRC continuing competency program.
6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony at the International Congress.
 - a. Completed
7. Identify, cultivate, and mentor new section leadership.
 - a. In progress
8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.
 - a. Ongoing
9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care
 - a. 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 and report to VP
 - a. Not started

11. Share best practice with fellow section chairs to improve value or membership participation.
 - a. Ongoing
12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
 - a. Not started
13. Survey the membership to identify the next evidenced based CPG to be developed.
 - a. Not started



Diagnostics

Submitted by Katrina Hynes– 2019 Summer Report

Nothing to report

Education Section

Submitted by Georgianna Sergakis– 2019 Summer Report

Recommendations

N/A

Report:

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board at least once a year.

Status:

1. Achieve a section membership of 1500 active members by January 31, 2020. This is in progress, we have 1399 members.
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. The committee on Career Pathways and Ad Hoc BS Entry to Practice committees address this charge.
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.
 - A new faculty needs assessment is planned (seeking a coordinator at Summer Forum).
4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
 - The RRT (Recruitment and Retention ThinkTank) is a discussion thread in AARC Connect to develop ideas for needed student and faculty sustainability resources. The RRT will be activated again during and after the Summer Forum Business meeting to identify focused areas to retain/develop students and faculty.
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 in January.

Status:

Completed in Spring. Below are the topic areas (number of sessions) used for programming at Summer Forum and Congress.

Student recruitment and retention (SF)	1
Research (SF, IC)	3

Incorporating disease management in the curriculum (SF, IC)	0
Teaching innovations – classroom, online, simulation (SF, IC)	11
AS to BS transition (IC)	0
Faculty development (SF, IC)	2
Clinical education - staff/student orientation, precepting, competency assessment (IC)	7

- 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.

Status:

The **Recruitment and Retention ThinkTank (RRT)** discussion was our quarterly engagement activity. The discussion was centered on the following initial discussion prompt:

“Did you know that national enrollment in Respiratory Therapy programs is declining? The most recent CoARC annual report statistics demonstrates this decline for many years. Per the 2017 Report on Accreditation in Respiratory Care Education (<https://www.coarc.com/CoARC/media/images/2017-CoARC-Report-on-Accreditation-4-3-18.pdf>):

“Total applications for admission to accredited respiratory programs were 13,609 for 2016. Applications reached a peak of 23,430 in 2011 and have decreased by 42% between 2011 and 2016. The mean number of applications per program was 34 in 2016. The median was 27.”

Less students applying to programs = less graduates = less RTs in the workforce that is expected to grow much faster than average (see this link: <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>).

I would like to engage our Section in discussion of recruitment and retention.

Let's discuss:

- 1. Is recruitment an issue for your program or institution?*
- 2. What strategies have you found to be successful in recruitment? Are there avenues that you see as opportunities to explore further?*
- 3. How might we come together as a community to address the issues?”*

This discussion generated a lively discussion with 19 posts in the thread on the AARC Connect community. Another thread about a recruitment video (occurring at the same time) also addressed the issues raised in the RRT discussion as well and generated 13 discussion posts.

Without question, this is an area of interest to discuss in the Education Section. Most suggestions throughout the thread included a national campaign for increasing the visibility/recognition of the profession in the general public and to

future students. Several discussion contributors shared links to similar national campaigns from other professional groups in healthcare. Many also suggested a revision of the “Life and Breath” video. Happily, the membership was made aware of the revision that is currently in progress. This will be further highlighted at the Summer Forum.

On a related note, we also announced an opportunity offered by the Education Section specifically for students. Working with President Schell, we developed a plan to address the issue and engage our current students with regard to this topic.

The **2019 AARC Education Section Student Respiratory Therapy Video Contest** was also launched in April. The announcement and rules are attached as an Appendix to this report. The contest engages our student membership and addresses the recruitment issue highlighted by the previous RRT discussion activity. The content of this video is open-ended. The goal is for students to develop a 1 – 2 minute video that delivers a message that achieves the following goals: 1) Shows what a respiratory therapist contributes to the healthcare team 2) Increases the awareness of the profession on a national level 3) Highlights what the creator likes about the profession and/or why they chose this career.

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

Status: For 2019, 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.

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

Status: Complete. A committee to evaluate the SPOTY in Education (Mishoe & Galvin) scored the 4 nominees (7 nominations received for the award) using the award rubric. The individuals nominated were: Dr. Arzu Ari, Ms. Lindsay Fox, Dr. De De Gardner, and Dr. Aaron Light. A winner was selected.

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

Status: Emerging leaders will be asked to moderate afternoon sessions at the Summer Forum and encouraged to contribute to discussions in Connect.

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.

Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, Preceptor Recognition Program, SPOTY awards and education related webcasts are shared to help educators schedule this within their calendar or as part of curricula.

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.

Status: At Summer Forum, polling and discussion themes will again be utilized to inform future programming and initiatives for the section as well as to

encourage the sharing of resources, generate ideas for future resources and provide networking opportunities. Further, during the Summer Forum, participants will be encouraged to share their needs on a white board throughout the meeting so that discussion during the Education Section Business meeting may be guided toward solutions or the development of plans to address these specified needs.

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.

Status: The Swap Shop was updated during February, 2019. AARC Connect library: is up to date and organized in folders by category and subtopic. A discussion about how to best further organize the library/resources is ongoing.

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

Status: Management section and education section collaboration opportunities will be continued to be explored with the management section chair.

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.

Status: Membership slightly decreased this quarter, and as of June 24, 2019 active membership was 1,399, a change of 23 individuals since last estimate in January. This is likely due to membership renewal timelines, but active recruitment efforts will continue.

Thank you to Dr. Shawna Strickland, Amanda Feil and the AARC staff for their continued support of the section.

Announcing the 2019 AARC Education Section Student Respiratory Therapy Video Contest.

Here are the Guidelines:

CONTENT: *The content of this video is open-ended. We want to deliver a message that achieves the following goals:*

- *Shows what a respiratory therapist is and what they do*
- *Increases the awareness of the profession on a national level*
- *Highlights what you as the creator likes about the profession and/or why you chose this career*

LENGTH: *The video should be 1-2 minutes in length.*

QUALITY: *The video should be clear, stable, and well edited. No professional assistance is allowed. Non-students may act as cameramen or actors, but may not assist in production.*

TITLE SLIDE: *For judging purposes, each entry should have a 10-second title slide at the start of your video with the following information:*

Your name(s)

Name of your school

City and state of your school

Title of your video

Video length (not including the 10-second title slide)

BRANDING: The winning video will be viewable at an international meeting and speaks for RT as an entire profession, please do not include branding of your program/school in your video.

PROHIBITED: There should not be any vulgar, offensive or controversial content in your video.

PERMISSION: Photo release form attached. Anyone with a likeness in the final deliverable will need to sign this and provide it with the submission.

PROFESSIONALISM: The winning video will be viewable nationwide and should represent the respiratory therapy profession in a positive and professional manner.

Rules and regulations include:

- Format- your video must be saved as an unlisted video to a YouTube site. You will send the video link when you submit your entry to the contest.
- Plagiarism: no use of copyrighted content and music
- Entry submission instructions and deadlines: submit your entry to education@aarc.org by September 1, 2019
- no use of professional assistance
- Entrants grant the right to use their names, photographs, statements, quotes, testimonials, and video submissions for advertising, publicity, and promotional purposes without notification or further compensation.
- Rules on who can participate: Students that are currently enrolled in a CoARC approved RT program are eligible to participate.
- Explanation of judging process: The video contest will be judged by a panel of AARC members. Winners will be notified by email by October 1, 2019 (to allow for travel arrangements to Congress)

Prize: Recognition at the AARC Congress Student Symposium, a party for your class. The winning video and honorary mentions will be showcased at the Student Symposium at 2019 Congress in New Orleans.

Management Section

Submitted by Kim Bennion– 2019 Summer Report

Recommendations

N/A

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 to:

- Accepted 15 presentations for Summer Forum for the Management track with 3 of these being plenary presentations.
- Accepted a Summer Forum Professional Development pre-conference workshop entitled, "Enter to Learn, Go Forth to Lead" scheduled for July 19, 2019. This includes 5 interactive sessions with invitation for all AARC members:
 - "Teaming" for Success
 - Leading High Stakes Conversations
 - The Highly Effective 30-minute Interview
 - Motivational Patient Interviewing and Goal Attainment Scaling
 - Writing It so Executives Will Want to Know



Program FINAL
5-25-19.docx



- Intermountain Healthcare is sponsoring the creation of the hardcopy, pre-conference workbooks. An electronic "folder" has been created to share with attendees following the pre-conference which includes but is not limited to all presentations, customizable templates and reference links.
- Twenty-seven management-specific presentation slots were selected and approved for the 2019 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.
- Management Section 2019 Survey created and submitted to Doug Laher for approval for discussion during Summer Forum Management Section meeting and distribution via AARConnect Management Section Community after Summer Forum. **Key Goals:** Gather ideas for AARC and Management Section membership recruitment and topics for future conference and pre-conference workshops.



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.**

Q1-Q4 2019 Management Specialty Section Meetings are scheduled for:

- July 21, 2019 (Sunday) in conjunction with the AARC Summer Forum in Fort Lauderdale, Florida.
- Exact date to be announced but in conjunction with the 2019 International Respiratory Congress in New Orleans, Louisiana.

Q1 2019 Leadership Book Club coordinated by Scott Reistad, completed reading *Rising Strong* by Brene' Brown and *Don't Eat the Marshmallows Yet* by Joachim de Posada and Ellen Singer.

- Spring Session: February 4 – May 6, 2019
- 13 respiratory leaders volunteered to lead chapter discussions.
- 238 total Leadership Book Club members (132 Management Section members and 106 non-Management Section participants).
- During the spring read, 10 new members joined.

Leadership Book Club AARConnect Activity	Jan- May 2019
Total Discussion Posts	163
New Threads	28
Replies to Discussion	135
Replies to Sender	11
Likes	13
Unique Contributors	58

Q3 2019 Summer Forum

Historically, 80-100 AARC managers/directors have attended the Summer Forum. Over the last several years, those numbers have increased to 100-120. The Management Section Chair will track attendance at each Management Section presentation (at presentation start, middle and 5 minutes before presentation ends).

Q3 2019 Summer Forum Pre-Conference Workshop was announced to members and sections via an email to all members inviting them to attend on

July 19, 2019. The drafted email will be created by the Management Section Chair and approved Doug Laher and distributed via the AARC to members by March 30, 2019. Lynda Goodfellow submitted an announcement of the Summer Forum to educators via the AARConnect Education Community in late May. Evaluations regarding feedback for the 2019 Summer Forum pre-conference as well as suggestions for pre-conference workshops and conference future topics will be solicited during the 2019 Summer Forum Conference. As of June 20, 2019, 80 attendees for the conference have registered for the pre-conference workshop, *Enter to Learn, Go Forth to Serve*.

As of June 10, 2019, 80 attendees had registered for the SF pre-conference.



SF PC Program
6-18-19.docx

Q3-Q4 2019 Management Section Library Review

- Initial coordination will begin during the Management Section meeting at Summer Forum.
- Work on the library will commence Q3 and conclude Q4 2019.

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 changes affecting healthcare and encourage RT leaders to transform their practice to add value in the evolving healthcare environment. For example, June 9, 2019, the following article was shared to raise the awareness that OSA alone may not be the only cause of opioid induced respiratory depression. The role of hypoventilation syndrome and hypoxia may play just as important a role.

Managers are encouraged to join the Leadership Book Club community on AARConnect and contribute to the discussions. The programing for the management section at the Summer Forum and International Congress highlights topics that the members of the management specialty section have identified as important to their practice to assure the viability of the Respiratory Care profession and to encourage practice at the top of scope and/or license.

Q4 2018 – 2019 YTD Management Section Membership and Growth

- As of January 2019, there were 1657 total section members.
- As of May 2019, section membership as 1580 (down 77 members) despite gaining new members each month (refer to table below).

Members Joining the Management Section	Jan 2019	Feb 2019	March 2019	April 2019	May 2019
Month Joined	41	23	32	38	43

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

Status: Section members are ongoingly encouraged to:

- 1) contribute content to the management section list serve
- 2) attend the Summer Forum to network with other RC leaders
- 3) join the Leadership Book Club to grow their knowledge and skills
- 4) submit proposals for Summer Forum and/or International Congress and Exhibition.

Additionally, for this year, Section members as well as all AARC members were invited to attend the 2019 Summer Forum pre-conference professional development course, *Enter to Learn, Go Forth to Lead*.

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: Members remain active on AARConnect when comparing Q4 2018 with January-May 2019 (refer to table below).

Management Section AARConnect Activity	Q4 2018	Jan-May 2019
Total Discussion Posts	317	736
New Threads	76	180
Replies to Discussion	241	556
Replies to Sender	72	118
Likes	33	38
Unique Contributors	218	406

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: Organizational work is underway and strategic assignment planning is to be discussed at the Summer Forum Management Section meeting.

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 1580 total management specialty section members. Despite new members joining each month of 2019, there was an overall decrease in section membership of 77 members. There are 1.6 thousand members on the AARConnect Management community, 23.3 thousand discussions and 993 library items. Review/revision of the library is a 2019 goal (see key process indicators below).

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

Status: Nine AARC national leaders were invited to a meeting under the direction of the Associate Executive Director, Doug Laher, during Summer Forum 2018 to discuss professional development opportunities for all AARC members. A strategic plan was discussed with the identification of key process indicators (KPI) to include measures for success and support for the AARC Horizon goals. While not formally adopted, 14 KPIs are being addressed with 17 activities via the Management Section (see below).

2019 Key Process Indicator/Activity Key	Completed # (%)	In Progress # (%)	Off Track # (%)	Deferred # (%)
n= 17 activities	4 (24)	13 (76)	0 (0)	0 (0)
2019 Key Process Indicators	Lead	Activity	Status	
<ul style="list-style-type: none"> MEMBERSHIP Create baseline trending outcomes for 2018 and 2019 regarding: <ul style="list-style-type: none"> -Management Section Membership -Utilization of AARConnect (Management) -Leadership Book Club Participation -2019 Management Section Survey 	Management Section Chair and Amanda Feil, AARC	Will utilize these outcomes to identify areas for improvement and focus as engagement activities as well as for monitoring trends.	Reported above.	
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT Update Management Section Library EVENTS/MEETINGS 	Management Section Chair and members with assistance from Amanda Feil, AARC	Request Excel spreadsheet of Management Library. Will have assignments for Management Section volunteers for input at Summer Forum and via AARConnect.	In progress; received spreadsheet from Amanda Feil; strategic planning SF 2019. Goal: Complete by October for November BOD and Congress reporting Create assignment profiles from Excel spreadsheet.	

