



American Association for Respiratory Care

Board of Directors Meeting

July 17-18, 2020

Virtual Platform

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE
HOD Joint Session, Executive and Finance Committee – July 16, 2020
Board of Directors Meeting – July 17-18, 2020**

PACIFIC	MOUNT	EASTERN	CENTRAL	Thursday, July 16th
9:10-10:15 AM	10:10-11:15 AM	12:10-1:15 PM	11:10-12:15 PM	HOD JOINT SESSION Roll Call (Goodfellow) President Report Advocacy & Government Affairs (Hummel, 20 mins) Elections Committee Finance Committee
1:00-3:00 PM	2:00-4:00 PM	4:00-6:00 PM	3:00-5:00 PM	EXECUTIVE COMMITTEE
3:30-4:30 PM	4:30-5:30 PM	6:30-7:30 PM	5:30-6:30 PM	FINANCE COMMITTEE
PAC	MOUNT	EST	CENTRAL	Friday, July 17th AARC Board of Directors Meeting
6:30 AM	7:30 AM	9:30 AM	8:30 AM	Roll Call Announcements/Introductions/Conflict of Interest Approval of Past Minutes A p.6
6:45 AM	7:45 AM	9:45 AM	8:45 AM	NBRC -Lori Tinkler and Kathy Fedor p.148
7:15 AM	8:15 AM	10:15 AM	9:15 AM	CoARC -Tom Smalling and Pat Munzer p.120
7:45 AM	8:45 AM	10:45 AM	9:45 AM	Merrill Lynch Investment Report -Nancy Bellow and John Barrett A
8:00 AM	9:00 AM	11:00 AM	10:00 AM	Cavarocchi · Ruscio · Dennis Associates, LLC (CRD) – Erika Miller and Stephanie Rinehart Anne Marie Hummel – Advocacy & Government Affairs p.37
8:30 AM	9:30 AM	11:30 AM	10:30 AM	E-MOTION ACCEPTANCE p.16
8:45 AM	9:45 AM	11:45 AM	10:45 AM	MOTION TO APPROVE THE CONSENT AGENDA <i>Listing of Reports to pull out</i>
----- Consent Agenda -----				
<u>Standing Committee Reports</u> p.56				
Elections R p.57				
Bylaws R, A p.59				
Executive Committee V, E p.60				
Finance V p.61				
Audit Subcommittee NR p.62				
Judicial Committee NR p.63				
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Strategic Planning p.65				
<u>Special Committee Reports</u> p.67				
Benchmarking Committee p.68				
Billing Codes Committee p.70				
Diversity and Inclusion Committee NR p.71				
Fellowship Committee p.72				
Advocacy & Government Affairs A p.73				
Vision Grant Committee R p.75				
International Committee p.78				
Membership Committee NR p.80				

V=Verbal Report, NR=No Report, R=Re²commendation, E=Evote, A=Attachment

Position Statement Committee p.81
 Virtual Museum Committee p.83
 Career Pathways Committee p.84
 BS Entry to Practice Committee p.85
 Oxygen Safety Committee p.86
 Advanced RT Practices, Credentialing, and Education Committee p.88
 AS to BS Conversion Committee p.89

Specialty Section Reports p.90
 Adult Acute Care p.91
 Diagnostics p.157 addendum
 Education p.93
 Leadership and Management **A** p.97
 Neonatal-Pediatrics **R** p.103
 Ambulatory and Post-Acute Care **R** p.104
 Sleep p.105
 Surface to Air Transport p.108

Organization Representatives p.109
 AMA CPT Health Care Professional Advisory Committee p.110
 AACVPR **NR**
 IPEC p.111
 American Heart Association p.112
 Committee on Accreditation of Medical Transport Systems p.113
 CoBGRTE p.114
 Extracorporeal Life Support Organization (ELSO) **NR** p.115
 International Council for Respiratory Care (ICRC) p.116
 NAAHP **R** p.117
 Neonatal Resuscitation Program **A** p.118

Other Reports p.119
 CoARC p.120
 ARCF p.146
 NBRC p.148

--- Consent Agenda Ends---

9:00 AM 10:00 AM 12:00 PM

11:00 am RECOMMENDATIONS p.16

Standing Committees

20-2-9.1 Bylaws Committee
 20-2-10.1 Elections Committee

Special Committees

20-2-22.1 Vision Grant Committee

Specialty Section

20-2-56.1 Neonatal/Pediatrics
 20-2-57.1 Ambulatory and Post-Acute Care

Special Representatives

20-2-72.1 NAAHP

11:00 AM 12:00 PM 1:00 PM

12:00 PM LUNCH BREAK

12:00 PM 1:00 PM 2:00 PM

1:00 PM RECOMMENDATIONS (CONTINUED)

12:30 PM 1:30 PM 3:30 PM

2:30 PM GENERAL REPORTS p.19

President p.20
 Past President **NR** p.24
 Executive Director **A** p.25
 Advocacy & Government Affairs p.37

House of Delegates *p.49*
 BOMA **R** *p.54*
 President's Council *p.55*

2:00 PM	3:00 PM	5:00 PM	4:00 PM	Review of Referrals and Carried Motions from Spring 2020 A
2:45 PM	3:45 PM	5:45 PM	4:45 PM	Planning for Outcomes Breakout Groups
3:00 PM	4:00 PM	6:00 PM	5:00 PM	RECESS
PACIFIC	MOUN	EST	CENTRAL	Saturday, July 18th AARC BOARD OF DIRECTORS MEETING
7:00 AM	8:00 AM	10:00 AM	9:00 AM	CALL TO ORDER/GENERAL ANNOUNCEMENTS
7:15 AM	8:15 AM	10:15 AM	9:15 AM	Outcomes Breakout Groups
10:00 AM	11:00 AM	1:00 PM	12:00 PM	LUNCH BREAK
11:00 AM	12:00 PM	2:00 PM	1:00 PM	OLD BUSINESS Executive Director Evaluation E-Voting Policy-Brian Walsh <i>p.152</i> Disaster Assistance Policy
11:45 AM	12:45 PM	2:45 PM	1:45 PM	NEW BUSINESS PTSD Support Post Covid-19 Relief for Loss of Life due to COVID-new policy <i>p.154</i>
12:30 PM	1:30 PM	3:30 PM	2:30 PM	HOD RESOLUTIONS
1:00 PM	2:00 PM	4:00 PM	3:00 PM	Policy and Procedure Review A
2:00 PM	3:00 PM	5:00 PM	4:00 PM	REVIEW OF ACTION ITEMS
				ANNOUNCEMENTS TREASURER'S MOTION ADJOURNMENT

Old Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

Friday, March 20, 2020 • Spring • Virtual E-Meeting

Minutes

ATTENDANCE

Directors

Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, Past President
Sheri Tooley, BSRT, 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, MsHS, RRT, CHC
Dana Evans, MHA, RRT-NPS, FAARC
Jakki Grimball, MA, RRT, AE-C, FAARC
Carl Hinkson, MS, RRT-NPS, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Lisa Trujillo, DHSc, RRT, FAARC
Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC
Kerry McNiven, MS, RRT, FAARC
Bradley Kuch, MHA, RRT, RRT-NPS, FAARC
Kari Woodruff, BSRC, RRT-NPS, FAARC
Aaron Light, DHSc, RRT-ACCS, FAARC

Consultants

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President,
Peter J. Papadakos, MD, FCCM, FAARC, BOMA Chair

House of Delegates Officers

Teri Miller M.Ed., RRT, Speaker of the House
Joseph Goss, MSJ, RRT, RRT-NPS, AE-C, FAARC, Speaker-Elect
Keith Siegel, MBA, RRT, CPFT, FAARC, Past Speaker
Jodi Jaeger, BS, RRT, RRT-NPS, Secretary
Jennifer Anderson, RRT, RRT-NPS, FAARC, Treasurer

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Chief Business Officer
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Shawna Strickland, PhD, CAE, RRT-NPS, RRT-ACCS, AE-C, FAARC, Associate Execu
Director
Anne Marie Hummel, Associate Executive Director
Jena Weeter, Executive Assistant to Executive Director
Crystal Maldonado, ARCF Foundation and Grants Coordinator
Ray Arambula, Director of IT
Ada Morton, Senior Accountant

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 8:00am CST.

Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum.

Jakki Grimball and Aaron Light were sworn into their respective positions on the Board of Directors by Parliamentarian, Ellen Becker.

VIRTUAL MEETING

President Schell went over a few instructions on how the virtual meeting would be conducted and asked members to be patient and forgiving with the new technology. She advised the board members that she was fully aware of the probable need for each to individually enter and exit the meeting as necessary, but emphasized the importance of keeping everyone aware when one had to step away.

Cheryl Hoer made a motion to approve to conduct the meeting virtually in lieu of face-to-face due to the current restrictions and precautionary measures currently being enforced regarding social distancing and travel. As a country, we are under a nationally declared state of emergency due to the outbreak of the COVID-19 pandemic.

Motion carried

APPROVAL OF MINUTES

Dana Evans moved to approve the minutes of the November 7, 2019 meeting of the AARC Board of Directors.

Motion carried

Lynda Goodfellow moved to approve the minutes of the November 8, 2019 meeting of the AARC Board of Directors.

Motion carried

Dana Evans moved to approve the minutes of the November 12, 2019 meeting of the AARC Board of Directors.

Motion carried

CONSENT AGENDA

Jakki Grimball made a motion to suspend the rules and allow a consent agenda.

Motion carried

President Schell asked Board members if they wish to move any consent agenda items to the regular agenda for further discussion. She granted that the Program Committee, Elections Committee, AS to BS Conversion, Finance Committee, Bylaws, Strategic Planning Committee, Fellowship, Advocacy and Government Affairs Committee, Position Statement, Management Section, IPEC, Executive Committee, BS Entry to Practice, President's Council and Vision Grant Committee reports would be removed from the Consent Agenda.

Sheri Tooley moved to accept the Consent Agenda as modified.

Motion carried

E-MOTION ACCEPTANCE

The recent E-motions that were previously voted on prior to the Spring BOD meeting were brought forward for ratification.

Diversity and Inclusion

Kerry McNiven moved that **E-Vote 20-1-15.1**, the recommendation that Gabby Davis become the new chair of the Diversity and Inclusion Committee be brought forward for ratification.

Motion carried

BS Entry to Practice

Tim Op't Holt made a motion that **E-Vote 20-1-29.2**, the recommendation that Dr. Christy Kane be added as an additional member to the BS Entry to Practice Committee, be ratified by the BOD.

Motion carried

NRP

Kari Woodruff moved that **E-Vote 20-1-76.1**, that Teka Siebenaler be appointed as the new ARRC special representative for the Neonatal Resuscitation Program's Steering Committee (replacing John Gallagher), be ratified.

Motion carried

NBRC

Jakki Grimball made a motion that **E-Vote 20-1-81.1**, the NBRC's Board of Trustees requests the nomination and approval of Daniel Whitt and Amanda Roby to serve 4-year terms on their BOT as representatives of the AARC, be ratified by the Board.

Motion carried

PRESENTATION: MERRILL LYNCH

Nancy Bello and John Barrett with Merrill Lynch gave an overview of the Investment Report and the current state of the market in these current upset conditions.

PRESENTATION: LARRY WOLFISH

Larry Wolfish presented a brief refresher on the fiduciary responsibilities of being a member of the AARC Board of Directors. He touched upon topics such as conflicts of interest, duty of care, and duties of loyalty to the association.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 9:29am CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 9:40am CST.

PULLED REPORTS

Elections Committee

Karen Schell provided a quick update on the committee's progress in revising and revamping the nominations process and policy in the elections of Board positions. They should have a draft of a rubric created and suggested revisions to the policy to share with the board at the upcoming summer meeting.

Bylaws Committee

Jakki Grimball introduced **Recommendation 20-1-9.1** "That the AARC Board of Directors find that the Illinois Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Illinois-AARC Chartered Affiliate Review 02.20.20" and cover letter). Tim Op't Holt moved to accept the recommendation.

Dana Evans abstained from voting due to currently being resident of the aforementioned state.

Motion carried

Jakki introduced **Recommendation 20-1-9.2** “That the AARC Board of Directors find that the Connecticut Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Connecticut-AARC Chartered Affiliate Review 02.20.20” and cover letter). Cheryl Hoerr moved to accept the recommendation.

Kerry McNiven abstained from voting due to currently being a resident of the aforementioned state.

Motion carried

Jakki introduced **Recommendation 20-1-9.3** “That the AARC Board of Directors find that the Massachusetts Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Massachusetts-AARC Chartered Affiliate Review 02.20.20” and cover letter) Kerry McNiven moved to accept the recommendation.

Motion carried

Jakki moved to accept **Recommendation 20-1-9.4** “That the AARC Board of Directors find that the Georgia Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Georgia-AARC Chartered Affiliate Review 02.20.20” and cover letter)

Motion carried

Executive Committee

President Karen Schell give an provided a brief overview and summary of the topics discussed the most recent meeting.

Strategic Planning Committee

Brian Walsh indicated that the committee had been busy developing a dashboard in order to show progress and statuses of the Horizon Goals. He stated that he should have some more details to share by the summer BOD meeting.

Finance Committee

Sheri Tooley made a motion to accept **Recommendation 20-1-1.1** “That the AARC Board of Directors approve the release of \$7,500 in capital funding to complete the Administrative Suite/Board Room remodel.

Motion carried

Sheri Tooley moved to approve **Recommendation 20-1-1.2** “That the AARC Board of Directors approve the release of \$50,00 in capital improvement monies for the renovation of the Employee Breakroom/Kitchen at the AARC Executive Office.”

Motion carried

PRESENTATION: HOWARD, LLP

Tim Pike with Howard, LLP gave a brief informative short in regard to the recent financial audit performed at Executive Office of AARC. He provided a positive summary of the resulting audit report.

PRESENTATION: CRD ASSOCIATES

Anne Marie and our CRD lobbyists updated the Board on actions Congress is taking through supplemental funding packages to address COVID-19 and initiatives AARC has taken to widen the recognition of RTs by encouraging Congress and the Administration to include them as

telehealth practitioners. Anne Marie also discussed state issues where there has been an increase in bills to add additional oversight to professional and occupational licensing.

Finance Committee (continued)

Sherri Tooley moved to accept **Recommendation 20-1-1.3** “That the AARC Board of Directors retrospectively approve the purchase of Microsoft software and server licenses for existing servers located in AARC offices. Cost is \$10,508.95 and will be depreciated for 3 years. Annual operating budget cost is \$3,503 for 2020, 2021 and 2022.”