			Present request for volunteers at Summer Forum and via AARConnect in July 2019.
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Provide interactive sessions to develop skills for “communicating so others will listen and how to listen so others will communicate”.	Management Section Chair, Program Committee and Pre-conference Faculty	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	Complete July SF
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS MEMBERSHIP ADVOCACY Identify current “hot topics” and subject matter experts for each topic to be used for future presentations at SF and Congress as well as AARConnect discussion platforms.	Management Section Chair	Create master “hot topics” list from the 2018 survey to Management Section members (Gary Kauffman and Cheryl Hoerr); conduct another survey at Summer Forum and Congress as well as via AARConnect asking for subject matter experts and any additions to the list of hot topics for inclusion	Management Section Survey drafted to include this topic for feedback; Sent to Doug Laher for approval 6-9-19. Revised and approved 6-18-19 and sent to Shawna Strickland for Lynda Goodfellow's review prior to Summer Forum.
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Provide professional development reading references and conduct a reading group(s) to discuss relevant, applicable processes/ideas.	Scott Reistad	<i>Rising Strong</i> and <i>Don't Eat the Marshmallows</i> Yet selected for spring reading	Completed Spring 2019
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Provide professional solutions and interactive ideas/activities for conflict resolution.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Offer interactive sessions with practical applications for professional, oral and written presentations.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)	Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.
<ul style="list-style-type: none"> EDUCATION/PROFESSIONAL DEVELOPMENT 	Management Section	Only partially addressed in interactive	Complete at SF Pre-Conference Workshop;

<ul style="list-style-type: none"> • EVENTS/MEETINGS <p>Offer interactive sessions with practical applications for professional, oral and written presentations.</p>	Chair & Pre-conference workshop faculty/ Program Committee	session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.
<ul style="list-style-type: none"> • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS <p>Provide project growth opportunities by having resources for those who are being asked to lead initiatives/projects in their organizations/hospitals, research projects, etc. Resources will include but not be limited to professional contacts for coaching, creating/providing project templates, regulatory requirement consulting and presentation reviews with feedback.</p> <ul style="list-style-type: none"> • ADVOCACY • EDUCATION/PROFESSIONAL DEVELOPMENT • MEMBERSHIP • COMMUNICATION/MARKETING 	Management Section Chair and identified experts in the profession	Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	<p>Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p> <p>Will add content experts to areas of focus from survey to be sent to Section members at Summer Forum, Congress and via AARConnect.</p>
<ul style="list-style-type: none"> • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS <p>Assist with research and quality outcome data entry, analysis and reporting in the form of executive level reports, abstracts, manuscripts, etc., by providing timely mentor(s) review and feedback.</p> <ul style="list-style-type: none"> • ADVOCACY • EDUCATION/PROFESSIONAL DEVELOPMENT • MEMBERSHIP • COMMUNICATION/MARKETING 	Management Section Chair and identified experts in the profession	<p>Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)</p> <p>Will identify subject matter experts via survey (SF, Congress and to Management Section members)</p>	<p>Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p> <p>Will add content experts to areas of focus from survey to be sent to Section members at Summer Forum, Congress and via AARConnect.</p>
<ul style="list-style-type: none"> • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS <p>Provide assistance in the development of professional writing skills by utilizing subject matter expert review(s) as mentors for written reports such as professional articles, executive level reports, abstracts, manuscripts, curriculum vitae, etc.</p>	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019
<ul style="list-style-type: none"> • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS 	Management Section Chair & Pre-	Partially addressed in interactive session part of 2019 Summer Forum	Complete at SF Pre-Conference Workshop; communication, organization

Provide education in identifying obstacles to project progress and/or clinical care gaps and developing creative solutions as well as how to “pitch” solutions to key stakeholders.	conference workshop faculty/ Program Committee	pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019
<ul style="list-style-type: none"> • ADVOCACY • COMMUNICATION/MARKETING • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS • MEMBERSHIP • REVENUE/FINANCE <p>Create and provide an AARC webpage and AARConnect navigation tutorial(s) regarding “how to” navigate the sites, how to post on discussion groups, etc.</p>	AARC Staff in conjunction with Section Chairs	Charge of AARC	Management Section will support AARC initiatives.
<ul style="list-style-type: none"> • ADVOCACY • COMMUNICATION/MARKETING • EDUCATION/PROFESSIONAL DEVELOPMENT • EVENTS/MEETINGS • MEMBERSHIP <p>Create and support an AARC Community/Roundtable with regular leadership discussions.</p>	All Section Chairs	Management Section	Leadership Book Club included as part of this initiative. This activity completed Spring 2019.

Neonatal-Pediatrics Section

Submitted by Steve Sittig– 2019 Summer Report

Recommendations

N/A

Report:

The Neonatal Pediatric Section list serve continues to be very active with pertinent content. Over 70 section related lecture topics were submitted for consideration for the AARC Congress. The transition of leadership to this section continues by including the chair elect on ongoing projects/duties. Brad Kutch (chair elect) is planning on attending the board meeting in New Orleans to observe as well as be ready to undertake duties and responsibilities after the AARC Business meeting. Section membership remains strong.

Other-Info:

N/A

Report Charges:

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

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

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.

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.

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

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

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

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.

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.

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.

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

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.

Survey the membership of the next evidence-based CPG that should be developed.

Post-Acute Care

Submitted by Adam Mulally– 2019 Summer Report

Recommendations

Consider adding a video component (i.e. simple webcam video update from the chair) to section newsletter; as well as, utilizing a more personal and modern newsletter template. Consider website video server options other than YouTube (i.e. Vimeo) which is blocked on many devices provided/utilized by health care organizations (I've wanted to share some of the Big Ideas videos at huddles or meetings, but they are blocked).

Report:

Section library reorganized; work in progress with regard to content labeling/additions. Currently reviewing options to engage new and current members/activity; i.e. journal club, needs survey, etc.

Other-Info:

NA

Sleep Section

Submitted by Jessica Schweller – Summer 2019

Recommendations

None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board through the VP at quarterly reporting method and spring, summer, and fall BOD meetings.
Measurable Outcomes:
 - a. Quarterly reports to VP
 - b. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
 - c. List of proposals to Program Committee**Status:** Continue to increase membership to the sleep section each year. Current membership YTD: 739 members. Year change: +35 members.
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 in January. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
Status: Continue to engage members regarding topics for Congress 2020 and any future meetings
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. online section meeting,
 - b. journal discussions,
 - c. initiation of discussions on AARConnect,
 - d. posting of key materials to the AARConnect libraries,
 - e. AARC webpages, or
 - f. highlighting AARC resources to members through social media.
 - g. Enhance communication with and from section membership through the section's AARConnect**Status:** trying to increase communication and engagement from section membership through AARConnect.
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
Status: Ongoing continuation: working strongly to increase membership among students, new hires/new RT's and to increase awareness of the sleep section among members that might have a common interest in sleep. Goal is to work with other sections to help bridge our communities to increase awareness of the value of the

sleep section and ways to encourage members to take advance of signing up for multiple sections to get the benefits of both worlds.

6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony at the International Congress.
Status: nominations received and selected Beth Brooks for SPOTY in Sleep 2019
7. Identify, cultivate, and mentor new section leadership.
Status: working to mentor new leadership in the group so that our section will have a new chair in upcoming years
8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.
Status: currently responding to information as necessary and appropriate.
9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care: AARConnect library, swap shop, and listserv
Status: continue to encourage members to use these resources regularly.
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 and report to VP
Status: nothing to report
11. Share best practice with fellow section chairs to improve value or membership participation.
Status: looking to network with specialty sections that cross over into sleep to help not only improve membership but content/speakers for upcoming Congresses
12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
Status: nothing to report
13. Survey the membership to identify the next evidenced based CPG to be developed.
Status: nothing to report at this time.

Surface to Air Transport Section

Submitted by Olivia Kaullen– 2019 Summer Report

Recommendations

NA

Report:

Currently our section is starting a book club which will have it's first "post date" on July 12. The book will be Crucial Conversations. I, Olivia Kaullen, will begin updating the section quarterly on topics pertaining to the industry and our section starting July 1 (after Q2). This will likely be via video in the future. Here I will put out a call for case studies for discussion on the board. I have talked with Amanda about a way to touch base a bit more personally with new members to the section and look forward to working with her on this.

Report Charges:

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in Jan 2016.
2. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April 2016 Board Report.
3. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
4. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
5. Identify, cultivate, and mentor new section leadership.
6. Enhance communication with and from section membership through the section list serve, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.
7. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the April 2016 Board Report and updated for each Board report.
8. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section please make recommendation as to what should be done with that section.

9. Identify workgroup within the section to address the issue of reciprocity for transport across state lines.

Special Committee Reports

Advanced RT Practices, Credentialing, and Education Committee

Submitted by Brian Walsh– 2019 Summer Report

Recommendations

N/A

Report:

We continue to work through our charge. We've had 2 Webex meetings since the last BOD meeting.

Accomplishments are below.

1. Draft Scope of Practice
2. Systematic Review of Need submitted to Chest and received favorable reviews. Edits have been completed and resubmitted.
3. Final draft of JBS needs assessment has been completed with hopes of submitting within the next 1-2 months.

Other-Info:

N/A

Report 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.
 - a. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s). (??)
6. Consider the development of the credential for the advance practice provider.

AARC Advocacy and Government Affairs Committee 2019 Summer Board Report

Recommendations – None

Horizon Goal Alignment:

Advocacy - Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.

1. Provide legislators with supporting research data promoting efficient, cost effective and quality care when utilizing respiratory therapist to control unnecessary care.
2. Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.

With the following objectives:

1. Find ways to gain support for the Telehealth bill (Pilot Project bill and other bills as dictated by the annual legislative program.
 - H.R. 2508 was introduced on May 2, 2019. We're at 25 co-sponsors along with our Sponsor/Introducer Rep. M. Thompson – CA as of the printing of this report (see attached document #1).
2. Assist the state societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to all states that begin moving toward RRT and/or BS entry for therapists seeking a new state license.
 - All committee members have been assigned states and we will work with them on both state and federal advocacy.
3. 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.
 - Our committee is working on taking the full month of May's advocacy data (see attachment #2a-c) and looking at state affiliate boards and participation. I've also looked at the AARC BOD participation as well. That data will be provided at the BOD meeting since the work wasn't completed at the time these reports were due.
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
 - Two Virtual Lobby Campaigns have been held. The regular one leading up to the AARC PACT Hill Day (3/27/19-4/10/19) and one after our bill was introduced called VLC-Reboot (5/14/19-5/23/19) (see attachments #3a-c and #4a-b). I've also added historical data for your review (see attachment #5)
5. 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
6. Assist in coordination of consumer supporters.
 - On-going

Measurable outcomes:

1. Increase by 20% the number of co-signers of the Telehealth bill.
2. Produce 10% more emails sent to Capitol Hill this virtual lobbying campaign.

Chair: Frank Salvatore, MBA, RRT, FAARC

Members: Kim Bennion, Carrie Bourassa, John Campbell, Joseph Goss, Mike Madison, Natalie Napolitano, Keith Siegel, Gary Wickman

AARC Staff: Ann Marie Hummel

**AARC Advocacy and Government Affairs
Attachment #1**

Sponsor	Rep. Thompson, Mike [D-CA-5]	
	Co-Sponsors	Date CoSponsored
1	Rep. Cox, TJ [D-CA-21]*	5/2/2019
2	Rep. Carter, Earl L. "Buddy" [R-GA-1]*	5/2/2019
3	Rep. Kelly, Mike [R-PA-16]*	5/2/2019
4	Rep. Fitzpatrick, Brian K. [R-PA-1]	5/10/2019
5	Rep. Lofgren, Zoe [D-CA-19]	5/15/2019
6	Rep. Pingree, Chellie [D-ME-1]	5/15/2019
7	Rep. Smith, Adrian [R-NE-3]	5/15/2019
8	Rep. McKinley, David B. [R-WV-1]	5/20/2019
9	Rep. Young, Don [R-AK-At Large]	5/22/2019
10	Rep. Miller, Carol D. [R-WV-3]	5/23/2019
11	Rep. McMorris Rodgers, Cathy [R-WA-5]	5/23/2019
12	Rep. King, Steve [R-IA-4]	6/3/2019
13	Rep. McCollum, Betty [D-MN-4]	6/3/2019
14	Rep. Rouda, Harley [D-CA-48]	6/3/2019
15	Rep. Smucker, Lloyd [R-PA-11]	6/3/2019
16	Rep. DeFazio, Peter A. [D-OR-4]	6/3/2019
17	Rep. Burchett, Tim [R-TN-2]	6/3/2019
18	Rep. Kind, Ron [D-WI-3]	6/4/2019
19	Rep. Rice, Kathleen M. [D-NY-4]	6/4/2019
20	Rep. Suozzi, Thomas R. [D-NY-3]	6/10/2019
21	Rep. Golden, Jared F. [D-ME-2]	6/10/2019
22	Rep. Levin, Mike [D-CA-49]	6/10/2019
23	Rep. Kim, Andy [D-NJ-3]	6/10/2019
24	Rep. Hastings, Alcee L. [D-FL-20]	6/10/2019
25	Rep. Jackson Lee, Sheila [D-TX-18]	6/12/2019

* - orig. co-sponsor

* - orig. co-sponsor

* - orig. co-sponsor

Party	
Democratic	14
Republican	11

Cosponsors by U.S. State or Territory	
California	4
Pennsylvania	3
Maine	2
New York	2
West Virginia	2
Alaska	1
Florida	1
Georgia	1
Iowa	1
Minnesota	1
Nebraska	1
New Jersey	1
Oregon	1
Tennessee	1
Texas	1
Washington	1
Wisconsin	1

AARC H.R. 2508 Advocacy Statistics
State Statistics - May 2019

**AARC Advocacy and Government Affairs
Attachment #2a**

Rank	State:	Advocates	Connections / Messages	Emails	Tweets	Calls
1	WI	444	2,778	2,367	370	41
2	PA	758	2,451	2,394	51	6
3	MI	230	969	906	54	9
4	TX	260	913	837	63	13
5	FL	271	868	852	0	16
6	IL	194	829	777	48	4
7	CT	235	803	786	12	5
8	CO	158	792	771	15	6
9	CA	242	777	750	24	3
10	NC	164	578	537	36	5
11	MN	132	551	507	39	5
12	AZ	166	544	534	0	10
13	GA	112	392	378	9	5
14	NJ	96	391	372	19	0
15	NY	121	375	366	6	3
16	OH	106	357	330	21	6
17	OK	72	357	327	30	0
18	WA	103	349	321	27	1
19	SC	96	335	312	18	5
20	MO	95	315	312	0	3
21	LA	82	304	297	3	4
22	IN	89	270	270	0	0
23	WV	65	267	264	3	0
24	VA	78	265	240	21	4
25	KY	76	259	258	0	1
26	MD	64	210	204	3	3
27	MA	64	207	195	12	0
28	TN	60	190	186	0	4
29	KS	59	189	177	12	0
30	IA	57	180	177	3	0
31	DE	56	177	174	0	3
32	ME	50	164	153	6	5
33	AR	45	160	153	6	1
34	AL	49	155	153	0	2
35	UT	50	153	147	3	3
36	ID	48	150	147	3	0
37	NV	43	132	132	0	0
38	SD	36	123	111	6	6
39	OR	36	122	114	6	2
40	MS	23	106	105	0	1
41	MT	19	75	75	0	0
42	NH	21	66	63	3	0
43	NM	20	60	60	0	0
44	RI	18	57	57	0	0
45	HI	16	54	51	3	0
46	NE	17	48	48	0	0
47	ND	12	43	42	0	1
48	VT	13	39	39	0	0
49	WY	10	36	33	3	0
50	AK	9	27	27	0	0
51	DC	6	11	6	5	0
Totals:		5,346	20,023	18,894	943	186
% of Total:				94%	5%	1%

Rank	State:	Advocates	Connections / Messages	Emails	Tweets	Calls
1	PA	758	2,451	2,394	51	6
2	WI	444	2,778	2,367	370	41
3	FL	271	868	852	0	16
4	TX	260	913	837	63	13
5	CA	242	777	750	24	3
6	CT	235	803	786	12	5
7	MI	230	969	906	54	9
8	IL	194	829	777	48	4
9	AZ	166	544	534	0	10
10	NC	164	578	537	36	5
11	CO	158	792	771	15	6
12	MN	132	551	507	39	5
13	NY	121	375	366	6	3
14	GA	112	392	378	9	5
15	OH	106	357	330	21	6
16	WA	103	349	321	27	1
17	NJ	96	391	372	19	0
18	SC	96	335	312	18	5
19	MO	95	315	312	0	3
20	IN	89	270	270	0	0
21	LA	82	304	297	3	4
22	VA	78	265	240	21	4
23	KY	76	259	258	0	1
24	OK	72	357	327	30	0
25	WV	65	267	264	3	0
26	MA	64	207	195	12	0
27	MD	64	210	204	3	3
28	TN	60	190	186	0	4
29	KS	59	189	177	12	0
30	IA	57	180	177	3	0
31	DE	56	177	174	0	3
32	ME	50	164	153	6	5
33	UT	50	153	147	3	3
34	AL	49	155	153	0	2
35	ID	48	150	147	3	0
36	AR	45	160	153	6	1
37	NV	43	132	132	0	0
38	OR	36	122	114	6	2
39	SD	36	123	111	6	6
40	MS	23	106	105	0	1
41	NH	21	66	63	3	0
42	NM	20	60	60	0	0
43	MT	19	75	75	0	0
44	RI	18	57	57	0	0
45	NE	17	48	48	0	0
46	HI	16	54	51	3	0
47	VT	13	39	39	0	0
48	ND	12	43	42	0	1
49	WY	10	36	33	3	0
50	AK	9	27	27	0	0
51	DC	6	11	6	5	0
		5,346	20,023	18,894	943	186

AARC H.R. 2508 ADVOCACY STATISTICS
ENGAGEMENT RATES - MAY 2019

**AARC Advocacy and Government Affairs
Attachment #2c**

State	All Advocates	RT Advocates	AARC Active Members	ENGAGEMENT RTs VS. STATE ACTIVE AARC MEMBER #s:	State Licensure Total	ENGAGEMENT RTs VS. STATE LICENSURE #s:
AK	9	9	64	14.1%	N/A	N/A
AL	49	45	366	12.3%	2,900	1.6%
AR	45	37	477	7.8%	2,035	1.8%
AZ	166	77	862	8.9%	4,000	1.9%
CA	242	167	3,553	4.7%	23,599	0.7%
CO	158	137	769	17.8%	2,859	4.8%
CT	235	230	672	34.2%	1,795	12.8%
DE	56	39	286	13.6%	762	5.1%
FL	271	213	1,664	12.8%	11,922	1.8%
GA	112	94	1,506	6.2%	5,574	1.7%
HI	16	14	219	6.4%	754	1.9%
IA	57	49	291	16.8%	916	5.3%
ID	48	44	1,119	3.9%	6,093	0.7%
IL	194	139	905	15.4%	4,619	3.0%
IN	89	77	380	20.3%	1,891	4.1%
KS	59	52	494	10.5%	2,017	2.6%
KY	76	67	506	13.2%	3,475	1.9%
LA	82	67	632	10.6%	3,495	1.9%
MA	64	54	726	7.4%	3,130	1.7%
MD/DC	70	57	891	6.4%	3,600	1.6%
ME	50	41	173	23.7%	677	6.1%
MI	230	200	922	21.7%	5,219	3.8%
MN	132	105	575	18.3%	2,019	5.2%
MO	95	89	1,135	7.8%	4,246	2.1%
MS	23	21	272	7.7%	2,398	0.9%
MT	19	15	204	7.4%	602	2.5%
NC	164	145	1,420	10.2%	4,719	3.1%
ND	12	12	153	7.8%	600	2.0%
NE	17	16	385	4.2%	1,402	1.1%
NH/VT	34	31	277	11.2%	947	3.3%
NJ	96	87	1,418	6.1%	3,802	2.3%
NM	20	11	293	3.8%	1,170	0.9%
NV	43	21	381	5.5%	1,702	1.2%
NY	121	82	2,122	3.9%	7,303	1.1%
OH	106	98	1,795	5.5%	8,458	1.2%
OK	72	53	322	16.5%	2,238	2.4%
OR	36	27	393	6.9%	1,822	1.5%
PA	758	708	3,395	20.9%	7,258	9.8%
RI	18	17	162	10.5%	529	3.2%
SC	96	87	656	13.3%	2,917	3.0%
SD	36	33	219	15.1%	477	6.9%
TN	60	43	725	5.9%	4,915	0.9%
TX	260	198	2,321	8.5%	14,568	1.4%
UT	50	41	378	10.8%	1,419	2.9%
VA	78	73	1,148	6.4%	3,833	1.9%
WA	103	80	1,110	7.2%	2,885	2.8%
WI	444	280	798	35.1%	2,940	9.5%
WV	65	41	260	15.8%	1,746	2.3%
WY	10	10	108	9.3%	378	2.6%
	5346	4333	39902	11.6%	178625	3.0%
	TOTALS			AVERAGE	TOTALS	AVERAGE

AARC VIRTUAL LOBBY CAMPAIGN 2019
FINAL STATE STATISTICS - UPDATED 4/11/2019

**AARC Advocacy and Government Affairs
Attachment #3a**

RANK	STATE	ADVOCATES	TOTAL EMAILS	TOTAL TWEETS	TOTAL PHONE CALLS	TOTAL CONNECTIONS / MESSAGES
1	CO	316	5,445	27	28	5,500
2	WI	816	3,789	113	31	3,933
3	TX	987	3,333	64	15	3,412
4	PA	934	3,069	30	14	3,113
5	FL	745	2,469	0	24	2,493
6	MI	507	2,238	42	10	2,290
7	CA	659	2,106	21	8	2,135
8	MA	159	1,572	6	4	1,582
9	TN	404	1,341	0	3	1,344
10	OH	388	1,260	33	4	1,297
11	GA	326	1,209	17	5	1,231
12	NY	329	1,083	6	9	1,098
13	OK	251	1,014	49	5	1,068
14	VA	270	966	57	0	1,023
15	LA	251	945	16	5	966
16	NC	278	933	21	7	961
17	IL	252	897	19	9	925
18	NJ	198	894	19	0	913
19	MD	243	770	7	15	792
20	MN	196	753	6	0	759
21	KY	205	738	0	3	741
22	WA	210	663	13	7	683
23	IN	173	645	0	3	648
24	KS	189	606	10	0	616
25	MO	179	585	0	7	592
26	CT	171	570	12	2	584
27	WV	143	486	3	1	490
28	IA	146	453	3	3	459
29	AR	133	429	7	3	439
30	SC	125	414	0	0	414
31	MS	99	351	0	0	351
32	UT	93	318	3	4	325
33	AZ	94	309	0	3	312
34	SD	90	306	4	0	310
35	DE	94	288	0	0	288
36	MT	64	264	0	5	269
37	AL	83	261	0	2	263
38	ME	77	240	0	0	240
39	ID	72	231	0	0	231
40	NH	57	192	3	2	197
41	OR	53	186	9	0	195
42	NE	58	183	0	1	184
43	ND	49	177	0	0	177
44	NV	55	171	0	1	172
45	AK	44	144	0	0	144
46	VT	39	132	0	0	132
47	NM	38	126	3	1	130
48	WY	33	105	0	3	108
49	RI	25	78	3	2	83
50	HI	18	54	0	0	54
51	DC	46	48	1	1	50
		11,464	45,839	627	250	46,716

RANK	STATE	ADVOCATES	TOTAL EMAILS	TOTAL TWEETS	TOTAL PHONE CALLS	TOTAL CONNECTIONS / MESSAGES
1	TX	987	3,333	64	15	3,412
2	PA	934	3,069	30	14	3,113
3	WI	816	3,789	113	31	3,933
4	FL	745	2,469	0	24	2,493
5	CA	659	2,106	21	8	2,135
6	MI	507	2,238	42	10	2,290
7	TN	404	1,341	0	3	1,344
8	OH	388	1,260	33	4	1,297
9	NY	329	1,083	6	9	1,098
10	GA	326	1,209	17	5	1,231
11	CO	316	5,445	27	28	5,500
12	NC	278	933	21	7	961
13	VA	270	966	57	0	1,023
14	IL	252	897	19	9	925
15	LA	251	945	16	5	966
16	OK	251	1,014	49	5	1,068
17	MD	243	770	7	15	792
18	WA	210	663	13	7	683
19	KY	205	738	0	3	741
20	NJ	198	894	19	0	913
21	MN	196	753	6	0	759
22	KS	189	606	10	0	616
23	MO	179	585	0	7	592
24	IN	173	645	0	3	648
25	CT	171	570	12	2	584
26	MA	159	1,572	6	4	1,582
27	IA	146	453	3	3	459
28	WV	143	486	3	1	490
29	AR	133	429	7	3	439
30	SC	125	414	0	0	414
31	MS	99	351	0	0	351
32	AZ	94	309	0	3	312
33	DE	94	288	0	0	288
34	UT	93	318	3	4	325
35	SD	90	306	4	0	310
36	AL	83	261	0	2	263
37	ME	77	240	0	0	240
38	ID	72	231	0	0	231
39	MT	64	264	0	5	269
40	NE	58	183	0	1	184
41	NH	57	192	3	2	197
42	NV	55	171	0	1	172
43	OR	53	186	9	0	195
44	ND	49	177	0	0	177
45	DC	46	48	1	1	50
46	AK	44	144	0	0	144
47	VT	39	132	0	0	132
48	NM	38	126	3	1	130
49	WY	33	105	0	3	108
50	RI	25	78	3	2	83
51	HI	18	54	0	0	54
		11,464	45,839	627	250	46,716

STATE	ACTIVE AARC MEMBERS MARCH 2019	TOTAL MEMBERS MARCH 2019	STATE LICENSURE TOTAL	ACTIVE MEMBERSHIP VS. LICENSURE (%)	ADVOCATES WHO PARTICIPATED IN 2019 VLC	RT ADVOCATES WHO PARTICIPATED IN 2019 VLC	ENGAGEMENT RTs VS. STATE ACTIVE AARC MEMBER #s:	ENGAGEMENT RTs VS. STATE LICENSURE #s:
Alabama	366	442	2,900	12.6%	84	79	21.6%	2.7%
Alaska	64	71	NA	NA	44	31	48.4%	N/A
Arizona	862	956	4,000	21.6%	94	80	9.3%	2.0%
Arkansas	477	588	2,035	23.4%	134	78	16.4%	3.8%
California	3,553	4,052	23,599	15.1%	662	332	9.3%	1.4%
Colorado	769	964	2,859	26.9%	317	226	29.4%	7.9%
Connecticut	672	808	1,795	37.4%	171	141	21.0%	7.9%
Delaware	286	310	762	37.5%	94	75	26.2%	9.8%
Florida	1,664	1,948	11,922	14.0%	745	601	36.1%	5.0%
Georgia	1,506	1,756	5,574	27.0%	327	231	15.3%	4.1%
Hawaii	219	255	754	29.0%	18	16	7.3%	2.1%
Idaho	291	336	916	31.8%	72	45	15.5%	4.9%
Illinois	1,119	1,394	6,093	18.4%	252	203	18.1%	3.3%
Indiana	905	1,062	4,619	19.6%	173	139	15.4%	3.0%
Iowa	380	419	1,891	20.1%	146	105	27.6%	5.6%
Kansas	494	609	2,017	24.5%	189	133	26.9%	6.6%
Kentucky	506	602	3,475	14.6%	206	143	28.3%	4.1%
Louisiana	632	729	3,495	18.1%	251	164	25.9%	4.7%
Maine	173	208	677	25.6%	78	56	32.4%	8.3%
Maryland/DC	891	981	3,600	24.8%	289	208	23.3%	5.8%
Massachusetts	726	834	3,130	23.2%	159	132	18.2%	4.2%
Michigan	922	1,042	5,219	17.7%	507	325	35.2%	6.2%
Minnesota	575	708	2,019	28.5%	196	143	24.9%	7.1%
Mississippi	272	355	2,398	11.3%	99	85	31.3%	3.5%
Missouri	1,135	1,333	4,246	26.7%	179	156	13.7%	3.7%
Montana	204	236	602	33.9%	64	51	25.0%	8.5%
Nebraska	385	407	1,402	27.5%	58	52	13.5%	3.7%
Nevada	381	461	1,702	22.4%	55	39	10.2%	2.3%
NH/VT	277	322	947	29.3%	96	73	26.4%	7.7%
New Jersey	1,418	1,516	3,802	37.3%	200	171	12.1%	4.5%
New Mexico	293	406	1,170	25.0%	38	32	10.9%	2.7%
New York	2,122	2,443	7,303	29.1%	330	215	10.1%	2.9%
North Carolina	1,420	1,620	4,719	30.1%	280	213	15.0%	4.5%
North Dakota	153	189	600	25.5%	49	29	19.0%	4.8%
Ohio	1,795	2,073	8,458	21.2%	388	334	18.6%	3.9%
Oklahoma	322	375	2,238	14.4%	251	165	51.2%	7.4%
Oregon	393	469	1,822	21.6%	53	48	12.2%	2.6%
Pennsylvania	3,395	3,759	7,258	46.8%	938	788	23.2%	10.9%
Puerto Rico	26	49	2,727	1.0%	0	0	0.0%	0.0%
Rhode Island	162	190	529	30.6%	25	19	11.7%	3.6%
South Carolina	656	797	2,917	22.5%	126	109	16.6%	3.7%
South Dakota	219	235	477	45.9%	90	67	30.6%	14.0%
Tennessee	725	885	4,915	14.8%	407	258	35.6%	5.2%
Texas	2,321	2,788	14,568	15.9%	1,050	909	39.2%	6.2%
Utah	378	521	1,419	26.6%	94	71	18.8%	5.0%
Virginia	1,148	1,288	3,833	30.0%	270	209	18.2%	5.5%
Washington	1,110	1,252	2,885	38.5%	210	143	12.9%	5.0%
West Virginia	260	300	1,746	14.9%	143	86	33.1%	4.9%
Wisconsin	798	946	2,940	27.1%	821	287	36.0%	9.8%
Wyoming	108	133	378	28.6%	33	26	24.1%	6.9%
	39,928	46,422	181,352	24.9%	11,555	8,321	22.0%	5.2%

AARC VIRTUAL LOBBY CAMPAIGN REBOOT - MAY 2019
STATE STATISTICS - VLC FINAL

**AARC Advocacy and Government Affairs
Attachment #4a**

RANK	STATE	ADVOCATES	EMAILS	TWEETS	CALLS	CONNECTIONS / MESSAGES TOTAL:
1	WI	437	2,310	343	41	2,694
2	PA	693	2,196	48	3	2,247
3	MI	223	876	54	9	939
4	TX	246	792	63	9	864
5	FL	265	834	0	16	850
6	IL	188	753	48	4	805
7	CT	235	783	12	5	800
8	CA	231	714	24	3	741
9	CO	99	537	15	6	558
10	MN	128	495	39	5	539
11	NC	152	495	36	5	536
12	AZ	163	525	0	10	535
13	GA	111	375	9	5	389
14	NJ	94	366	19	0	385
15	NY	117	354	3	3	360
16	OK	71	324	30	0	354
17	WA	102	318	27	1	346
18	OH	96	300	21	6	327
19	SC	91	297	18	5	320
20	MO	91	300	0	3	303
21	LA	80	291	3	4	298
22	WV	64	258	3	0	261
23	KY	75	255	0	1	256
24	IN	81	246	0	0	246
25	VA	71	219	21	4	244
26	MD	61	195	3	3	201
27	TN	60	186	0	4	190
28	KS	59	177	12	0	189
29	MA	57	174	12	0	186
30	IA	56	174	3	0	177
31	DE	54	168	0	3	171
32	ME	49	150	6	5	161
33	AR	44	150	6	1	157
34	AL	48	150	0	2	152
35	UT	49	144	3	3	150
36	ID	46	141	3	0	144
37	NV	42	129	0	0	129
38	OR	33	105	6	2	113
39	SD	32	99	6	6	111
40	MS	23	105	0	1	106
41	MT	19	75	0	0	75
42	NH	19	57	3	0	60
43	NM	20	60	0	0	60
44	RI	18	57	0	0	57
45	NE	17	48	0	0	48
46	ND	12	42	0	1	43
47	VT	12	36	0	0	36
48	WY	10	33	3	0	36
49	HI	9	30	3	0	33
50	AK	9	27	0	0	27
51	DC	6	6	5	0	11
Totals:		5,068	17,931	910	179	19,020
Percent of Total:		94%	5%	1%	100%	

AARC VIRTUAL LOBBY CAMPAIGN REBOOT - MAY 2019
STATE STATISTICS - VLC FINAL

**AARC Advocacy and Government Affairs
Attachment #4b**

RANK	STATE	ADVOCATES	EMAILS	TWEETS	CALLS	CONNECTIONS / MESSAGES TOTAL:
1	PA	693	2,196	48	3	2,247
2	WI	437	2,310	343	41	2,694
3	FL	265	834	0	16	850
4	TX	246	792	63	9	864
5	CT	235	783	12	5	800
6	CA	231	714	24	3	741
7	MI	223	876	54	9	939
8	IL	188	753	48	4	805
9	AZ	163	525	0	10	535
10	NC	152	495	36	5	536
11	MN	128	495	39	5	539
12	NY	117	354	3	3	360
13	GA	111	375	9	5	389
14	WA	102	318	27	1	346
15	CO	99	537	15	6	558
16	OH	96	300	21	6	327
17	NJ	94	366	19	0	385
18	MO	91	300	0	3	303
19	SC	91	297	18	5	320
20	IN	81	246	0	0	246
21	LA	80	291	3	4	298
22	KY	75	255	0	1	256
23	OK	71	324	30	0	354
24	VA	71	219	21	4	244
25	WV	64	258	3	0	261
26	MD	61	195	3	3	201
27	TN	60	186	0	4	190
28	KS	59	177	12	0	189
29	MA	57	174	12	0	186
30	IA	56	174	3	0	177
31	DE	54	168	0	3	171
32	ME	49	150	6	5	161
33	UT	49	144	3	3	150
34	AL	48	150	0	2	152
35	ID	46	141	3	0	144
36	AR	44	150	6	1	157
37	NV	42	129	0	0	129
38	OR	33	105	6	2	113
39	SD	32	99	6	6	111
40	MS	23	105	0	1	106
41	NM	20	60	0	0	60
42	MT	19	75	0	0	75
43	NH	19	57	3	0	60
44	RI	18	57	0	0	57
45	NE	17	48	0	0	48
46	ND	12	42	0	1	43
47	VT	12	36	0	0	36
48	WY	10	33	3	0	36
49	AK	9	27	0	0	27
50	HI	9	30	3	0	33
51	DC	6	6	5	0	11
Totals:		5,068	17,931	910	179	19,020