Motion carried

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 10:58am CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 11:11am CST.

PULLED REPORTS (CONTINUED)

Program Committee

Cheryl Hoerr introduced **Recommendation 20-1-15.1**. “The committee recommends that recommendations for future meeting sites come directly from the Executive Office to the Board for discussion and approval.”


Motion carried

Cheryl also moved to accept **Recommendation 20-1-15.2**. The committee recommends the following for the Sputum Bowl committee for 2020:

- Tom Lamphere BS, RRT-ACCS, RPFT, FAARC - Chair
- Sherry Whitman MS, RRT - Score Keeper / Time Keeper
- Angie Switzer BSRC, RRT-NPS - Moderator
- Dennis Guillot PhD, RRT, FAARC - Chair Elect
- Steve Mosakowski MBA, RRT, FAARC - Score Keeper / Time Keeper

Motion carried

Fellowship Committee

Cheryl Hoerr made a motion to reconsider and accept **Recommendation 19-3-20.1** “The committee asks the Board to reconsider the recommendation with the new revisions of attached Policy CT.009 (including the attachment entitled AARC Fellowship Committee – Nominee Rubric) to reflect changes to the program to allow for better alignment of the committee when making choices for AARC Fellow-elects.” 

Motion carried

Advocacy and Government Affairs Committee

Cheryl moved to accept **Recommendation 20-1-21.1** “Since we’ve broadened our advocacy program to include four issues which encompasses six bills, please consider changing objective number 1 for the year to be as corrected below.

1. Find ways to gain support for the ~~Telehealth bill (Pilot Project bill and other bills as dictated by the annual legislative program~~ AARC Legislative Agenda from various grass-roots supporters and organizations.”

Motion carried

Vision Grant Committee

Sheri Tooley made a motion to bring **Recommendation 20-1-22.1** “That the AARC BOD approve the attached Vision Grant 2020 Request for Proposals.” to the floor.

Motion carried

Position Statement Committee

Cheryl Hoerr moved to accept **Recommendation 20-1-26.1** “That the position statement entitled “Health Promotion and Disease Prevention” (1985) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved.” (see attachment)

Motion carried

Kerry McNiven made a **Friendly Amendment** for **Recommendation 20-1-26.1** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

Cheryl moved to accept **Recommendation 20-1-26.2**. That the position statement entitled “Electronic Cigarettes” (2014) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved. (see attachment)

Motion carried

Kerry McNiven made a **Friendly Amendment** for **Recommendation 20-1-26.2** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

Cheryl moved to accept **Recommendation 20-1-26.3**. That the position statement entitled “Statement of Continuing Education” (2000) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved. (see attachment)

Motion carried

Kerry McNiven made a **Friendly Amendment** for **Recommendation 20-1-26.3** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

Cheryl moved to accept **Recommendation 20-1-26.4**. 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. (see attachment)

Motion carried

Jakki Grimball made a **Friendly Amendment** for **Recommendation 20-1-26.4** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

Cheryl moved to accept **Recommendation 20-1-26.5**. That the position statement entitled “Definition of Respiratory Care” (1999) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved. (see attachment)

Motion carried

Jakki Grimball made a **Friendly Amendment** for **Recommendation 20-1-26.5** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

Cheryl moved to accept **Recommendation 20-1-26.6**. That the position statement entitled “Licensure of Respiratory Care Personnel” be re-approved as is. (see attachment)

Motion Carried

Cheryl moved to accept **Recommendation 20-1-26.7**. That the position statement entitled “Respiratory Therapists Education” (1998) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved. (see attachment)

Motion carried

Kerry McNiven made a **Friendly Amendment** for **Recommendation 20-1-26.7** to be accepted for its substance; however, there are a number of typos and grammatical errors that need to be corrected prior to finalization.

Motion carried

BS Entry to Practice

Jakki Grimball made a motion to accept **Recommendation 20-1-29.1**. “Requests the Executive Office, on the behalf of the AARC, work with Liaison International to create an online platform that will facilitate the application process for admission to respiratory therapy educational programs in the US under the name of Respiratory Therapy Centralized Application Service or “RTCAS”.”

Motion carried

Management Section

Jakki Grimball moved to accept **Recommendation 20-1-55.1** “The Management Section recommends the AARC approve changing the name of the Management Section to the Leadership & Management Section.”

Motion carried

IPEC

Jakki Grimball moved to accept **Recommendation 20-1-63.1** “Request that the AARC BOD approve the development of an IPE/IPCP (co-developed with IPEC members) Preceptor Training Module that can be added to the Clinical PEP”

Motion carried

CLOSING OF CONSENT AGENDA

Raymond Pisani made a motion to close the consent agenda reports.

Motion Carried

GENERAL REPORTS

President

President Schell gave brief highlights of her submitted report and included updates.

Past President

Past President Brian Walsh had nothing to report.

Executive Office

Tom Kallstrom only spoke briefly on key points of his already comprehensive written submitted report. He called special attention to the increasing membership numbers and then gave a quick overview of the major shifts in event planning and media focus that has come with the pandemic.

HOD

Speaker of the House, Terri Miller had nothing to add to her submitted report.

President's Council

Dianne Lewis announced that the newest recipient of the Jimmy A Young award was Terry Volsko. She encouraged members to bring forth nominations for the Lifetime and Honorary Awards.

Chery Hoerr moved to accept the General Reports as presented.

Motion Carried

Board of Medical Advisors (BOMA)

Dr. Peter Papadacos gave a brief update in reference to his submitted report. He made sure to inform the Board how appreciative he was of their profession and how valuable their specialty was to healthcare. He offered BOMA's dedicated and loyal assistance wherever they may be needed.

Kerry McNiven made a motion to accept the Board of Medical Advisors report as it was presented.

Motion Carried

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 12:24pm CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 1:00pm CST

AUDIT SUBCOMMITTEE

Lynda Goodfellow made a motion to approve the audit report as reported to the Finance Committee.

Motion carried

CLOSING REPORTS

Cheryl Hoerr moved to accept the Standing Committee Reports as presented.

Motion Carried

Cheryl moved to accept the Special Committee Reports as presented.

Motion Carried

Sheri Tooley moved to accept the Specialty Section reports as presented.

Motion Carried

Jakki Grimball moved to accept the Special Representative reports presented.

Motion Carried

Cheryl Hoerr moved to accept the Other Reports as presented.

Motion Carried

UNFINISHED BUSINESS

Chartered Affiliates

Terri Miller gave an update on the status of the reporting in of the chartered affiliates. She informed the BOD that the House had recommended to delay the checklist for a year due to some unforeseen delays due to the current COVID19 pandemic.

Award Nominations

The board discussed some possible nominee candidates for the 2020 Congress Awards Ceremony. President Karen Schell extended the time for submitting nomination suggestions out until April 18th.

Disaster Relief Policy

President Schell lead a discussion surrounding the current process and practices of the Disaster Relief fund program. She informed the board that she planned to meet with Terri Miller to revise the policy and processes in order to maximize the purpose and benefits of the program to our members in need of financial assistance.

President Schell then reviewed/clarified a few additional “Unfinished Business” items on the Board of Directors agenda.

NEW BUSINESS

Karen Schell went over a few announcements and items worthy of mentioning to the board.

ESTABLISHING OUTCOMES

The Board of Directors members broke out into discussion groups and then reconvened for a brief recap discussion.