AARC VIRTUAL LOBBY CAMPAIGN STATISTICS
2012-2019

CONNECTIONS / MESSAGES PER DAY																													
Year	Before VLW	Weekend Before VLW	VLW Day 1	VLW Day 2	VLW Day 3	VLW Day 4	VLW Day 5	VLW Day 6	VLW Day 7	VLW Day 8	VLW Day 9	VLW Day 10	VLW Day 11	VLW Day 12	VLW Day 13	VLW Day 14	VLW Day 15	VLW Day 16	VLW Day 17	VLW Day 18	VLW Day 19	VLW Day 20	VLW Day 21	VLW Day 22	VLW Day 23	VLW Day 24	Total VLW	Total Including Weekend Before	Total Including before VLW
2012	1,188	73	1,792	1,868	1,778	1,396	1,104	426	504	1,816	1,050	457	278														12,469	12,542	13,730
2013	N/A	1,400	1,865	1,230	2,079	3,472	3,637	1,442	1,048	2,823	1,242	426	366														19,630	21,030	21,030
2014	2,962	2,456	2,476	2,490	2,667	3,037	2,102	1,115	1,265	2,446	1,603	625	366														20,192	22,648	25,610
2015	231	365	2,442	1,638	1,624	1,849	2,574	898	755	2,947	2,383	1,296	491	208													19,105	19,470	19,701
2016	427	143	4,322	4,400	4,287	2,401	2,403	998	809	1,434	1,328	2,584	3,438	1,720	932	686	3,683	1,494	922	698	719						39,258	39,401	39,828
2017	N/A	499	2,678	3,205	3,251	1,966	2,572	1,093	623	1,343	1,759	1,479	2,550	2,297	1,055	897	2,472	1,732									30,972	31,471	31,471
2017-2	N/A	242	960	944	854	600	367																				3,725	3,967	3,967
2018	N/A	120	4,192	2,229	918	405	564	1,448	1,272	2,669	1,070	668	381	246	510	687	2,993	2,166	1,238	940	902	4,438	2,566	744	208	21	33,454	33,595	33,595
2019	N/A	N/A	9,070	2,712	1,972	796	1,460	4,701	3,255	3,025	4,269	2,525	1,583	1,730	3,965	3,214	2,439										46,716	46,716	46,716
2019-2	N/A	N/A	4,387	2,512	1,427	2,446	1,099	492	1,813	1,940	1,741	1,163															19,020	19,020	19,020
Cumulative																													
2012	1,188	1,261	3,053	4,921	6,699	8,095	9,199	9,625	10,129	11,945	12,995	13,452	13,730																
2013	N/A	1,400	3,265	4,495	6,574	10,046	13,683	15,125	16,173	18,996	20,238	20,664	21,030																
2014	2,962	5,418	7,894	10,384	13,051	16,088	18,190	19,305	20,570	23,016	24,619	25,244	25,610																
2015	231	596	3,038	4,676	6,300	8,149	10,723	11,621	12,376	15,323	17,706	19,002	19,493	19,701															
2016	427	570	4,892	9,292	13,579	15,980	18,383	19,381	20,190	21,624	22,952	25,536	28,974	30,694	31,626	32,312	35,995	37,489	38,411	39,109	39,828								
2017	N/A	499	3,177	6,382	9,633	11,599	14,171	15,264	15,887	17,230	18,989	20,468	23,018	25,315	26,370	27,267	29,739	31,471											
2017-2	N/A	242	1,202	2,146	3,000	3,600	3,967																						
2018	N/A	120	4,312	6,541	7,459	7,864	8,428	9,876	11,148	13,817	14,887	15,555	15,936	16,182	16,692	17,379	20,372	22,538	23,776	24,716	25,618	30,056	32,622	33,366	33,574	33,595			
2019	N/A	0	9,070	11,782	13,754	14,550	16,010	20,711	23,966	26,991	31,260	33,785	35,368	37,098	41,063	44,277	46,716												
2019-2	N/A	N/A	4,030	6,542	7,969	10,415	11,514	12,006	13,819	15,759	17,500	18,663																	

ADVOCATES PER DAY																													
Year	Before VLW	Weekend Before VLW	VLW Day 1	VLW Day 2	VLW Day 3	VLW Day 4	VLW Day 5	VLW Day 6	VLW Day 7	VLW Day 8	VLW Day 9	VLW Day 10	VLW Day 11	VLW Day 12	VLW Day 13	VLW Day 14	VLW Day 15	VLW Day 16	VLW Day 17	VLW Day 18	VLW Day 19	VLW Day 20	VLW Day 21	VLW Day 22	VLW Day 23	VLW Day 24	Total VLW	Total Including Weekend Before	Total Including before VLW
2016	0	0	866	871	617	337	330	132	100	197	210	370	444	235	119	75	845	230	115	90	197						6,380	6,380	6,380
2017	130	0	811	987	980	598	730	339	192	408	550	439	786	681	288	259	675	514									9,237	9,237	9,367
2017-2	186	0	850	863	792	555	354																				3,414	3,414	3,600
2018	28	0	768	571	218	110	148	326	336	776	297	199	121	68	141	206	813	641	341	294	284	1,414	814	243	68	7	9,197	9,204	9,232
2019	0	0	906	525	419	208	390	1,340	874	822	1,215	752	464	525	1,247	1,011	766										11,464	11,464	11,464
2019-2	N/A	N/A	918	555	365	664	321	149	561	596	558	381															5,068	5,068	5,068
Cumulative																													
2016	0	0	866	1,737	2,354	2,691	3,021	3,153	3,253	3,450	3,660	4,030	4,474	4,709	4,828	4,903	5,748	5,978	6,093	6,183	6,380								
2017	130	130	941	1,928	2,908	3,506	4,236	4,575	4,767	5,175	5,725	6,164	6,950	7,631	7,919	8,178	8,853	9,367											
2017-2	186	186	1,036	1,899	2,691	3,246	3,600																						
2018	28	28	796	1,367	1,585	1,695	1,843	2,169	2,505	3,281	3,578	3,777	3,898	3,966	4,107	4,313	5,126	5,767	6,108	6,402	6,686	8,100	8,914	9,157	9,225	9,232			
2019	0	0	906	1,431	1,850	2,058	2,448	3,788	4,662	5,484	6,699	7,451	7,915	8,440	9,687	10,698	11,464												
2019-2	N/A	N/A	918	1,473	1,838	2,502	2,823	2,972	3,533	4,129	4,687	5,068																	

LOBBY DAY
FINAL TOTAL

AS to BS Conversion Committee

Submitted by Chris Russian– 2019 Summer Report

Recommendations

N/A

Report:

I reached out to Aaron Light, Lourdes Zambrana, and Nancy Latimer to gather information on their efforts to convert to a BS degree.

Committee sent a message to COARC about access to data to answer the following questions:

Here are the four questions we planned to survey from the programs:

1. Does the state allow Community Colleges to offer a BS degree?
2. Does the institution offer a BS degree?
3. Do you have an articulation agreement with a BS program?
4. Are you interested in converting your program from an AS to BS degree?

Tom Smalling said the next accreditation report should have some additional data to answer our questions. He put us in contact with Brad Leidich.

Phone conversation with Brad Leidich on April 29th to discuss committee's actions.

Zoom meeting on April 30th with Ray Hernandez who is chairing a similar committee for COBGRTE.

I have a phone conversation scheduled with Ellen on June 28th.

We are continuing to gather data where available.

Other-Info:

Committee Members

Ellen Becker

Jamy Chulak

Jose Rojas

Sergakis, Georgianna

Charges:

1. Identify AS programs that want to offer a BS degree and work with PDs to achieve the AS to BS by 2020. Track the process required to make the transition and identify factors that facilitate and hinder the process.

2. Identify AS programs that want to develop BS articulation agreements and work with PDs to achieve the AS to BS by the end of 2020. Track the process used in forming these articulation agreements to identify factors that facilitate and hinder the process.

Benchmarking Committee Report

Submitted by Chuck Menders– 2019 Summer Report

Recommendations

None.

Report

1. A committee conference call was held on February 18 to follow up on issues discussed at the Committee meeting in Las Vegas.
2. Client support was divided up by number of subscribers assigned to each committee member rather than by geographical region to help ensure equal subscriber assignments.
3. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
4. Thirteen hospitals in the Novant Health System were added as benchmarking subscribers.
5. Michael Nay is serving as the resource for the Novant system. Plans are to discuss adding him as a benchmarking committee member.
6. Membership in AARC Benchmarking has increased from 73 subscribers in February to 96 subscribers as of June 12, 2019.

Billing Codes Committee

Submitted by Susan Rinaldo Gallo – Summer 2019

Recommendations:

N/A

Report:

There is nothing special to report

Report Charges:

The Billing Codes committee continues to monitor the list serve and to update the AARC Coding Guidelines as needed.

BS Entry to Practice Committee

Submitted by Brian Walsh– 2019 Summer Report

Recommendations

N/A

Report:

Our committee has been active and held 4 Webex conferences. We continue to work through our charges and have helped the EO identify some outdated educational material on the AARC website. Those items have been hidden until updated materials can be obtained.

Other-Info:

We continue to wait on the updates to "Be and RT" as we are in a desperate need for additional marketing of our profession.

Career Pathways Committee

Submitted by Ellen Becker– 2019 Summer Report

Recommendations

None

Report

Committee members: Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Lutana Haan, Brian Cayko, Shawna Strickland and Ellen Becker.

Charge: Develop resources to help associate degree program directors create career pathways

Strategies 1 and 2:

Two strategies related to helping program directors progress on the following strategies are:

- Develop a Connect group for AS and BS programs who wanted to formulate articulation agreements
- Share a link to CoBGRTE website for articulation agreements:
<http://www.cobgrte.org/asrttobsrtadvancement.html>

Action: To expedite progress on helping program directors, the AS to BS Conversion Committee was formed at the March 2019 BOD meeting which included members of CoBGRTE.

Strategy 3:

Encourage AS programs to post links to CoARC Degree Advancement Programs website on their program websites

Action: The committee recommended that program directors add sample text to the student's program handbook. Handbook content is easier to change than website content. The bulk of the text comes from the CoARC files on degree advancement. The plan is to disseminate this information at the AARC Education Section meeting at Summer Forum, then on the education listserve.

Strategy 4:

Draft a PowerPoint for AS educators to utilize with first semester students to promote BS pathways

Action: The content of the PowerPoint is almost finalized and a graphic designer is being engaged by the AARC office to apply the AARC brand. The committee is hopeful that this presentation will be ready for launch at the AARC Education Section meeting at Summer Forum and can also be disseminated through the education listserve afterwards.

Strategy 5:

Update the description of respiratory therapy on the Bureau of Labor Statistics website.

Action: Only two recommendations were made given the negative feedback from the last set of recommendations when multiple changes were made. Recommended modifications are that some respiratory therapists enter the profession with master's degrees and the section on secretion clearance will be modified to reflect the broader approaches currently used.

Strategy 6:

Create several 30 s video testimonials for people from different career paths who completed their BS degrees. Examples include an entry-level student, recent AS graduate, more experienced graduate, and someone seeking personal growth. The AARC Executive Office will coordinate the video shoot for this project with a few other initiatives to cover the expenses. The projected completion is by the end of this calendar year.

Diversity Committee

Submitted by Jakki Grimball– 2019 Summer Report

Recommendations

To change Objective #3 to read: “Develop a list of speakers with an expertise in diversity to be made available as a resource for state meetings.”

Report:

The AARC Diversity Committee held a phone conference on April 25, 2019 to discuss the committee’s objectives.

Horizon Goal Alignment

Communications/marketing:

AARC consistently delivers the right message, to the right audience, at the right time, through the right channel

Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership

Committee Objectives:

1. Develop a program/toolkit that can be used by the state affiliates and AARC Board to bring diversity into the leadership and membership of the profession.
 - The committee is researching different versions of a Diversity survey. Crystal, Gabrielle, Shawna and I will develop the survey to be sent to affiliate board Presidents with the approval of the Executive Office. **In Progress**
2. Create a Diversity webinar for AARC University. **In Progress**
 - The committee decided on one webinar (January 2020) and one on-demand course. Preliminarily, we decided on the social determinants of health as a live webinar and everything else as an on-demand course with no time limit.
 - Crystal and Joel are working on an on-demand webinar on Social Determinates of Health.
3. Develop a speaker’s bureau for the AARC to make available to state/affiliate meetings. **In Progress**
 - There was much discussion over the term "speaker’s bureau," whether such a list would imply endorsement, and whether we could change the charge to read, “suggested speakers.”
 - The above recommendation was developed, with assistance from Cheryl, as a result of the committee’s discussion.
 - A thread was added to the committee’s AARConnect community to start collecting names to be kept by Shawna and Doug in the office for inquiries. Doug reminded us that, as a result of higher priority of D&I topics both at the Summer Forum and AARC Congress 2019, lecturers accepted to present (Gabby, Samantha Davis, Tammi Stucki) may get more visibility.

- As of this report date thirteen speakers have been recommended by committee members and added to the list.
4. Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including:
1. Cultural diversity
 2. Workforce diversity
 3. Gender equity
 4. LGBT health
 5. Health literacy
 6. Disparities in healthcare
 7. Case studies in cultural competence
 8. The committee discussed adding topic: Differently abled/temporarily-able-bodied (patients and colleagues). **In Progress**
- New links were added including: A Diversity Toolkit, A guide to discussing identity, power and privilege, Culture Vision, and REALM (Rapid Estimate of Adult Literacy in Medicine).
 - The committee members submitted additional links which are being reviewed for appropriateness prior to sending to Shawna to add to the website.

Respectfully submitted by Jakki Grimball

Thank you, Shawna and Crystal, for stepping in during my absence.

Fellowship Committee

Submitted by Frank Salvatore – Summer 2019

Recommendations:

N/A

Report:

Horizon Goal Alignment:

Communication/Marketing - *AARC consistently delivers the right message, to the right audience, at the right time, through the right channel*

1. Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership
2. The AARC will market the value of the respiratory therapist to clients and other healthcare professions both nationally and internationally.

Membership - *AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.*

1. Create and communicate the value of AARC membership to each community of interest.

Objectives:

1. Review applications of nominees for AARC Fellow Recognition (FAARC).
 - **This goal begins after the August 31, 2019 deadline.**
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
 - **This goal begins after the August 31, 2019 deadline.**
3. Develop/improve an objective rubric for review of applications and use to shadow process for 2019 to implement in 2020.
 - **The committee has been looking at rubrics and at this time feels it will make the process more cumbersome because it would entail a much longer application which might dissuade nominations. Suggest we close this goal out as not attainable at this time.**
4. Provide a webcast with the Executive office to review the application and evaluation process with the AARC membership.
 - **Working with EO on this.**
5. Mentor committee members for future chair position.
 - **On-going.**

Measurable outcomes:

1. Number of qualified submissions each year.
2. New fellows presented each year.
3. Scoring rubric developed and summary of pilot test (shadow results)

Chair: Frank Salvatore, MBA, RRT, FAARC

Members: Dean Hess, John Hiser, Denise Johnson, Trudy Watson, Caroline Williams

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

International Committee

Submitted by John Hiser– 2019 Summer Report

Recommendations

N/A

Report:

1. Administer the International Fellowship Program.

As of today, June 10, 2019 we have 18 applicants for International Fellows and 10 applicants for City Hosts. The applications along with benchmarking tools, committee ranking sheets and worksheets were sent to the committee on June 3, 2019 (the deadline for applications is June 1 each year). The deadline for fellow selections is July 12th. A teleconference will be scheduled shortly after that date for final selection and for selection of host cities. Final selections will be shared with the board after that meeting.

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.

We have received approval for 4 fellows this year.

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.

Respectfully submitted,

John D. Hiser, MEd, RRT, FAARC
Chair International Committee

2018 recommendations resulting from International Member Surveys

- teaching international members how to renew membership on line – **referred to XO**
- developing a marketing campaign directed towards past international members – **referred to XO**
- highlight the previously approved reduced membership rates based on income levels in their country offering country specific list-serves in countries that have international affiliate status. policy was developed by the committee and is under review by AARC (PE, CEO IC) & ICRC → 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 – PE reduced rates for educational products, registration for meetings, and all other products based upon the income levels → **defeated**

I want to thank Crystal Maldonado for all of 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

Michael Davis, PhD, RRT

ViJay Desphande, MS, RRT, FAARC

Hector Leon Garza, MD, FAARC

Bruce Rubin, MD, FAARC

Jerome Sullivan, PhD, RRT, FAARC

Lisa Trujillo, DHSc RRT

Membership Committee

Submitted by Jennifer Anderson – Summer 2019

Recommendations:

N/A

Report:

The membership committee has met monthly with the exception of the month of May. The membership committee has been tasked with the following objectives.

- Increase the membership 5% each year.
- Develop strategies for members to engage with HOSA programs within their state to recruit volunteers from under represented populations
- Encourage underrepresented populations to join the AARC.
- Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC. (Mentor program)

Develop strategies for members to engage with HOSA programs within their state to recruit volunteers from underrepresented populations

President Schell asked the committee to encourage engage with Health Occupations Students of America (HOSA). HOSA is an organization to develop leadership and technical skill competencies through a program of motivation, awareness and recognition. HOSA is a national student organization that serves secondary and post-secondary/collegiate students in pursuit of a career in the health professions.

During the AARC Leadership Boot Camp information was shared by Diane Oldfather about student engagement and HOSA opportunities. The committee created a survey to reach out to Program Directors, State Affiliates and Delegates to find out how or if institutions and state affiliates are participating in HOSA events. The survey was sent to the AARC board for approval and should be distributed in July/August.

Encourage underrepresented populations to join the AARC

VA Out Reach/Membership Campaign

The committee is working on ideas for a campaign for the VA group and will probably be able to be slightly modified to reach out to other groups as well.

The committee is also working on ideas for a campaign that can be used over a one or two year period for committee members and others to use. For example, President Schell's sunflower idea or Louisiana used the tagline "I am Your Respiratory Therapist."

The group still likes the idea of collaborating with the RT Breakroom and pointed to the success of the Virtual Lobby Campaign that was aided by social media participation.

Membership Tools

- The IT department is working on moving Membership Tools from the classic site to the regular AARC website.
- Any information that the committee creates related to a campaign will be housed in the new Membership Tools location.

Exhibit Materials

Kansas has suitcases specifically to help anyone exhibit. As a future project, the committee would like to develop resources to help other states implement something like this – whether for HOSA or other events.

Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC. (Mentor program)

Student/HOD Mentorship Program Assignments the committee is working to engage new graduates and students by posting and interacting on the student and HOD mentorship AARCCConnect page.

The committee is also working to encourage state societies to share information about the Early Professional program. Early Professionals are also eligible for the NBRC Discount. ALL members can use the NBRC Discount one time, including for specialty credentials.

To qualify as an Early Professional Member, students *must* join the AARC prior to their graduation. Members joining after graduation will not be eligible for this program. Each tier of membership is based on the member's join date — not their status in or out of school. We want early professionals to take full advantage of the benefits of AARC membership as early in their career as possible.

Early Professional Membership Rates:

Year 1 enroll: \$25

Year 2 renewal: \$25

Year 3 renewal: \$40

Year 4 renewal: \$60

Year 5 and beyond renewal: Active Member Pricing

Discounts apply in the first four years of AARC membership. Members must renew their AARC membership each year before it expires to remain in the program. If AARC membership lapses, they will be removed from the tiered pricing.

Current AARC membership is 46,108.

Other-Info:

I would like to thank the Membership Committee for their participation. I also want to thank AARC Membership Develop Manager Amanda Feil for all of her help with this committee.

Members:

Laura Hartman, Cheryl Skinner, Jeff Anderson, Karsten Roberts, Amanda Richter, Larry Stein, Jeff Davis, Michelle Pedicone, Dennis Guillot, Sharon Armstead, Mandy De Vries, Kaitlyn Woken, Kari Woodruff, Kerry McNiven

Liaison:

Cheryl Hoerr

Respectfully submitted,
Jennifer Anderson
Membership Committee Chair

Oxygen Safety Committee

Submitted by Sheri Tooley– 2019 Summer Report

Recommendations

N/A

Report:

Charge(s): Develop strategies and tactics aligning with the AARC's 2019 Horizon goals to address the concerns of the public at large and the respiratory therapy community, as a whole, as it relates to airline travel with oxygen within the United States. Evaluate current rules and regulations, education, and understanding of oxygen and oxygen equipment by airlines staff. Develop educational materials to distribute to the airlines and airline personnel to enhance their understanding of portable oxygen concentrators and emergency oxygen. Lobby for less restrictive travel with oxygen.

Horizon Goals:

- 1) **Advocacy - Respiratory therapy provided by respiratory therapists is recognized and supported in all healthcare settings.**

Strategies:

- 1.1 Promote RTs in federal policies as the best-educated, competency-tested healthcare professionals to provide respiratory care services.
- 1.2 Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
Tactic 1.2.2 Ensure patients have a voice in the delivery of their healthcare.
- 1.3 Respiratory Therapists will be recognized for providing the highest quality and the safest care for cardiopulmonary conditions.
- 1.4 Collaborate with other like-minded organizations to improve the health of the communities and to reinforce the value of RTs.
Tactic 1.4.2: Participate in coalitions that offer an opportunity to advance the role of RTs through mutual goals.
- 1.5 Introduce legislation as appropriate to advance the profession.

Objectives (for this horizon goal will pay attention to the above bolded strategies and tactics):

1. The committee will ensure patients using oxygen on airlines have a voice by organizing data from the airlines to create an educational offering that can be used by airline personnel to ensure they're aware of the importance of portable oxygen concentrators and their use by patients while traveling.
2. Upon completion of objective number one, the committee will research and may suggest that the AARC advocate nationally for legislation that creates a national standard to ensure consistent access and procedural norms by all airlines rather than their voluntary acceptance and interpretation of the Federal Aviation Administrations (FAA) guidance document(s).

Measurable outcomes:

1. Together, with the AARC Government Affairs staff, the committee finds the right airline individuals to communicate and propose this education too.

2. If the need arises, federal legislation is proposed to more adequately define and regulate oxygen on airlines.
- 2) **Communication/Marketing- AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.**

Strategies:

2.1 Identify all key stakeholders and create targeted messaging for each audience.

Tactics:

2.1.1 Identify target audiences and define demographics for each group.

2.1.2 Determine what demographics and specifics are useful in targeting messages. Literature research of abstracts or papers as they relate to the public using oxygen on flights.

2.1.3 Use analytics (surveys, analysis) to determine the needs and desires of its members across demographics.

Do these passengers get push back? i.e. take that off for takeoff and landing...please store that in overhead bin until we're at a safe altitude to use electronic devices...please don't turn that higher than the number 2...

2.1.4 Explore partnerships and options for PSAs, television ads, and billboards to promote the practice of RTs and inform the public of the role of respiratory therapist in disease management and health promotion.

Develop literature or even have our own "Big Ideas Theater" explaining oxygen use in air transport for customers and why checklists are so important for Flight Attendants to follow. (Check on first aircraft flight of day?) Flight crews always seems to change.

2.2 The AARC will market the value of the Respiratory Therapist to all customers and stakeholders. (Positioning)

And DEFINE why we, as the Respiratory Therapists, are **THE NUMBER ONE** advocate to ensure these patients are not discriminated against when it comes to air travel. We need to educate anyone who has skin in the game on the reasons why these patents are safe, and why it would be devastating to them and your airline if in fact a misinformed flight attendant denied a patient oxygen they need 24/7.

Tactics:

2.2.2 Research and develop creatives that can be used with appropriate advocacy, clinical and communities of interest to promote the role and value of the RT

2.2.3 Develop and implement key initiatives that highlight the value of the RT in the health care system

Determine airlines understand of POC function/requirements (power supply) and develop methods to communicate any misunderstanding.

2.3 Consistently make the content and value of the Board and the Association's work visible to the members.

Tactics:

2.3.1 AARC Board Actions will be communicated to the membership after each board meeting to ensure they are aware of actions being taken on behalf of them and the profession

2.3.2 Utilize NewsNow as a vehicle to message the Board's actions and initiatives for the membership

2.3.3 Identify key stakeholders on the AARC BOD to develop key take home deliverables from each meeting

2.4 AARC effectively deploys all possible channels for communicating to its stakeholders.

Tactics:

2.4.1 Optimize the outreach of email-based message to all members

2.4.2 Assess and strategize the use of current social media vehicles and the effects of messaging

3) Education/Professional Development- AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy and supports elevation of the profession.

Strategies:

3.1 The AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession.

Tactics:

3.1.1 The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members.

3.2 Survey sections on issues they have seen or reported that deal with travel concentrators and misinformation from airline personnel.

3.3 Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health.

3.3.1 The AARC will continue to develop quality education for respiratory therapists to expand the breadth and depth of knowledge and skill in caring for patients with cardiopulmonary disease processes and related comorbidities

3.4 Promote educational opportunities to both members and nonmembers to drive maximum use and engagement.

3.4.1 The AARC will promote original content educational opportunities to members."

Contact airline human resources or professional development department and offer to provide education to personnel on proper use of travel concentrators and O2 cylinders.

Contact flight attendants' organizations or unions and offer to provide education on travel concentrators and O2 cylinders emphasizing patient safety and satisfaction.

3.4.2 The AARC will engage with professional partners to showcase original AARC educational opportunities available to respiratory therapists."

Obtain or develop education material on proper use of travel concentrators to include hard copy and videos.

Work with AARC physician sponsors to develop educational materials. Members of Chest have expressed interest in working with this group. Action Plan:

Steps:	Timeline:	Update:
Contact stakeholders to obtain buy in	July 2019	Ongoing
Develop educational materials to be video/printed	July 2019	Ongoing
Gather actual events via social media, member Connects, patient advocacy groups	July 2019	Not started
Prepare a literature review	July 2019	completed
Conduct member survey to see if this information would be valuable to them to help their patients	July 2019	No Started
Contact patient advocacy groups for potentials in partnerships.	July 2019	Ongoing

Attendance roster:

<i>Attended: Conference Call 2/14</i>
Sheri Tooley
Frank Salvatore
Jon Inkrott
Dianne Lewis
Joe Hylton
Steve Sittig
Anne Marie Hummel-Staff Liaison
<i>Did not attend:</i>
Dr. Jerry Krishnan-Excused

I am confident that our committee will accomplish our action plan:


1 = Will not accomplish goal 2 = Unlikely to accomplish goal 3 = not certain 4 = likely to accomplish goal 5 = Have accomplished goal


1 2 3 4 5


Position Statement Committee

Submitted by Michael Madison. 2019 Summer Report

Recommendations:

Recommendation 19-2-26.1 That the position statement entitled "Pulmonary Rehabilitation" (1973) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved. 

Recommendation 19-2-26.2 That the position statement entitled "Competency Requirements for the Provision of Respiratory Care Services" (11/1998) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved. 

Recommendation 19-2-26.3 That the position statement entitled "Tobacco Use Control and Inhaled Controlled Substances" (1991) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved. 

Virtual Museum

Submitted by Trudy Watson– 2019 Summer Report

Recommendations

None at this time

Report:

The committee has collected and added over 30 "new" images to the Virtual Museum galleries since our last report. I'm pleased to report that a colorful redesign for the Virtual Museum was selected by Tom Kallstrom during the third week of June and a web designer has begun work on converting our existing galleries into the new layout for the museum.

We continue to receive requests to use images from the Virtual Museum. The Association of Critical Care Nurses (AACN) requested permission to use multiple images from our "Early ICU Ventilators" gallery for their recent 50th ACCN meeting and provided a link to our museum for their membership. A Canadian firm requested permission to use several of our images for a science and technology documentary on Dr. George Maisson (who was instrumental in the development of the first pMDI) which will be broadcast on the History Channel.

Just a friendly reminder that the deadline for submission of your nominations for the Legends of Respiratory Care is July 31, 2019. In early August, the committee members will review the nominations from the boards of the four nominating agencies. The 2019 Legends will be announced at the Awards Ceremony in November.

Other-Info:

NA

Report Charges:

- To expand the exhibits for the virtual museum.
- Committee members will be divided into teams to develop one or more specific exhibits.
- Each team will be responsible for:
 - Determining the content to be included in the assigned exhibit's gallery.
 - Identifying and selecting relevant images for the gallery.
 - Developing descriptions for each selected image.
 - Citing the source for each image.
 - Complying with project deadlines.
- As exhibits are completed and in conjunction with the Executive Office devise a plan to publicly launch with a story via appropriate media.

Vision Grant Committee

Submitted by Lynda Goodfellow– 2019 Summer Report

Recommendations

Floor recommendation forth coming at the July BOD meeting.

Report:

The Vision Grant Committee's call for Letters of Intent (LOI) was posted April 1st to the AARC Website. Nine total LOIs were received. One LOI was received after the deadline and therefore not reviewed. Eight LOIs were reviewed and four LOIs, which the committee believed met criteria of the request for proposals (RFP), were requested to submit a full proposal by June 26, 2019. The committee plans to review the full proposals received and to make a floor recommendation to the BOD at the July meeting.

Other-Info:

Thank you, Lynda Goodfellow Gregg Ruppel Georg Sergakis

Special Representatives Reports

Society for Airway Management

Submitted by Monique Steffani. 2019 Summer Report

Nothing to report

AMA CPT Health Care Professional Advisory Committee

Submitted by Susan Rinaldo Gallo – Summer 2019

Recommendations

None

Report

The following changes were approved at the February AMA/CPT meeting. Organizations such as the AARC cannot report changes until the minutes of the meeting have been published. These minutes were not published in time for the past spring meeting.

There will be a slight change to exercise testing for bronchospasm codes. A new code was added that specifies whether an electrocardiograph recording was included in the exercise test. This code will be active as of January 2021.

Current code - 94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration (For exercise test for bronchospasm with pre- and post-spirometry, use 94617, 946X0)

Current code - 94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry, with electrocardiographic recording(s)

New Code - 946X0 without electrocardiographic recording(s)

Current relevant code - 94621 Cardiopulmonary exercise testing, including measurements of minute ventilation, CO₂ production, O₂ uptake, and electrocardiographic recordings

Also, noteworthy is that additional Evaluation and Management (used by physicians and other qualified health care providers) codes were expanded to include non face to face services. The following codes could be used by an RCP working in an office or outpatient facility:

99415 & 99416 - Prolonged Services without Direct patient Contact by clinical staff

The AARC did not attend the May AMA CPT meeting. Once again, Chronic Care Management Services proposals were discussed. The presenters of this proposal were from the American Academy of Family Physicians, the American Academy of Pediatrics and the American College of Physicians. Minutes from those discussions will be forthcoming.

AACVPR

Submitted by Gerilynn Connors. 2019 Summer Report

Nothing to report

IPEC

Submitted by Samantha Davis– 2019 Summer Report

Recommendations

1. Engage the membership on IPE/IPCP. We joined IPEC so RTs would have a seat at the table – we fight to do that in clinical practice every day. To demonstrate our value as part of the IP team, we must get engaged with the topics – workshops, courses, research, advocacy, etc. Not quick or easy, but impactful in the long term.
2. Co-host a webinar with an expert from another professional organization focusing on the connection between IPE and IPCP. Speakers should represent both academic and clinical practice.

Report:

Dr. Strickland attended the June 2020 IPEC meeting in Washington DC on my behalf. Meetings occur twice per year with the next scheduled for early 2020.

IPEC is currently focused on developing ways to link interprofessional education (IPE) to interprofessional collaborative practice (IPCP).

- We need to bridge the gaps between current students (who may be involved with IPE at their institution), practitioners (who may have never been formally exposed to IPE), and health systems/insurers (who may not have an accurate idea of the benefits of IPE/IPCP).
- IPE/IPCP is fragmented between these three primary groups. Our efforts must be united if we hope to see legislative/policy changes that support IPE/IPCP.

Exemplars of interprofessional student-led initiatives were shared from George Washington University, Virginia Commonwealth University, and Rosalind Franklin University of Medicine and Science.

- Interprofessional student groups led initiatives in their communities focused on patients with chronic illness (providing education, identifying barriers, improving quality of life)

Additional updates:

1. MedEd Portal has an IPE Section (**free**):
<https://www.mededportal.org/collection/interprofessional-education/>
2. An Interprofessional Education and Collaborative Practice Community has been launched on AARConnect to engage the membership on such topics.
3. IPEC Fall Institute in Portland, OR, Oct 2-4, 2019: <https://www.ipecollaborative.org/2019-fall-institute.html>
- 4.

Respectfully submitted by:

Samantha Davis, MS, RRT, RRT-NPS, AE-C, CHSE

AARC Special Representative – Interprofessional Education Collaborative

American Heart Association

Submitted by Brian Walsh– 2019 Summer Report

Recommendations

N/A

Report:

Attended their spring AHA ECC meeting in Dallas Texas. Provided input on new guidelines and educational materials. While the AHA has gone to a continuous update process, new student and instructor manuals along with updates will be published at the end of the year for 2020.