TREASURERS MOTION

Lynda Goodfellow moved “That expenses incurred at this meeting be reimbursed according to AARC policy.”

Motion Carried

MOTION TO ADJOURN

Cheryl Hoerr 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 2:49pm CST.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Recommendations and E-Votes

E-Votes and Recommendations AARC Board of Directors Meeting

E-VOTES

Final Award Nominees :

E-vote 20-2-1.1 The nominees that the BOD will put forth are:

Honorary Member
Anne Marie Hummel

Life Member
Jim Lanoha

Legends of Respiratory Care
Burt Bunnell
Neil MacIntyre
Alvin Barach
Robert Kacmarek

Mike West, MBA, RRT Patient Education
Mike Shoemaker

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

**Forrest M. Bird Lifetime Scientific
Achievement Award**
Rob DiBlasi

**Charles H. Hudson Award for
Cardiopulmonary Public Health**
Dr. Anthony Fauci

Executive Committee

E-Vote 20-2-11.1 “The AARC Executive Committee recommends that the AARC honor the service of fallen AARC members who have lost their lives while serving Covid-19 patients during the coronavirus pandemic. The RT Heroes' family can receive from the Disaster Relief Fund \$500 per family, up to a limit of \$20,000.00 from the fund.”

Rationale: The AARC desires to recognize the sacrifice of active members of the Respiratory Care profession by supporting their family members during this unprecedented time of service, sacrifice, and hardship.

Motion unanimously carried

RECOMMENDATIONS

Executive Committee

Floor Motion 20-2-11.2 “The Executive Committee recommends that the AARC BOD approve \$50,000 for the collaborative of the AARC, COARC, and NBRC for the Public Relations campaign as presented by Carol Dobies to promote respiratory therapy. A business plan should be presented to the BOD no later than August 1, 2020.”


BOMA

Recommendation 20-2-7.1 “The Board of Medical Advisors recommends that the AARC’s Board of Directors replace the 2 physician representative spots for the National Association for Medical Directors of Respiratory Care (NAMDRC) with one representative from the American College of Emergency Physicians (ACEP) and the American Association for Bronchology and Interventional Pulmonology (AABIP).

Rationale: The National Association for Medical Directors of Respiratory Care (NAMDRC) no longer exists as a non-profit organization as it was acquired and dissolved by the American

College of Chest Physicians (CHEST) in the spring of 2020. Respiratory therapists play a vital role in emergency rooms across the US and are increasing in their roles and responsibilities in interventional pulmonology labs. BOMA representatives have had tentative discussions with both organizations who are receptive to joining BOMA and promoting the critical role of the respiratory therapist.

Bylaws Committee

Recommendation 20-2-9.1 “That the AARC Board of Directors find that the Wyoming Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Wyoming-AARC Chartered Affiliate Review 2.20.20” & Cover Letter by clicking on this link) 

Vision Grant Committee

Recommendation 20-2-22.1. “The committee requests time for discussion at the BOD regarding the deadline and revision of the Vision Grant call for proposals to accommodate research related to recent COVID-19 pandemic.”

Rationale: The Vision Grant committee did not reach consensus on this issue and seeks further guidance from the BOD.

Neonatal Pediatrics Section

Recommendation 20-2-56.1 “That the AARC consider adding a professional CV as part of the nomination submission process for Specialty Practitioner of the Year Award.”

Rationale: This would facilitate evaluation of nominees while helping the membership develop a tool for professional growth. The CV illustrates the wonderful work our membership does and will help the profession grow as a whole. Most high-level positions require a CV for consideration and individuals with a CV are positioned ahead of other candidates. This would prepare all members for career advancement in leadership and research endeavors.

Ambulatory and Post-Acute Care

Recommendation 20-2-57.1 “Create an AARC podcast series that reviews and discusses the content included in section newsletters, this could be a review/discussion facilitated by the section chair and an AARC executive?”

Rationale: This would be an adjunct to the section newsletter, podcasts have become a popular method of accessing content/information and a podcast series could potentially widen the distribution of our newsletter content and engage more members.

NAAHP

Recommendation 20-2-72.1 “It is my recommendation as the special representative to this organization is to let our membership expire and put our resources into recruitment elsewhere.”

Rationale: Like many organizations, NAAHP is currently focused on moving their in-person conference to a virtual event. They do place a heavy emphasis on Masters level programs. At this time, expanding partnerships with organizations like HOSA and events like Health Professions week might be a better use of our resources.

POLICY REVIEW

click on box to go to link

POLICY BOD.023

Board of Directors Community (E-VOTING)

Policy was reviewed by Brian Walsh. He recommends that no revisions are needed at the present time.

POLICY BOD.031
New BOD Policy

AARC Relief for Loss of Life Related to COVID

[Click here for Open Referrals](#)

General Reports

President Report

Submitted by: Karen Schell, AARC President | 2020 Summer BOD Meeting

Recommendations:

TBA

Report: July, 2020

WOW! (Watch Out World!) Never in my wildest dreams when I made this statement at my first Congress as president would I think our profession be in the position we are in today. Respiratory Therapists have been on the front lines in the world arena in caring for COVID-19 patients. Here we are almost four months from our March 2020 BOD meeting, and who would have predicted we would be leading in caring for pandemic patients. Every day brings uncertainty with adjustments we never imagined. It has been a test of our endurance, flexibility, and our creativity. **Let's face it - RTs Rock!**

Although the past few months has being a trying time for our organization, profession, our members, and our patients, we are here to stay. Thank you for your professionalism, commitment to our members and patients, and being a resource during this pandemic as we navigate change. Thank you to everyone for your flexibility, understanding, and patience as we move forward. You have stepped up to the plate and are a role model to the profession.

A special thank you to **Ellen Becker** who keeps me organized, on time, and calms my nerves. Her expertise and clear thinking as helped me keep on top of everything on a day by day basis. Our weekly skype meetings keep me from feeling isolated, anxious, and unprepared.

Additionally, a “**shout out**” to **Sheri Tooley** for hanging in with me as we work together to orientate and educate her for the upcoming role as president for a smooth transition (I hope) at the end of the year. The work continues as we review policies, procedures, and information to assist in Sheri in her new role in December. We are planning some time before this board meeting to meet with her parliamentarian and Ellen to review more valuable information. Ellen and I have been working on gathering information that will assist in moving to the future. We continue to work closely to complete a review of policies and procedures, develop our evaluation tool of the executive office, and complete the evaluation prior to her term beginning.

And, of course, **thanks to Tom Kallstrom, Anne Marie and the AARC office staff** for all their work behind the scenes to keep the profession in the forefront of the public. **Thank you, Jena** for your work in keeping the board notified and on task for the meeting.

Our first virtual meeting in March was successful with some learning curves for the preparation for the Summer BOD and HOD meetings. After some diligent background work, Summer Forum and Summer 2020 HOD and BOD has gone virtual. Thanks to the work by AARC staff on short notice, the Summer Forum virtual AARC Live is in full swing. Although disappointing, the decision was made early after the March meeting. Thank you, **Teri Miller**, speaker of the house, for working with the team to make the summer BOD and HOD meetings successful. Additionally, thank you **Teri** for our monthly phone calls, your flexibility, and HOD collaboration efforts as we ensure the work of the organization continues. I believe the HOD and BOD are stronger than ever in efforts to move the profession forward and grow together.

Over the last few months, many video messages have gone out to members via RT departmental zoom meetings from the President to thank the front-line workers. Graduation congratulation messages to colleges and universities have been sent through Zoom as well. These videos are available on Utube for those who may still want them. In lieu of attending scheduled state society meetings, recordings or live sessions were made to continue to provide needed CEUs. Additionally, Teri and I were able to zoom directly into State Society Board meetings to send our best wishes, thank yous, and give updates while answering questions. We continue to support and foster strong bonds with our affiliates to find opportunities to be informative and engaging with the grass roots members.

Bless Anne Marie for keeping us informed and engaged with the government and other organizations. Thanks to her attention to details, we have been able to sign letters of support on behalf of the members. You can find them at the following link - <https://www.aarc.org/nn20-covid-19-news-resources/>. See pages 3 and 4 of Anne Marie's report for the list of groups the AARC worked with on joint comments. **Thank you, Anne Marie**, for your requests and quick responses when needed.

Additional information (to be added to the link) include the following:

- A letter we sent to Governors asking for bonus pay for RTs who work for home medical equipment suppliers.
- A new letter AARC signed on to that you approved a little over a week ago that will go to Congressional Leaders asking for certain telehealth expansions to be made permanent once the public health emergency is lifted.

- A rushed and concerted effort AARC led a coalition of 15 organizations that signed on to a letter regarding a July 22 meeting of CMS' medical committee to review coverage policies for noninvasive ventilators that we have been pushing them to do for over 5 years

(Here is another link Anne Marie sent for more information)

<https://connect.aarc.org/communities/community-home/librarydocuments?communitykey=91f48b4a-8b0c-416e-8545-2028ec621647&tab=librarydocuments&LibraryFolderKey=&DefaultView=>

Once you click on the link, go to the 2020 folders, and click on 2020 AARC Comments & Joint Comments.

Message from the President articles have been posted in the RT Times over the Spring with other ones coming out in July and August.

Communication continues:

- Weekly calls with Executive Director/President
- Weekly calls with the President, Past President, and President Elect
- Monthly calls with the BOD Executive Committee
- Monthly calls with the BOD/HOD officers
- COVID-19 has taken up most of our time to keep our members informed. The AARC office has been working to update the resource page, substitute for Summer Forum, Develop ventilator videos for use by healthcare providers, providing education as asked by the media, develop public relations opportunities, putting out “fires” of misinformation, support the affiliates, and many other activities.
- The executive committee pulled together a policy to assist families of fallen RTs.
- Personal sympathy cards by the President has gone out to families and departments of fallen RTs
- Videos have been developed to thank front line RTs.
- Sunflower brigade has been implemented to support positive messaging in social media with about 100 members participating.
- VPs have been following up with their committee assignments to encourage participation and communication of needs.
- Many planned meetings with organizations, Canada, and affiliates have been cancelled or transition to virtual meetings.

*** more updates verbally given at the meeting. Please bring your questions to the zoom meeting for further discussions.

My sincere thanks and gratitude to each one of you for your support, patience, understanding, and love for this last few months. I appreciate your passion for our profession, members, and our patients. You are my strong

hold, we are in this together.

I will leave you with a favorite quote of mine by *Ann Brossia*

The Five W's of Life

Who you are is what makes you special. Do not change for anyone.

What lies ahead will always be a mystery. Do not be afraid to explore.

When life pushes you over, you push back harder.

Where there are choices to make, make the one you won't regret.

Why things happen will never be certain. Take it in stride and move forward.

Keep moving the profession forward. We are RT Strong!

PAST PRESIDENT

Submitted by: Brian Walsh | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

Nothing to report

Other Info:

N/A

Executive Office

Submitted by: Tom Kallstrom | 2020 Summer BOD Meeting

MEMBERSHIP

Membership numbers so far in 2020 have seen positive rise for the past 5 months. As of the end of May active membership is at 42,050. As you will recall that the affiliates receive an additional dollar of revenue share when we maintain over 40,000 in each quarter. A verbal update will be provided at the July board meeting.

Outreach, Promotion, and Engagement Opportunities

- The AARC will be participating in the HOSA 42nd Annual International Leadership Conference in Orlando, Florida, in June.
- We recently joined The National Association of Advisors for the Health Professions.
- We have signed on to be a part of Health Professions Week this year. This is the first time that the AARC has been a part of this recruitment effort.
- SCCM has asked the AARC to join them in COVID-19 2nd Wave Primer, which is an educational effort to prepare ICU clinicians to be better prepared for a possible 2nd way this fall
- As you know AARC and SCCM also partnered in a joint statement on managing multiple patients on mechanical ventilators at the beginning of the COVID pandemic. ASA, CHEST, APSF, and AACN were part of the effort as well
- The AARC worked with Richard Branson and Rob Chatburn we were able to develop a guidance document and video on managing and monitoring bulk oxygen in acute care hospitals as a result of patients with COVID on ventilators
- Richard Branson also was instrumental in the development of a guidance document that described how Bilevel could be used as a mechanical ventilator when stock of ventilators is depleted.
- The AARC sent letters to U.S. Vice President Mike Pence, U.S. Congress, the Department of Health and Human Services, and the Centers for Medicare and Medicaid Services. These letters advocate for the role of the respiratory therapist during this crisis and beyond
- The AARC partnered with Ventilator Training Alliance in an effort to allow easy access to RTs who require immediate information about mechanical ventilators electronically.
- The AARC worked with Harvard to develop a series of short ventilator videos to be viewed by front line clinicians in the ICU. Over 225,000 have signed up for the series worldwide. Of this number only 21% were accessed from the United States.
- The AARC worked with CHEST in the development of a service that matches up clinicians who wish to work in COVID hot spots across the country.
https://www.aarc.org/nn20-qualified-volunteers-needed-sign-up-to-serve-communities-in-need/?utm_source=informz&utm_medium=email&utm_campaign=news-now&utm_content=nn-52120&zs=4kQhO1&zl=0xWm5&fbclid=IwAR3EN4_gJ5NeTwhTMgZb3DaEjnX-mU7XkKb14ASYv54EDbVqX_sX1ozRNcY

- We have signed a contract with Asper for stockpile training. We await more specifics but we do expect several more ventilators to be added.
- We have been contacted by about 96 publications since the start of the March pandemic/quarantine. Most links to these inquiries are included in our [RT Thank You page](#). On this page, we also included links we came across featuring AARC Members in the News related to the pandemic. These news links were also shared out on our social media channels.
https://amresp.sharepoint.com/:x/s/Communications/ETqGWXEPnDFJlclupRz17BUBZIS-Q-pT0Cnn9_Mn8OTV6w?wdLOR=c8D1C823F-9050-A843-9EB4-86853C25A821
- We also created our COVID-19 News & Resources page, keeping a link featured on the AARC Homepage along with referencing it often in News Now and other communication channels. This page continues to be updated as we receive relevant information to add.
- We dedicated the April issue of AARC Times to COVID-19-related articles. We have also kept COVID-19 related topics active in News Now,

SPECIAL PROJECTS

Public Relations & Recruitment

The AARC is currently using the services of 5W a PR firm in NYC. The messages over the summer will focus on the significant role of the RT during the pandemic, promotion of the profession, attention drawn to those who might have an interest in becoming an RT. We just recently engaged with them and will be able to report more as we get into summer.