Additional updates:

1. Worked with the AHA to review educational content for AARC CRCEs credits for ACLS and PALS.
2. Program committee approved the presentation of AHA updates.
3. AARC EO is working on developing a AHA webinar on the 2020 updates. Will coordinate with AHA to get approval of content.

Other-Info:

N/A

NAEPP

Submitted by Dave Burnett. 2019 Summer Report

Nothing to report

Commission on Accreditation of Air Medical Transport System (CAMTS)

Submitted by Steve Sittig– 2019 Summer Report

Recommendations

N/A

Report:

The CAMTS BOD meeting was held in Albuquerque NM on April 11, 12, & 13 of 2019 prior to the Critical Care Transport Medical Conference. The executive committee met on the evening of April 10th. The minutes of this meeting are attached. A total of 28 programs were deliberated during this meeting. The independent CATMS Europe was recently rebranded to CAMTS Global as they are now receiving applications from all parts of the world. The CAMTS-Global board will be meeting in July as part of our Washington meeting. There are two new programs in process for CAMTS-Global. The next CAMTS BOD meeting is to be held in Seattle WA July 1th -13th with executive committee meeting the evening of July 10th.

Other-Info:

Meeting Minutes of the COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS Hotel Albuquerque, Albuquerque, NM – April 11, 12, & 13 of 2019 Scheduled for: 0800hrs till 1700hrs (EDT) each day EXECUTIVE COMMITTEE MEMBERS PRESENT: Mr. Gryniuk, Mr. Sittig, Dr. Conn, Dr. Orr BOARD MEMBERS PRESENT: Ms. Palmer, Dr. Guyette, Mr. Lewis, Dr. Miller, Dr. Holleran, Ms. Rush, Dr. Cohen, Mr. Goff, Dr. Brunko, Ms. Treadwell (Thursday and Friday), Mr. Brisbois, Dr. Stuhlmiller, Ms. Corbett (arrived Friday), STAFF PRESENT: Ms. Frazer, Ms. Eichel MEMBERS ABSENT: Mr. A. Smith, Mr. Ruff, Dr. Becker, Ms. Montgomery GUESTS: Ms. Sally Veith, Call to Order Dr. Conn Meeting called to order at 0805hrs on April 11, 2019. Introductions / Meeting Announcements..... Ms. Frazer Ms. Frazer introduced Ms. Sally Veith, Executive Director of AMOA who will be observing the business meeting today. The board members introduced themselves, the organizations they represent, and their backgrounds. Ms. Eichel noted that we now have a printer available in the meeting room. Dr. Conn noted that this will be a busy meeting and we will be splitting the board for reviews. Several programs have been noted for review by the full board. Dr. Conn asked the board members to identify any additional programs that should be reviewed by the full board. Approval of Minutes: October 2018.....Dr. Conn A motion was made by Dr. Guyette and seconded by Dr. Holleran for approval of the minutes as distributed. Motion passed. Treasurer's Report.....Ms. Frazer Ms. Frazer provided a brief review of our budgetary performance. She noted that the new fee structure started January 1st of this year. A balance sheet (cash and accrual) and a Profit & Loss Budget vs. Actual (cash and accrual) as of March 31, 2019 were distributed for review. Ms. Frazer is pleased with our current budgetary performance and is not anticipating any losses over the next quarter. Dr. Conn initiated a discussion regarding when we should be re-evaluating our rates. There was discussion regarding whether or not we should be increasing our rates whenever new standards are released. Ms. Frazer noted that each board meeting costs \$15,000-\$28,000. Executive Director's Report.....Ms. Frazer / Ms. Eichel Ms. Frazer noted that HAI, AMOA, and AAMS is hosting a safety conference in Washington D.C. Ms. Frazer and Ms. Palmer will be attending. Ms. Frazer stated that we completed a site surveyor training class and graduated 16 new surveyors. Ms. Frazer reviewed their backgrounds with the board. Ms. Frazer noted that all have had some experience with CAMTS and our standards through their own programs. Ms. Frazer discussed her attendance at an EMS nomenclature meeting. The meeting was to discuss changing the term Emergency Medical Services to a term to

better embrace the nature of services provided. 26 professional organizations were represented in the discussion. The term "Paramedicine" was proposed but this was not well received. There will be further meetings. Mr. D. Smith discussed his attendance at HAI. CAMTS continues to exhibit at this conference. Mr. Smith stated there was great interest in our Special Operations standards. Ms. Palmer was recognized for the lifetime achievement award she received from the Twirly Birds group. Mr. D. Smith discussed a recent article released by the ITIC comparing the accreditation organizations and their current activities. Mr. Smith prepared a document reviewing the accredited programs listed on the NAAMTA and EURAMI websites. The EURAMI website is current and demonstrates only currently accredited programs. The NAMMTA website was more confusing with one webpage showing that all of their accredited programs have expired. Another webpage shows a world map with dots for accredited programs and conflicting expiration dates. Mr. Smith suggested we contact our accredited programs that are also listed on the NAAMTA website that may have expired accreditations and encourage them to ask NAAMTA to remove their listings. Mr. D. Smith also encouraged the board to remember the Ralph Rogers Foundation and Dr. Suzanne Wedel grant and consider donations. The Ralph Rogers Foundation currently does not have enough funds to support distribution of an award. Mr. D. Smith provided cards through our insurer that provides contact information for global medical assistance for site surveyors and board members when traveling on CAMTS business. Ms. Frazer discussed the International Society for Quality which may be an affiliation that CAMTS-Global wants to pursue participation with. Ms. Frazer stated that our July meeting will have international representation from CAMTS-Global board members as well as a physician from Thailand. If board members would like to visit Friday Harbor prior to the meeting, they should immediately contact Ms. Frazer. Ms. Frazer stated she had a recent conversation with Mr. Howard Ragsdale from the Medevac Foundation. Mr. Ragsdale asked that the board bring any specific ideas regarding what types of research they should be focused on in the short term. Mr. D. Smith stated that a General Accounting Office report has just been released concerning the practices of balance billing for transports. The report is available on the GAO website. Executive Committee Meeting Report.....Dr. Conn Dr. Conn reviewed the executive committee meeting from yesterday evening. The committee discussed board member attendance. We currently have two organizations whose board representatives have not met our minimum requirements and we will be contacting those organizations asking them to consider replacements. Dr. Conn also discussed the "Rule of 12" requirement pertaining to the minimum number of transports required for a program to be accredited and how we apply this. Currently, the policy is not delineated by each of the modes of transport but rather the total number completed by the program. This issue will be discussed during our Policy Review. ACCREDITATION DELIBERATIONS.....The Board The board entered Executive Session at 0910hrs. Dr. Orr reviewed our Mission Statement, Vision and Values, as well as the rules of conduct for program deliberations. Program #079612 was presented for consideration of reaccreditation by Dr. Holleran. No one was excused for a conflict of interest. Ms. Veith had no conflict of interest with this program, so she was permitted to remain and observe. Following presentation, a motion was made by Dr. Holleran and seconded by Mr. Sittig for full accreditation with follow-up to the executive committee in 6 months. Following extensive discussion, the question was called. Motion passed unanimously. Program #041706 was presented by Dr. Conn for consideration of new accreditation following conditional accreditation. Mr. Lewis was excused for a conflict of interest. Ms. Veith had no conflict of interest with this program, so she was permitted to remain and observe. Following presentation and extensive discussion, a motion was made by Dr. Conn and seconded by Dr. Brunko for provisional action. Following discussion, the question was called. Motion failed with only one for the motion. A motion was then made by Dr. Conn and seconded by Dr. Cohen for deferred action with response by the program back to the full board in time for our July 2019 meeting. Motion passed unanimously. Ms. Veith departed the meeting. Program #051810 was presented for consideration of new accreditation by Mr. Sittig and Mr. Lewis. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Sittig and seconded by Dr. Holleran for provisional action with response back to the full board in 6 months. Motion passed unanimously. The board recessed for lunch at 1200hrs. The board reconvened at 1310hrs. Program #021805 was

presented for consideration of new accreditation by Ms. Rush. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Rush and seconded by Dr. Holleran for provisional action with response back to the full board in 6 months. Motion passed with Ms. Palmer abstaining. Program #119621 was presented for consideration of reaccreditation by Dr. Holleran. Ms. Treadwell was excused for a conflict of interest. Following presentation, a motion was made by Dr. Holleran and seconded by Mr. Sittig for probation with follow-up to the full board in 6 months and a monitoring visit. Motion passed unanimously. Program #101513 was presented for consideration of reaccreditation by Dr. Orr. Ms. Treadwell was excused for a conflict of interest. Following presentation, a motion was made by Dr. Orr and seconded by Dr. Holleran for probation with follow-up to the full board in 6 months. Motion passed unanimously. Program #070515 was presented for consideration of reaccreditation by Dr. Guyette. Dr. Cohen, Mr. Gryniuk, and Dr. Stuhlmiller were excused for a conflict of interest. Following presentation, a motion was made by Dr. Conn and seconded by Dr. Miller for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #129714 was presented for consideration of reaccreditation by Dr. Conn. Dr. Miller, Dr. Holleran, and Ms. Treadwell were excused for a conflict of interest. Following presentation, a motion was made by Dr. Conn and seconded by Dr. Cohen for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Meeting adjourned for the day at 1640hrs. The meeting reconvened at 0806hrs on April 12th. .

ACCREDITATION DELIBERATIONS.....The Board The board entered Executive Session at 0814hrs. Program #090518 was presented for consideration of reaccreditation by Ms. Rush. Mr. Sittig and Dr. Orr were excused for a conflict of interest. Following presentation, a motion was made by Ms. Rush and seconded by Dr. Holleran for probational accreditation and follow-up to the executive committee in 6 months. Following extensive discussion regarding the survey, the question was called. Motion passed with Dr. Cohen against the motion. The board divided into two committees to complete additional reviews of programs requiring reaccreditation. Group A consisted of Ms. Corbett, Dr. Conn, Mr. Gryniuk, Mr. Sittig, Dr. Stuhlmiller, Dr. Guyette, Mr. Goff, and Ms. Rush. Group B consisted of Mr. Lewis, Dr. Orr, Ms. Treadwell, Dr. Miller, Mr. Brisboi, Dr. Brunko, Dr. Cohen, Dr. Holleran, and Ms. Palmer. In committee A, the following deliberations occurred. The group was chaired by Dr. Conn. Program #070416 was presented for consideration of reaccreditation by Dr. Stuhlmiller. Dr. Conn was excused for a conflict of interest and Ms. Frazer chaired the review. Following presentation, a motion was made by Dr. Stuhlmiller and seconded by Dr. Guyette for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #030207 was presented for consideration of reaccreditation by Ms. Corbett. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Corbett and seconded by Ms. Rush for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #111015 was presented for consideration of reaccreditation by Dr. Conn. Mr. Gryniuk was excused for a conflict of interest. Following presentation, a motion was made by Dr. Conn and seconded by Mr. Goff for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #120028 was presented for consideration of reaccreditation by Mr. Sittig. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Sittig and seconded by Dr. Guyette for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #119107 was presented for consideration of reaccreditation by Mr. Gryniuk. No one was excused for a conflict of interest. Following presentation, a motion was made by Mr. Gryniuk and seconded by Mr. Goff for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #020005 was presented for consideration of reaccreditation by Ms. Corbett. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Corbett and seconded by Dr. Guyette for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #060114 was presented for consideration of reaccreditation by Dr. Guyette. Mr. Gryniuk and Ms. Corbett were excused for a conflict of interest. Following presentation, a motion was made by Dr. Guyette and seconded by Ms. Rush for full accreditation with follow-up to the executive committee in 6 months. Motion passed with one abstention. In committee B, the following

deliberations occurred. The decisions were recorded by Ms. Treadwell and the group was chaired by Dr. Orr. Program #061510 was presented for consideration of reaccreditation by Dr. Orr. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Orr and seconded by Dr. Miller for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #010103 was presented for consideration of reaccreditation by Dr. Cohen. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Cohen and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #111515 was presented for consideration of reaccreditation by Ms. Treadwell. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Treadwell and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #031503 was presented for consideration of reaccreditation by Dr. Miller. Dr. Orr was excused for a conflict of interest, so Ms. Treadwell served as chair for the review. Following presentation, a motion was made by Dr. Miller and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Program is only being reaccredited for the first time, so they are new in the process. Group decided to amend the report to include the medical director's research contribution. Motion passed unanimously. Program #111112 was presented for consideration of reaccreditation by Dr. Brunko. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Brunko and seconded by Dr. Miller for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. Program #031205 was presented for consideration of reaccreditation by Dr. Miller. No one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Miller and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #120030 was presented for consideration of reaccreditation by Dr. Brunko no one was excused for a conflict of interest. Following presentation, a motion was made by Dr. Brunko and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 3 months. Motion passed unanimously. The entire board reconvened at 1400hrs A motion was made by Mr. Sittig and seconded by Ms. Rush for approval by the entire board of the accreditation decisions made by group A. Motion passed unanimously. A motion was made by Dr. Orr and seconded by Mr. Lewis for approval by the entire board of the accreditation decisions made by group B. Motion passed unanimously. Program #090813 which is under special review was presented for possible action by the full board by Dr. Miller. No one was excused for a conflict of interest. Dr. Miller recommends continuing with Under Special Review action. The Following presentation, a motion was made by Dr. Holleran and seconded by Ms. Rush to accept the report. Motion passed with Dr. Guyette and Mr. Gryniuk abstaining. Program #091708 was presented for consideration of action by the full board following provisional accreditation at the January 2019 meeting. No one was excused for a conflict of interest. Following presentation, a motion was made by Ms. Rush and seconded by Dr. Holleran for full accreditation with follow-up to the executive committee in 6 months. Motion passed unanimously. Program #061211 was presented for consideration of reaccreditation by Dr. Guyette. Dr. Cohen was excused for a conflict of interest. Following presentation, a motion was made by Dr. Guyette and seconded by Mr. Sittig for full accreditation with follow-up to the executive committee in 3 months. Motion passed with Ms. Treadwell abstaining. Program #010302 was presented for consideration of reaccreditation by Dr. Cohen. Dr. Stuhlmiller, Dr. Guyette, and Mr. Lewis were excused for a conflict of interest. Following presentation, a motion was made by Dr. Cohen and seconded by Mr. Gryniuk for probational accreditation with follow-up to the executive committee in 6 months. After extended discussion the question was called. Motion failed with Dr. Cohen for the motion, Ms. Rush abstaining, and the remainder against. Following further discussion, a motion was then made by Dr. Cohen and seconded by Dr. Holleran for full accreditation with a report back to the executive committee in 3 months and a strongly worded letter requiring documentation from their hospital that all medications and equipment on these transport vehicles are in date. Motion passed with Dr. Cohen against, Ms. Rush and Dr. Orr abstaining, and the remainder in favor. Program #069409 was presented for consideration of reaccreditation by Dr. Stuhlmiller. Dr. Brunko and Mr. Gryniuk were excused for a

conflict of interest. Following presentation, a motion was made by Dr. Stuhlmiller and seconded by Dr. Guyette for probational accreditation with follow-up to the executive committee in 6 months. Motion passed with Ms. Treadwell abstaining. Meeting was placed in recess for the day at 1625hrs. The meeting reconvened at 0909hrs on April 13th. Aviation Advisory Committee.....Mr. Brisboi / Ms. Frazer Mr. Brisboi stated they have made some recommendations for changes related to rotor wing maintenance for the next edition of the standards. Education Committee.....Dr. Holleran / Ms. Frazer Dr. Holleran stated that ASTNA is working on a simulation textbook to help improve consistency in the community. Ms. Corbett indicated the book would be available by this October and is being written by individuals who work in simulation. The board discussed that if programs are using this textbook, we may not need to see video demonstrations of their simulations in order to approve them. The board discussed transitioning flight paramedics to flight nurse positions. Ms. Frazer is receiving a lot of questions asking whether these paramedics require the same experience as required in the standards. The board debated the merits of allowing this. Some programs do allow a shortened experience time for flight paramedics transitioning to be a flight nurse due to their advanced practice. Dr. Holleran suggested we ask the professional nursing associations for their stance on the practice. Ms. Corbett shared that RT's in North Carolina are being allowed an advanced practice for return from NICU trips for very stable infants. The State EMS Office allows them to perform these BLS transports with only an RT and EMT driver. The RT's are allowed to administer medications not typically managed by RT's. Dr. Holleran asked that we also consider changing the name of this committee to the "Education & Practice Committee". The board was in agreement. Dr. Holleran also raised concerns as to how we will address the practice of advanced nurse practitioners in the transport setting. Dr. Guyette shared his experiences in managing APRNs and PAs that work with his transport service. Dr. Conn asked if the approval of HPS programs has increased. Dr. Holleran stated it comes and goes. She did say the overall quality of those being submitted is improving and the textbook previously discussed should further help. Standards.....Mr. D. Smith Mr. Smith states we have not had a standards committee meeting since the release of the 11th edition. He stated that suggested changes for the next edition have been coming into the office. Mr. Smith discussed that we are an ANSI approved standards organization, but our standards are not ANSI standards and we may want to generate actual ANSI standards in conjunction with CAAS. CAAS has created ground ambulance ANSI standards related to the government's KKK specifications for ambulances. Policies.....Ms. Frazer Ms. Frazer discussed our Rule of 12 policy regarding the minimum number of transports required to be eligible for accreditation. The board reviewed suggested changes to the language in the Accreditation Eligibility Requirements policy. The board debated whether a minimum number of transports should be set for each mode. The policy was amended per discussion. An update to the policy regarding Conditional Accreditation was discussed and concerns regarding having conditionally accredited programs listed as all others. The board debated the topic and the decision was made to not make any changes to the current policy at this time. The board reviewed the policy regarding progress reports. Ms. Frazer reminded the board that we do have the ability to levy fines for late progress reports that are greater than 30 days past due. The board reviewed updated changes to the Safety Culture Survey policy. Mr. Gryniuk suggested we separate the EMTs and Paramedics into separate categories in the survey demographics. The board agreed. The board reviewed proposed changes to the policy covering HPS simulations. The board discussed that HPS scenarios need to be updated between accreditation cycles. The board discussed the policy related to the required reporting of changes to the CAMTS office. The board discussed the Board of Directors job description and required attendance. It was suggested to change the language to an "expectation to attend 3 out of 4 meetings annually". A motion was made by Dr. Orr and seconded by Mr. Sittig to approve the changes to policies as amended in discussion. Motion passed unanimously. Quality Management.....Ms. Eichel Ms. Eichel reviewed a quality management report for quarter 1 of 2019 with the board. Site surveyor training to standardize a site visit following a crash will be completed. Ms. Eichel stated she and Dr. Miller are working on a standardized Safety Culture Survey report for sharing with the program and the board reviewers. The results will be able to be

used for benchmarking by programs and the board in the future. Ms. Eichel reviewed the new Critical Elements format. Programs receive a three-page report regarding their critical element scoring with specific feedback on what may be missing from their protocol. The physicians on the board discussed what scoring requires a response from the program for follow-up and creates a deficiency for the program. The board discussed that a score under 50 would be a reasonable trigger. The board discussed holding medical directors more accountable for ensuring the program medical practices are kept updated. The physicians discussed adding a check box to each critical element that would identify if the protocol meets BLS, ALS, Emergency Critical Care (ECC), or Intensive Critical Care (ICC). They further suggested meeting prior to the meeting either in person or by conference call so they could review the protocols as a group rather than as individuals. Writing an article for publication in the Air Medical Journal regarding CAMTS' expectations for medical protocols was also discussed. Ms. Eichel reviewed data and comments received in the program evaluations of the site survey, the board evaluation of the site surveyors, and the site surveyor's evaluation of one another. Marketing/PR Committee.....Ms. Palmer Ms. Palmer stated she remains active updating our blog and discussed some recent phone calls she has received regarding safety practices. She received some negative feedback regarding some of the recent blog posts as some felt it gave the impression that the industry is not safe. The blogs have been reminders of best historic safety practices. Ms. Palmer, Ms. Frazer, and Mr. Goff will be attending the upcoming industry safety meeting in Washington D.C. Ms. Palmer will also be presenting at some additional upcoming safety meetings in the industry. CAMTS Global.....Ms. Frazer Ms. Frazer stated the CAMTS-Global board will be meeting in July as part of our Washington meeting. There are two new programs in process for CAMTS-Global. Additional Business.....Ms. Frazer Ms. Frazer distributed out a spreadsheet showing the incidence that specific skills are being reported as being completed by programs. This may help us better understand the difference between ECC and ICC programs. Dr. Stuhlmiller asked if we can create a database rule that validates the numbers being submitted by applicant programs so that the numbers they report cannot be contradictory. There was also discussion regarding whether we should expand our patient types to better address those that fall into the "Other" category. The board decided to not make any changes at this time. There was discussion on changing areas of Concern and Deficiency to "Non-compliance" to alleviate the time spent debating between the two findings. The board agreed to give this further thought before making a change. Adjournment.....Dr. Conn A motion was made by Dr. Brunko and seconded by Dr. Holleran to adjourn the business portion of the meeting. Meeting adjourned at 122hrs.

Respectfully Submitted, Jonathan Gryniuk FP-C, CCP-C, NRP, RRT, CMTE Recording Secretary – CAMTS IAFCCP Representative to CAMTS & CAMTS-Global Board Member Emeritus - IAFCCP

Chartered Affiliate Consultant

Submitted by Garry W. Kauffman – 2019 Summer Report

Recommendations

None

Report

I have kept President Schell and AARC CEO Tom Kallstrom abreast of my continued support of our societies throughout the year, with notable recent updates from Nevada and Alaska, both of whom have new presidents.

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.

Respectfully submitted,

Garry W Kauffman RRT, FAARC, MPA, FACHE

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) Report

Submitted by Gary Wickman– 2019 Summer Report

Recommendations

None at this time

Report:

I have attended CoBGRTE's monthly Executive Committee (EC) meetings since the last report in March, 2019. The CoBGRTE is preparing for the AARC Summer Forum where they will host a mini-symposium the evening of July 20, 2019 on the topics of Program Marketing and Graduate Education followed by their traditional Roundtable Discussion dinner and Brainstorming session on topics relevant to Respiratory Care education. The annual in-person CoBGRTE Board meeting will be held July 22, 2019 with a full agenda of committee reports, liaison reports, time set aside for a report from the AARC Education Chair, and the leader of the AARC collaborative to increase the number of RTs with BS or higher education.

CoBGRTE coordinated an effort to send input from program directors regarding the proposed 2020 Entry into Practice Standards for Accreditation and a request to the CoARC to keep the BS degree as minimum entry level education for new programs going forward Known as Standard 1.01. The CoBGRTE-CoARC relationship remains very positive, Collegial, and supportive. CoBGRTE recognizes CoARC as the Gold Standard in Respiratory Care Education accreditation and opposes the development of a second accreditation committee for the field. COBGRTE expressed these concerns directly to CAAHEP in March, as well as to ASAHP representatives to CAAHEP. CoBGRTE continues to follow the JRC-RC/NN2/CAAHEP efforts closely.

The CoBGRTE/CoARC Executive Committees will once again have lunch together at the Summer Forum to further advance collaboration opportunities to improve RT Education. CoBGRTE hopes to participate in a similar event at Summer Forum with the AARC Executive Committee Members. CoBGRTE provided input to the AARC on the Entry to Practice issue paper and is waiting to see the results of that work after the July AARC Board Meeting. The CoBGRTE would like to see the AARC Position Paper on Competency Requirements for Respiratory Therapists updated to reflect the issue paper.

The CoBGRTE election committee has sent out a call for nominations for CoBGRTE board members and Officers for 2020. Educational programs were surveyed to assess how many MS degree graduates there were in the last two years. Preliminary results show 73 entry level MS degree graduates, 130 BS to MSRC graduates, and 20 BS to Allied Health Professions MS graduates. Through continuing to partner with the AARC, it was reported to the Executive Committee that the AARC collaborative committee to advance the BS degree found that 24 states allow Community Colleges to offer BS degrees but only 4 of those states allow BS RT programs. CoBGRTE continues to work to help AS programs convert to the BS degree to include exploration of opportunities for

existing AS programs to host satellite BS programs so they can offer BSRT degree Programs in more areas of the US.

The CoBGRTE continues to work on a White Paper advocating the value of MSRC programs and will review a draft at their Board meeting at the Summer Forum.

CoBGRTE continues to partner with the AARC, CoARC, NBRC, and the ACCP to advance Respiratory Therapy education and support the further development of the APRT. The main focus of the group continues to be supporting the move to BS degree or higher as entry level education for Respiratory Therapists by working to support programs to convert from AS to BS and promoting more Graduate education programs, developing and implementing the APRT curricula, providing support to members through continuing education, and increasing membership in the organization and the AARC. Unfortunately, I will be unable to attend the Summer Forum and CoBGRTE activities this year.

Other

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

Extracorporeal Life Support Organization

Submitted by Bradley Kuch-2019 Summer Report

Recommendations

It is recommended that the AARC send a letter of congratulations in acknowledgement of ELSO's 30 Year Celebration, to further develop our growing relationship.

Report:

ELSO agrees to move forward with the joint AARC/ELSO white paper addressing stat to stat inconsistency. The AARC ELSO liaison is working with Dr. Bishoy Zakhary, Chair of ELSO Logistic and Education to finalize a team with representatives from the AARC and ELSO to develop a manuscript. ELSO will be celebrating its 30th anniversary. This celebration will include representative from the ELSO Steering committee. The Meeting will be held in Austin, Texas on September 12th through 15th, 2019..

Additional updates:

1. Worked with the AHA to review educational content for AARC CRCEs credits for ACLS and PALS.
2. Program committee approved the presentation of AHA updates.
3. AARC EO is working on developing a AHA webinar on the 2020 updates. Will coordinate with AHA to get approval of content.

Other-Info:

The AARC liaison will table the idea of inviting ELSO representatives to submit ECMO specific proposals for the AARC Congress. Discussed will be potential topics of interest for Respiratory Therapist working as ECMO technicians. This topic is to be added to the upcoming meeting agenda.


International Council for Respiratory Care

Submitted by Jerome Sullivan– 2019 Summer Report

Recommendations

N/A

Report:

- 1) **International Education Recognition System (IERS):** [Congruent with goal 1 Advocacy and goal 3 Education – Professional Development](#) the IERS Review Process of the ICRC currently is working on analyzing and potentially approving the quality of a number of international Respiratory Care seminars and programs around the globe. The IERS System was reviewed and approved by the AARC BOD and the ICRC Governors to serve as a quality control mechanism for international RC meetings and seminars and to assist in protecting marketing rights for AARC and ICRC official logos. This action was prompted by the unapproved use of these logos by groups or entities with potentially questionable quality or financial practices. IERS reviews programs to determine if they can be approved as quality offerings which can be marketed using the AARC & ICRC official logos. Recent action taken on current programs are under consideration in the following locations: Treviso Italy, 5 programs in Cairo Egypt, programs in Shanghai, Changsha and Quanzhou, China and in South Korea. [\(Attached please find a record of approved IERS Programs from March 2018 to June 2019\).](#) 
- 2) **Fundamental Respiratory Care Support Course (FRCSC):** [Congruent with goal 1 Advocacy and goal 3 Education – Professional Development](#) the FRCSC for individuals practicing respiratory care outside of North America continues to be developed and work continues on the 37 modules/chapters. We are still working on assigning/accepting the last six chapters. In our most recent update we just reached an agreement with Sigurd Aarrestad, MD, Governor for Norway to the ICRC, to complete the chapter and associated materials on COPD Diagnosis, Management and Education. We are very pleased to have Dr. Aarrestad as one of our authors. [\(A report with ppt. presentation is scheduled to be made to the AARC BOD at the Summer Forum in Ft. Lauderdale\).](#)
- 3) **ICRC Membership:** The Council is pleased to welcome new Governors to broaden its membership including Lisa Trujillo representing the US and to be determined new Governors from China and Japan. Also under consideration is a petition from Nepal Medical Association to admit Nepal as a possible member country of the ICRC.
- 4) **AARC International Membership:** [Congruent with goal 5 AARC Membership](#) the Council leadership is continuing to work with the International Affiliates to maintain

the required number of members required to qualify for Affiliate status. Emphasis is being placed on increasing the memberships above the minimum.

- 5) Initiative with Japan Society for Respiratory Care and Rehabilitation(JSRCR):** [Congruent with goal 5 AARC Membership](#) the Council is working with President Schell and representatives of the AARC BOD to explore the possibility of a potential working relationship with the JSRCR which could have the potential of increased international membership. The JSRCR is a 6,700 member organization comprised of physicians, nurses, clinical engineers and RT's which has reached out to the Council to explore possibilities for cooperation. [\(Attached please find a discussion of the Tradition of Cooperation Between AARC/ICRC and Japanese RC Societies\).](#)
- 6)** Nominations for the Hector Leon Garza International Achievement Award and the Toshihiko Koga Medal are currently in process.



NAAHP

Submitted by Tim Op't Holt– 2019 Summer Report

Recommendations

That the AARC send Patron member Amanda Feil or other designate to the NAAHP meeting in New Orleans, June 24-28, 2020.

The National Association of Advisors for the Health Professions (NAAHP) is an organization of over 1850 health professions advisors at college and universities throughout the United States and abroad.

NAAHP was established in 1974 to coordinate the activities and efforts of four independent regional associations, so that health professions advisors across the nation could function together and speak with one voice. It has grown steadily from that beginning into an effective national clearing house for opinions of advisors and news from acupuncture and oriental medicine, allopathic medicine, audiology, chiropractic, dental, health administration, naturopathic medicine, nursing, occupational therapy, optometry, osteopathic medicine, pharmacy, physical therapy, physician assistant, podiatric medicine, public health, speech-language-hearing, and veterinary medicine. In addition, NAAHP has established partnerships with health professions schools and their organizations through advisor liaisons and an Advisory Council comprised of representatives from these organizations.

The AARC has joined the NAAHP at the Patron membership level. Amanda Feil is our patron member. She is learning more about the organization and identifying deficiencies as they relate to respiratory therapy.

As a Patron Member, AARC will be listed in the NAAHP quarterly journal. We also get reduced rates on advertising, eblasts to all members, a copy of the journal, and listing in the national meeting program book. Their next national meeting is June 24-28, 2020 in New Orleans.

Report:

N/A

Neonatal Resuscitation Program

Submitted by John Gallagher-2019 Summer Report

Recommendations

None at this time.

Report:

The NRP steering committee (NRPSC) most recently met in March 2019 at the headquarters of the American Academy of Pediatrics (AAP) in Itasca, Illinois. As AARC liaison, I was present for the meeting and contributed to the agenda items, including: strategic planning, guideline development, and course enhancement. An update from the meeting including the announcement of a program shift toward episodic learning and competency through an RQI model, similar to that of the BLS program (AHA/AAP). As liaison, I was actively involved in the development and delivery of the NRP Roadshow which took place in Cleveland, Ohio on June 11, 2019. It was a one-day symposium for NRP providers in which I facilitated the airway management component of the program. The next scheduled NRPSC meeting will be held onsite at the national conference for the AAP in New Orleans in October 2019.

Other-Info:

ARCF
CoARC
NBRC

ARCF

Submitted by Michael Amato-2019 Summer Report

Recommendations

None

Report:

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

International Fellow and City Host Applications

- ☐ 18 Fellow applications received
- ☐ 10 City Host applications received
- ☐ The deadline for applications was June 1, 2019. 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 in mid July.

Congress 2019 ARCF Fundraiser

- ☐ Vapotherm sponsorship in the amount of \$30,000 and InspiRX in the amount of \$10,000.
- ☐ Fundraiser ticket sale site opened up on May 31, 2019.
- ☐ Ticket prices:
 - o \$150 per person if purchased by September 1 (includes access to event, meal and one entry for grand prize)
 - o \$175 per person if purchased between September 1 and day before event (includes access to event, meal and one entry for grand prize)
 - o NO SELLING TICKETS AT THE DOOR

List of Awards for this year (Winners to TBD)

- ☐ Research Fellowship Awards
 - o Charles W. Serby COPD Research Fellowship Award
 - o Philips Respironics Fellowship in Mechanical Ventilation
 - o Vyaire Fellowship for Neonatal and Pediatric Therapists
 - o Jeri Eiserman, RRT Professional Education Research Fellowship
- ☐ Literary Awards
 - o Mallinckrodt Literary Award
 - o Draeger Literary Award
- ☐ Achievement Awards
 - o Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement
 - o Hector Leon Garza, MD, International Achievement Award
 - o Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
 - o Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
 - o NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement
 - o Mike West, MBA, RRT, Patient Education Achievement Award
 - o Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies
- ☐ Education Recognition Awards for Undergraduate Students
 - o Morton B. Duggan Jr., Memorial Education Recognition Award
 - o Jimmy A. Young Memorial Education Recognition Award
 - o NBRC/AMP William W. Burgin Jr., MD and Education Recognition

Award

- Education Recognition Awards for Postgraduate Students
 - o NBRC/AMP Gareth B. Gish, MS, RRT, Memorial Postgraduate Education Recognition Award
 - o William F. Miller, MD Postgraduate Education Recognition Award
- Research Grants
 - o NBRC/AMP H. Fredrick Helmholtz, Jr., MD, Educational Research Grant
 - o Parker B. Francis Respiratory Research Grant
 - o Jerome M. Sullivan Research Fund

Summary

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

Date: June 19, 2019

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. Our Board last met on May 4, 2019 to conduct business related to the credentialing examinations and related services. At this meeting, we convened a group to conduct the cut-score study for the new Therapist Multiple-Choice Examination to be implemented in January 2020. We also made a policy decision to begin selecting a president-elect beginning in 2020 in addition to our other officer and at-large positions.