MEETINGS & CONVENTIONS

Summer Forum 2020

Summer Forum 2020 has been cancelled due to COVID-19. A virtual meeting (AARC LIVE!), has been created as a virtual alternative by which AARC members can secure continuing education. AARC LIVE! is NOT a replacement for Summer Forum 2020, however there is alignment in delivered content. Education content will be offered for Educators, RT Leaders & Managers, Adult Acute Care RTs and universal BONUS content which is applicable to all RTs regardless of specialty.

As of this writing, 142 people have pre-registered for the event. AARC LIVE! was created by the program committee, speakers and content selected, marketing plan developed, and registration launched in a 2.5-week window. There is roughly 3 weeks to go until the meeting. A projected 500-600 people will need to attend to position the Association to meet its original budgeted goals for Summer Forum. It is undetermined at the moment how state licensure decisions to waive continuing education requirements for 2020 will impact attendance for this meeting.

Future Summer Forum Destinations

- 2020 - Cancelled (Snowbird, UT)
- 2021 - Bonita Springs, FL
- 2022 - Palm Desert, CA
- 2023 - Ft. Lauderdale
- 2024 - Snowbird, UT (2020 Re-book)
- 2025 - Ft. Lauderdale
- 2026 & Beyond - OPEN

AARC Congress 2020

COVID-19 has created havoc for the logistical planning of the traditional, live meeting of AARC Congress. A verbal report will be provided to the BOD regarding the current status of the meeting, possible need to cancel the live event and next steps needed in the event the live meeting must be cancelled. At the time of this writing, the live event will take place as scheduled. Below are updates on the current status of the meeting:

- At the time of this writing, ATS, ASA and SCCM have already cancelled their remaining meetings this year and their winter 2021 meetings. No announcements have yet to be made by ACCP for their Oct. meeting.
- Program Committee: The 2020 Program Committee met in January to plan for a live meeting and created content commensurate with the charges of the committee. The committee is on stand-by in the event the live meeting must be altered or cancelled and replaced with a virtual event.
- Open Forum: 156 Open Forum abstracts have been submitted for presentation at AARC Congress 2020. The editorial staff of RESPIRATORY CARE has initiated peer-review of the abstracts and will deliver a scaled back, single room delivery of abstracts for a live meeting of AARC Congress 2020 and is currently evaluating options by which abstracts could be delivered virtually in the event that the live meeting is cancelled.
- Sponsorships: At the time of this writing, \$182,500 in sponsorships have been secured for AARC Congress 2020.
- Exhibitors: At the time of this writing, 88 exhibitors are confirmed for AARC Congress 2020. ~ 6 exhibitors have already cancelled due to concerns over COVID-19 with an additional 12 exhibitors who have inquired about cancellation or have suggested it is their intent to cancel. Comparatively speaking, when compared to the same time frame last year, more than 110 exhibitors had confirmed booth space in 2019.
- At the time of this writing, the AARC Meetings & Conventions team have been in near daily contact with our hotels, convention center and CVB in Orlando.

Future AARC Congress Destinations

- 2020 - Orlando, FL (scheduled)
- 2021 - Phoenix, AZ

- 2022 - New Orleans, LA
- 2023 - Nashville, TN
- 2024 - OPEN
- 2025 - OPEN
- 2026 - New Orleans, LA
- 2027 & Beyond – OPEN

COMMUNICATIONS/MARKETING

2. Communications/marketing: AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.

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

AARC Marketing and Communications continues to work with HigherLogic to develop “personas” that will allow for segmentation marketing and communications to audience of interests. The first three personas being developed include managers, adult critical care and students. Once these personas are developed and implemented, a period of monitor and assessment will take place before future personas are identified and developed.

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

AARC continues to utilize a multimedia approach to communicating with members and non-members on activities within the association. New endeavors that have been deployed in 2020 include segmented emails and Corporate Partner newsletters. Areas current being investigated for implementation in 2021 are AARC Newsroom (this will replace AARCTimes and NewsNow) and podcasts.

2.5 AARC Times connects the association to its members and inspires engagement.

As previously stated, the print version of AARCTimes ceased at the end of 2019 and a hybrid digital magazine was utilized as a bridge communication media in 2020. In 2021, this will be converted into AARC Newsroom. The Newsroom will feature real-time articles, communications and multimedia items that are updated on a daily basis much like an on-line newspaper. A newly branded NewsNow newsletter will be created to drive attention to the newsroom. This newly created communication vehicle will be open-access to the entire respiratory care community as will the weekly newsletter.

2.6 The Respiratory Care Journal is the premier scientific publication for respiratory care.

The Respiratory Care Journal continues to provide high-quality, peer-reviewed manuscripts each month to its readers Areas of interest in 2020.

- We have seen an uptick in the number of print subscriptions
- Fast-track (immediate posting after acceptance) and Open-access manuscripts (available to anyone, subscription not needed) have been

added to the Journal's offerings for a paid fee by authors as many other journals provide.

- Ideas to get the Journal in front of more readers/subscribers are being investigated.

2.7 AARC social media channels will be used to create engagement and interactivity with multiple targeted audiences.

MarCom is currently optimizing its YouTube platform and developing channels for specific products or videos. In 2020, we have added Current Topic videos that are no longer available for CRCE to the platform.

6. Revenue and finance: The AARC produce ample revenues from diverse sources, which are managed to the highest standards

6.1 Secure new sources of revenue, consistent with mission, that supplements education, sponsorship, and membership as the majority of income.

New sources of revenue have never been more relevant and critical to the AARC than what we have witnessed with COVID-19 impacted changes in 2020. AARC continues to investigate new areas of opportunities that have a strong return on investment and provide value and interest to the respiratory care community. Areas that have been implemented or are being investigated are:

- Current
 - New advertising opportunities
 - Special webcasts
 - Joint ventures with other societies (SCCM)
- Future
 - Podcasts
 - Slight revisions to Corporate Partner program in 2021
 - AARC Newsroom
 - All digital advertising sold by AARC (July 2021)
 - Digital focus groups
 - Corporate Partner Communities

6.3 The AARC will work to be the leading manager and provider of respiratory care related industry sponsored grants.

COVID-19 has had a major impact on grant accessibility in 2020. Many organizations have temporarily suspended their grants and closed their portals during this pandemic.

6.4 Explore Revenue potential in membership enhancements with implementation of new CRM system

AARC has implemented the auto-renewal program that allows members to enter a credit card to be automatically billed for membership renewal. To have a full prospective, it will take a one-year cycle of renewals to assess the impact.

Accounting

- All financials have now been moved to Protech CMS that feed into our accounting software

Informational Technologies

- We are currently in the process of upgrading on internal internet hardware to optimize our internet speeds from 100 mbps to 250 mbps
- We will also need to upgrade the desktop phones that we have to realize these faster speeds since our telephones are VOIP. These monies will be taken from the Board approved IT funds for 2020.
- In August, we will be upgrading the Protech Member portion of our database that will provide a better, more integrated experience from a Microsoft cloud-base server. Upgrade to a compatible platform for AARC staff will take place in 2021. This will allow AARC to realize the full potential of the Microsoft platform and development

State Society Support

- AARC provided state revenue and co-marketing monies with the first half of April for the 1st quarter. This revenues dispersed were over \$130,000 at the new rate of \$14 per active member. An additional \$6,200 was shared for co-marketing of select education programs. We expect by the time of our Summer meeting, we will be sending out 2nd quarter monies.
- At the time of this reporting, the AARC Executive Office had assisted our state affiliates with 13 different issues from 11 different state affiliates. These issues fell into areas such as:
 - Financial (2)
 - Licensure issues (3)
 - Governance/Board related matters (4)
 - State meeting advice
 - Social Media Strategies (3)

In 11 of the 13 cases, AARC Executive Office was able to provide advice to assist in the issues. One item resulted in a Joint Statement with AARC and the state society and one item was referred to Speaker Miller and President Schell for resolution.

Education Horizon Goals Update

Horizon Goal 3: AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy and supports elevation of the profession.

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

Tactic 3.1.1: The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members. [complete and reported in March 2020]

Tactic 3.1.2: Support smoking cessation and healthy lifestyle education and certification

to RTs and other professions. [ongoing]

The AARC has partnered with the CDC *Tips from Former Smokers* Campaign and the Smoking Cessation Leadership Center to deliver content relevant to respiratory therapists. In 2020, a free-for-members course focused on vaping was made available. However, on the survey conducted in the fall of 2019, zero respondents indicated they were interested in pursuing the CTTS credential. The AARC has also submitted a subcontract grant with the Smoking Cessation Leadership Center and the Substance Abuse and Mental Health Services Administration for a follow-up project focused on quit attempts during stressful times and how mental health can impact the success of a quit attempt. The status of that subcontract is pending.

Tactic 3.1.3: Educate members to utilize evidence-based medicine. [ongoing]

10 of the scheduled webcasts each year are focused on the RESPIRATORY CARE editor's choice and provide attendees with an analysis of the evidence and clinical application. The 6 Clinical Practice Guidelines started in late 2017 are expected to be completed and published in 2020. The six projects are: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The adult tracheostomy CPG was submitted for review in early June 2020.

The AARC Education Section continues to publish the *Respiratory Care Education Annual*. Volume 28 was published in September 2019. The *Respiratory Care Education Annual* is indexed in CINAHL and Ulrich's (ISSN 2372-0735). The current issue is under development. Dr. Dennis Wissing is the 2020 Editor and Dr. Georgianna Sergakis is the 2020 Associate Editor.

Strategy 3.2: Increase the educational levels of the profession.

Tactic 3.2.1: The AARC will collaborate with stakeholders to advance the profession to a Baccalaureate Degree Entry to Practice. [ongoing]

The Baccalaureate Degree Entry to Practice committee has been addressing issues with transitioning programs from AS to BS. In addition, President Schell initiated the monthly AS to BS lunch 'n learn activities in January 2020. To date, one event has been held and three more have been scheduled. The AS to BS conversion committee has been providing outreach to AS programs interested in transitioning to BS. At this time, 9 programs are receiving assistance from that committee.

Tactic 3.2.2: The AARC will continue to work to increase the percentage of BS prepared RTs within the workforce. [ongoing]

The AARC promotes the baccalaureate degree through programs such as the APEX award and the Preceptor Recognition program. The Apex program standards were renewed for the 2020 application cycle and will be available in mid-June. Applications open in September. The Preceptor Recognitions program applications are open through July 31. The Career Pathways committee has developed artifacts that will be used in marketing campaigns (AARC website and social media) to promote earning a BS degree.

Tactic 3.2.3: The AARC will continue to work to increase the percentage of MS prepared RTs within the workforce, including Advance Practice. [ongoing]

The APRT, Credentialing and Education Committee is addressing the advance practice

respiratory therapist profession. In 2019, a systematic review was published in CHEST and made available as an open access resource to respiratory therapists. The needs assessment conducted in 2018 has been accepted for publication in RESPIRATORY CARE. The AARC published the scope of practice in 2020 and is currently working on developing a website to keep members up to date.

It is expected that the 2020 Human Resources Survey will provide new information regarding the educational status of respiratory therapists and the scope of the gap of MS prepared respiratory therapists.

Tactic 3.2.4: Increase the % of doctoral prepared RTs to be the future educators, leaders/managers and researchers of the future. [pending]

This item has been identified as low priority; addressing issues with MS prepared respiratory therapists was identified as more urgent.

Tactic 3.2.5: Encourage and support diverse and underrepresented populations to enter the respiratory profession. [ongoing]

In 2020, the AARC released the Be an RT promotional website. The AARC is working on developing new artifacts to add to the website, which will feature adult critical care and testimonials from patients. In addition, the AARC continues to explore different ways to engage and partner with HOSA. The AARC's ad in the 2019-2020 HOSA Affiliation packet was distributed to the 5,000 schools that participate in HOSA. Studio recordings have been delayed due to COVID-19.

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

Tactic 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.

Due to the cancellation of spring conferences, AARC educational offerings have been in high demand. Bundles providing CRCE that addresses specialty credentials were released in 2020. Planned for 2020 development is the Advanced Leadership Institute (delayed due to COVID-19) and an update of the 2014 Clinician's Guide to Treating Tobacco Dependence and the 2013 Guide to the Nutritional Assessment and Treatment of the Critically Ill Patient. See table below for progress on major education products. The AARC Board of Directors requested that the NBRC create an interdisciplinary Pulmonary Disease Educator credential. The first phase of that project is complete.

2020 Educational Product Sales/Attendance Trends at a glance (as of 5/31/2020)

	2019 YTD	2019	2018	2017	2016	2015	2014	Comments for 2020
Live webcasts & JournalCasts	5,656 (628)	11,335 (472)	11,039 (480)	8,998 (391)	8,140 (339)	9,730 (423)	8,802 (382)	
Asthma Educator Prep Course	102	273	223	241	246	183	268	Above budget
Ethics	2,566	4,392	4,498	4,299	4,242	1,928	1,757	Above budget

Exam Prep (F&P grants in 15, 16, & 18)	30	57	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	Above budget
Leadership Institute	46	83	52	60	99	68	89	Above budget
Asthma & the RT	329	575	547	512	604	446	172	Above budget
ACCS	104	169	192	140	164	121		Above budget
PFT: Spirometry	319	544	659	575	422	228		Above budget
PFT: Pediatrics	81	162	195	132	117	43		Above budget
PFT: Advanced Concepts	117	289	358	280	264	79		Above budget
Tobacco Training	76	233	227	188	259	85		Under budget
Congenital Heart Defects	68	104	77	72	122			Above budget
Pulmonary Disease Educator	206	633	413	319	32			Above budget
NPS	50	155	143	124				Under budget
Pulmonary Rehabilitation	270	353	354					Above budget

Tactic 3.3.2: The AARC will continue to provide resources that can be utilized by the hospital-based educator for the promotion of continuing education and competency development for respiratory therapists.

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 3,592 records for the Clinical PEP program as of 12/31/19. In 2019, 168 subscriptions to the product were purchased. The team has upgraded a few features of the program, including the ability of the participant to track their own progress through the course. New content and a refreshed website will be added in 2020.

- 2019: 788 CRCE
- 2018: 846 CRCE
- 2017: 672 CRCE
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

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

Tactic 3.4.1: The AARC will promote original content educational opportunities to members. [ongoing]

The marketing department has been producing digital ads to promote AARC University courses as well as placing courses in prominent positions on the website.