Credential Maintenance Program f/k/a Continuing Competency Program

To date, 171 individuals have participated in the pilot of the new Credential Maintenance Program. As a reminder, the pilot is available to individuals who earned a specialty credential in the 4th quarter of 2018 and those earning specialty credentials in 2019. Highlights of the changes include incorporating an assessment to each program in which the 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 is based on responses to assessment items. References to learning resources for each assessment item are 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. Full implementation of the new CMP will occur in January 2020.

Specialty Credential Ad Campaign

We launched our national awareness campaign in late April 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 were 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 wanted to hear how specialty credentialing has positively impacted their career. We are very excited about the individuals who were selected and will be featuring them 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.

Advanced Practice Respiratory Therapist Ad Hoc Committee

Collaboratively with the AARC and CoARC, the NBRC has maintained its representation of four appointed individuals 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.

Pulmonary Disease Educator Credential Being Explored

The NBRC Board of Trustees recently considered a request from the AARC Board of Directors to investigate the potential development of a specialty credential for a pulmonary disease educator. The Board voted to conduct a viability study (the first step in its examination development process) to determine if there is a need for such a credentialing program. The viability study will include a group of stakeholders identified by the NBRC and AARC, and will be hosted in Kansas City in September.

2019 Examination and Annual Renewal Participation

Thus far in 2019, over 12,000 examinations have been administered across all examination programs. To date, nearly 54,000 individuals have renewed their active status for 2019; with a majority taking advantage of the \$5 discount available to those who renew online. In 2020, our annual renewal program will be changing and the fee will be associated with credential maintenance and/or supporting the NBRC (for those whose credentials are not subject to credential maintenance). More details about the new program will be communicated in early fall.

Examination Statistics – January 1 –June 15, 2019

<u>Examination</u>	<u>Pass Rate</u>
<u>Therapist Multiple-Choice Examination</u> – 6,663 examinations	
• First-time Candidates	Exceed High Cut-Score – 70.3%
	Exceed Low Cut-Score – 80.8%
• Repeat Candidates	Exceed High Cut-Score – 26.2%
	Exceed Low Cut-Score – 44.2%
<u>Clinical Simulation Examination</u> – 4,455 examinations	
• First-time Candidates	65.7%
• Repeat Candidates	48.9%
<u>Adult Critical Care Examination</u> – 409 examinations	
• First-time Candidates	65.9%
• Repeat Candidates	46.9%
<u>Neonatal/Pediatric Examination</u> – 478 examinations	
• First-time Candidates	63.6%
• Repeat Candidates	41.1%
<u>Sleep Disorders Specialty Examination</u> – 45 examinations	
• First-time Candidates	83.8%
• Repeat Candidates	62.5%

PFT Examination – 227 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 33.3% |
| | Exceed Low Cut-Score – 66.0% |
| • Repeat Candidates | Exceed High Cut-Score – 16.2% |
| | Exceed Low Cut-Score – 66.2% |

Your Questions Invited

I am honored to be serving as President of the NBRC and working with all of you to move the respiratory care profession 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 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.

E-Votes

E-Votes

(since last BOD in Spring 2019)

AARC Board of Directors Meeting

July 23-24 • Fort Lauderdale, FL

E-Votes

E19-2-15.1-Program Committee That the AARC Board of Directors approve Snowbird, UT as the host city for the 2020 AARC Summer Forum

Passed **Voting Tally: 15 yes, 2 not voting**

E19-2-7.1- Board of Medical Advisors Add the VA (or VA Physician group) to the list of physician organizations

Passed **Voting Tally: 15 yes, 2 not voting**

E19-2-7.2 -Board of Medical Advisors Approve Dr. Yarborough as the VA representative

Passed **Voting Tally: 15 yes, 2 not voting**

E19-2-32.1-AS to BS Conversion Committee Dr. Chris Russian to chair the AS to BS Conversion Committee

Passed **Voting Tally: 13 yes, 4 not voting**

E19-2-63.1- IPEC Ms. Samantha Davis as the IPEC special representative

Passed **Voting Tally: 13 yes, 4 not voting**

E19-2-28.1- Career Pathways To ratify Lutana.Haan as the committee chair for the Career Pathways Committee

Passed **Voting Tally: 15 yes, 2 not voting**

Recommendations / Referrals

Recommendations

AARC Board of Directors Meeting

July 23-24 • Fort Lauderdale, FL

House of Delegates

Recommendation 19-2-6.1 “Resolve, that for a trial in 2019, in order to optimize communication, writers of HOD resolutions which are passed (or their co-sponsor designee) represent the resolution before the AARC Board of Directors during its consideration.”

Bylaws Committee

Recommendation 19-2-9.1 That the AARC Board of Directors find that the Florida Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Florida-AARC Chartered Affiliate Review 3.11.19”)

Recommendation 19-2-9.2 That the AARC Board of Directors find that the Minnesota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Minnesota -AARC Chartered Affiliate Review 05.24.19”)

Recommendation 19-2-9.3 That the AARC Board of Directors find that the New Mexico Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “NMSRC-AARC Chartered Affiliate Review 02.25.19”)

Audit Subcommittee

Recommendation 18-3-13.1 “The Audit Sub-Committee recommends the board take from the table the motion to amend CA 002 to read “C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight.”

Recommendation 19-2-13.1 “The Audit Sub-Committee recommends that the Board of Directors recognize the HOD policy addressing affiliate fiscal responsibility, timelines for all requirements and reviews, and appropriate interventions.”

Recommendation 19-2-13.2 “The Audit Sub-Committee recommends that the Board of Directors direct the Executive Office develop a method to securely collect and securely maintain the affiliates financial information.”

Diversity Committee

Recommendation 19-2-19.1 *Develop a speaker’s bureau for the AARC to make available to state/affiliate meetings.* To change this objective to read: “Develop a list of speakers with an expertise in diversity to be made available as a resource for state meetings.”

Position Statement Committee

Recommendation 19-2-26.1 “That the position statement entitled “Pulmonary Rehabilitation” (1973) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Recommendation 19-2-26.2 “That the position statement entitled “Competency Requirements for the Provision of Respiratory Care Services” (11/1998) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Recommendation 19-2-26.3 “That the position statement entitled “Tobacco Use Control and Inhaled Controlled Substances” (1991) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Post Acute Care Committee

Recommendation 19-2-57.1 “Consider adding a video component (i.e. simple webcam video update from the chair) to section newsletter; as well as, utilizing a more personal and modern newsletter template.”

Recommendation 19-2-57.2 “Consider website video server options other than YouTube (i.e. Vimeo) which is blocked on many devices provided/utilized by health care organizations (I’ve wanted to share some of the Big Ideas videos at huddles or meetings, but they are blocked).”

IPEC

Recommendation 19-2-63.1 “Engage the membership on IPE/IPCP. We joined IPEC so RTs would have a seat at the table – we fight to do that in clinical practice every day. To demonstrate our value as part of the IP team, we must get engaged with the topics – workshops, courses, research, advocacy, etc. Not quick or easy, but impactful in the long term.”

Recommendation 19-2-63.2 “Co-host a webinar with an expert from another professional organization focusing on the connection between IPE and IPCP. Speakers should represent both academic and clinical practice.”


Extracorporeal Life Support Organization


Recommendation 19-2-69.1 “It is recommended that the AARC send a letter of congratulations in acknowledgement of ELSO’s 30 Year Celebration, to further develop our growing relationship.”

NAAHP

Recommendation 19-2-72.1 “That the AARC send Patron member Amanda Feil or other designate to the NAAHP meeting in New Orleans, June 24-28, 2020.” (further explanation in report)

Open Referrals

Committee/Sou rce	Rec Number	Recommendation	Action	Referral	Notes	Staff Assigne d	Outcome	Horizon Goal
HOD Resolutions	39-18-9	The AARC develop an affiliate financial assistance program to ensure all affiliates are able to send one representative to the annual Leadership Academy.	Carried	Referred to Executive Office	1/4/19 em to Tom and Frank	Tom-Frank and Jakki	Ongoing	
HOD Resolutions	67-18-14	Resolved that the AARC implement a process to allow members to automatically renew membership annually by entering credit card or bank account information and selecting automatic annual renewal.	Carried		Need to turn on in Protech but have to wait until other items are cleaned up	Tim	Ongoing	
AS to BS Conversion	18-3-29.2	That the Executive Office determine the feasibility of developing an RTCAS (online application system) for Baccalaureate and Masters granting Respiratory Therapy Schools.	Amended/ Carried	Referred to Executive Office	Remove "...for Baccalaureate and Masters..."	Shawna	Ongoing	
AS to BS Conversion	18-3-29.3	That the Executive Office develop with the NBRC a marketing strategy focused on increasing the number of BSRT/BSRC graduates.	Carried	Referred to Executive Office	Shawna is working on it.....long-term project	Shawna	Ongoing	
AHA	18-3-64.1	That the Program Committee designate a 2-hour American Heart Association update at the 2019 congress.	Carried	Referred to Program Committee	To Program Cmte for consideration			
AHA	18-3-64.2	That the Executive Office produce a webcast on American Heart Association updates in the fall of 2019.	Amended/ Carried	Referred to Executive Office	Remove "in the fall of 2019." Shawna is working with AHA	Shawna	Ongoing	
Audit Subcommittee	18-3-13.1	That the AARC Board of Directors amend the proposed changes to Policy CA .002 to: <i>'C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliates Committee oversight .'</i>	Tabled	HOD	until the House of Delegates policy that is referred to is finalized at the March 2019 Board meeting. 1/4/19 em to Teri need House endorsement to be brought back to BOD	HOD	Ongoing	
American Association of Cardiovascular & Pulmonary Rehab	19-1-62.1	AARC BOD to promote and share the key resources noted below with our AARC members: this is an ATS campaign to improve national awareness of pulmonary rehabilitation (PR) • Two recent ATS editorials in the Journal highlighting poor PR utilization and reimbursement as significant barriers to PR availability & improved patient outcomes https://www.atsjournals.org/doi/abs/10.1164/rccm.201809-1711ED https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201809-641ED • NEW Resource for pulmonary patients, families and caregivers www.livebetter.org . live-better.pdf	Carried	Referred to Executive Office	04/01/19 Letter Sent Shawna is taking over task	TM/SS	Partially Completed / Partial to go back to BOD Summer 2019	1.4

Committee/Sou rce	Rec Number	Recommendation	Action	Referral	Notes	Staff Assigne d	Outcome	Horizon Goal
Audit Subcommittee	19-1-13.2	The Audit Subcommittee recommends that the Board of Directors establish a liquidity policy as recommended by the independent auditor.	Carried	Referred to Executive Office	04/01/19 Letter Sent Policy Drafted 	TM	Ongoing- back to BOD Summer 2019	6
ELSO	FM 19-1-69.1	VP of External Affairs reach out to ELSO to determine how the AARC and ELSO can work together.	Carried		04/01/19 Letter Sent Sherri Tooley working with ELSO	AH	Ongoing	1.4
Post Acute Care	19-1-57.1	AARC set up an Instagram Account (similar to American Nursing Association (ANA), American Speech-Language-Hearing Association (ASHA), American Thoracic Society (ATS), American Medical Association (AMA), etc.) Rationale: Many of our younger members use this social media outlet.	Carried	Referred to Executive Office	04/01/19 Letter Sent	TM	Ongoing- back to BOD Summer 2019	2.8



Unfinished Business

New Business

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.:BOD.024

SECTION: Board of Directors
SUBJECT: AARC Disaster Relief Fund

EFFECTIVE DATE:

DATE REVIEWED: ~~June 2019~~December 2017

DATE REVISED: ~~December 2017~~July 2019

REFERENCES:

Policy Statement: The AARC President may activate the Disaster Relief Fund to become available for AARC ~~m-M~~Members upon the declaration of a federal or state-declared major disaster.

Policy Amplification:

1. The AARC Executive Office will communicate to the AARC President and request activation of the fund.
2. After the President's notice of activation, the Executive Office will post a story on the AARC website and current member communication sources that provides a link to the online application and additional information on the AARC website.
3. The Application review process will be conducted as follows:
 - a. ~~a.~~ Active, Life, Honorary and paid student members in good standing (members with continuous membership at least 6 months) with the AARC prior to the onset of the disaster are eligible for the grant. Notable lapses in membership due to non-payment are subject to disqualification from this financial assistance.
 - b. The effected dwelling must be the primary residence of the member.
 - c. ~~b.~~ The member must complete an online application for assistance and submit it to the Executive Office. The member must also provide proof of monetary~~Proof of~~ damage/loss s is required at the time the application is submitted.
 - d. Applications will only be accepted up to six months following the date the disaster was initially declared.
 - e. ~~e.~~ Upon receipt, the AARC Executive Office will verify ~~membership status~~that all required criteria are being met and notify the member of its status.

d. ~~Grants of up to \$500 for Active, Life, Honorary Members, and \$250 paid student members of the AARC will be sent once all criteria has been verified.~~

4. Determination of level of grant support will be based upon the following criteria of continuous AARC membership. *Paid student members are eligible for grants up to \$250 as long as they are currently enrolled in a program

Years of Service	Paid Member/Life Member	Student Member
6 months ó 1 Year	\$50	\$25
1 Year ó 2 Year	\$100	\$50
2 Years ó 3 Years	\$200	\$100
3 Years ó 4 Years	\$300	\$150
4 Years ó 5 Years	\$400	\$200
5 Years or more	\$500	\$250

5. Recipients will also receive an additional year of membership at no cost.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: BA.002

SECTION: Board of Medical Advisors

SUBJECT: Member Organizations

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2019

DATE REVISED: June 2019 ~~DATE REVIEWED: April 2013~~

~~DATE REVISED: April 2013~~

REFERENCES:

Policy Statement:

Physician organizations shall be named to the Board of Medical Advisors by the Board of Directors in concurrence with the Board of Medical Advisors.

Policy Amplification:

~~1.~~ Physician organizations named to the Board of Medical Advisors shall be:

1.

- A. American College of Chest Physicians (ACCP)
- B. American Thoracic Society (ATS)
- C. American Society of Anesthesiologists (ASA)
- D. American Academy of Pediatrics (AAP)
- E. American College of Asthma, Allergy, and Immunology (ACAAI)
- F. Society for Critical Care Medicine (SCCM)
- G. National Association for Medical Direction of Respiratory Care (NAMDR)
- H. American Association for Respiratory Care (AARC) - physicians from organizations that have been vetted by BOMA and recommended for appointment by the AARC's Board of Directors (BOD). ~~These~~

~~2.~~
~~_____~~

~~3.~~2. The Board of Medical Advisors shall determine the number of appointees invited from each physician organization named above.

~~4.~~
~~_____~~

~~1.~~3. The Chairperson of the Board of Medical Advisors shall assure compliance with Association Bylaws Article VIII, Section 2, and "Term of Office."

DEFINITIONS:

ATTACHMENTS:

New Business regarding Recommendation 18-3-70.1 öThat a working group with representatives from the AARC BOD, the ICRC Governors and the AARC Executive Office be established to review the potential of entering into discussions with representatives of the Japan Society for Respiratory Care & Rehabilitation (JSRCR) regarding the potential for developing a closer working relationship between the AARC/ICRC and the JSRCR.ö

President Schell appointed Lisa Trujillo and Tim Opø Holt to enquire of the International Committee what might be done in this regard. To date:

1. Tim Opø Holt and Lisa Trujillo have corresponded with Jerome Sullivan on the Japan societyø interest in having a closer relationship with the AARC.
2. Elections have been held to determine new JSRCR leadership.
3. Tim and Lisa will meet with Jerome at the 2019 Summer Forum to discuss the implications of the new JSRCR leadership, with a report to the BOD to follow.
4. Jerome has provided documentation of the JSRCRø history and work with the AARC international community.