Tactic 3.4.2: The AARC will engage with professional partners to showcase original AARC educational opportunities available to respiratory therapists. [ongoing]

In 2020, the AARC has partnered with the Society for Critical Care Medicine and Harvard to develop relevant content geared toward the COVID-19 response. The AARC has also partnered with ASPR for dissemination of training materials related to the SNS ventilators. As the federal government added 15 new models to the stockpile, training will be a complex process of on-demand and live programming through May 2021. The AARC is contracted with ASPR to deliver this training. Details to be developed as the ventilators become available for training.

Horizon Goal 5: AARC has an engaged, diverse membership comprised of a majority of Respiratory Therapists.

Strategy 5.1: Create and communicate the value of AARC membership to each community of interest.

Tactic 5.1.1: Develop a recruiting campaign to engage underrepresented populations of RTs to become members. [ongoing]

The AARC is in the process of developing an outreach program. A focus group of multiple stakeholders is scheduled for March 2021. This progress has been delayed from the original March 2020 date due to COVID-19.

Tactic 5.1.2: The AARC will develop a membership campaign focused on capturing therapists working in specialty areas of respiratory care. [ongoing]

It is expected that a comparison of the 2020 Human Resources Survey data and current self-reported data in the AARC's database will highlight the gaps in specialty practitioners who are members.

Strategy 5.2: Engage and Increase involvement of AARC members through a variety of media.

Tactic 5.2.1: Consider demographic data points, how to capture and whether or how to use them. [ongoing]

The AARC began progress on the 2020 Human Resources Survey in the late Winter of 2020. The survey was expected to be sent to respiratory therapists, educators, and managers for input in April 2020. However, the survey deployment was delayed due to the COVID-19 pandemic. The AARC is evaluating an appropriate date for deployment.

Strategy 5.3: Monitor membership patterns and retention to identify opportunities for growth.

Tactic 5.3.1: The AARC will continue to monitor membership patterns and identify areas of opportunity for recruitment.

At the end of May 2020, our total membership numbers were 42,050. We will have more current figures to report at the board meeting in July.

Tactic 5.3.2: The AARC will continue to collaborate with state affiliates to identify state-specific membership patterns and identify areas of opportunity for recruitment
The 2020 Leadership Boot Camp was cancelled due to COVID-19. We will resume this activity in 2021 barring any major barriers.

Strategy 5.4: Analyze RT populations that do not join to understand unmet needs and opportunities.

Tactic 5.4.1: The AARC will collaborate with state affiliates to identify the perspective of non-members and identify gaps in member services. [pending]
This activity has been put on hold due to COVID-19 response and will be explored in more detail during the 2021 AARC Leadership Boot Camp in March.

RESPIRATORY CARE

The number of manuscripts received continues to increase, 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. For the first 5 months of 2020, 448 manuscripts were received (21% accepted). Of these, there were 352 original research submissions (15% accepted).

The proceedings of the 2019 Journal Conference, *Monitoring Respiratory Function in Adult Critical Care*, was published in June 2020. Due to COVID-19, the 2020 conference, *COPD: Current Evidence and Implications for Practice*, was postponed until June 2021.

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. The deadline for this year's submissions was June 1, 2020. Likely due to COVID-19, the number of submissions this year (158) is about half of what we received last year (296).

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. For the first 5 months of 2010, 1,587 CRCE were awarded by attending the JournalCasts (average attendance 540; 719 in May) and 3,573 from CRCE through the Journal (1,813 individuals).

We welcomed our first Journal intern, Denise Willis MSc RRT RRT-NPS AEC, on January 1. She served until June 30, 2020. Our second intern, Andrew Miller MSc RRT RRT-ACCS RRT-NPS started on July 1. The internship allows respiratory therapists an opportunity to learn the processes of peer-review, journal production, and other activities of RESPIRATORY CARE. 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.

Each month, the Journal produces podcasts in English, Spanish, Mandarin, and Portuguese. These are hosted on SoundCloud, a popular podcast source. In 2019, we had 15,840 listens (average 1,320/month) of the English language version of the podcast. This compares to 11,433 listens (average 861/month) in 2018.

We are working with the Cochrane Collaboration to publish brief overviews of completed Cochrane reviews that we deem of interest to our readers. The first 2 reviews were on the topics of NIV for COPD exacerbation and NIV for cystic fibrosis. Others are in preparation.

Increasingly, authors want their papers published soon after acceptance. To address this concern, we are now able to Fast Track accepted papers to PubMed. This consists of the author files submitted, before copyediting and production. It can be completed within a few days of acceptance. Some authors also request that their paper is Open Access, and we now have a mechanism for that as well. Both Fast Track and Open Access are available to authors for a fee.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Summer 2020

REPORT

CONGRESSIONAL UPDATE

Addressing the Public Health Emergency

Congress has passed four comprehensive bills since March to address the economic impact of COVID-19, as well as to assist providers and to improve patient access to testing and treatment.

- On March 6, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act, which provided \$8.3 billion in funding for vaccine development, support for state and local governments, and small business assistance. Specific funding went to the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The bill also included a waiver that expanded access to telehealth services.
- On March 18, Congress passed the Families First Coronavirus Response Act, which included provisions related to coverage for COVID-19 testing, paid leave and unemployment insurance, food security initiatives, and increased Medicaid funding.
- On March 27, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This \$2 trillion legislative package included \$172.1 billion for HHS, with specific funding for the CDC and the NIH. Key provisions include the following:
 - Further expanded access to telehealth services
 - Established the Public Health Emergency Fund to provide \$100 billion in support for health care providers
 - Created the small business Paycheck Protection Program (PPP)
 - Provided immediate relief from the Medicare sequester
 - Allowed for 90-day prescription refills for Part D beneficiaries.
- Finally, on April 27, Congress passed the Paycheck Protection Program and Health Care Enhancement Act. This bill did not authorize new programs but added funding to programs created in the CARES Act, so we refer to it as an “interim package” of \$484 billion that included an additional \$75 billion for Public Health Emergency Fund and \$310 billion for the PPP.

On May 15, the House passed the HEROES Act, its version of the fourth COVID-19 relief bill, but Congress has not taken additional action to enact legislation to address a number of outstanding COVID-19 needs facing providers, health systems, states, and ordinary Americans.

- Prior to the House action, AARC sent a letter on April 14 to Congressional leaders requesting that respiratory therapists be recognized for their valuable contributions on the front line as they dedicate themselves to saving lives and combating the deadly COVID-19 pandemic after it was learned Rep. Schumer had developed a proposal to establish a HEROES Fund to provide premium pay for essential workers. The letter requested Congress include respiratory therapists as recipients in the Heroes Fund. The Fund is included in the House-passed HEROES Act and has been championed by several Democratic Senators. The legislative language leaves it up to the employer to determine who is an “essential” worker.

Unfortunately, the timeline for additional action continues to grow. Buoyed by the recent jobs report, Senate Majority Leader McConnell does not plan to begin negotiating the next relief package until late July, preferring to wait for the next jobs report and for the administration to disburse more of the aid already appropriated.

Congress Begins to Turn Its Attention to Other Issues Despite Ongoing COVID-19 Needs

Congress is now turning its attention to FY 2021 appropriations, which have been delayed as Congress has been focused on the pandemic and members of Congress have been away from Washington for much of the spring. In a break with tradition, the Senate will mark up its appropriations bills first, including the bill that funds the Department of Health and Human Services. The House will follow. No formal announcement has been made, but the delay will almost guarantee that Congress needs to pass a continuing resolution to fund the government when the new fiscal year begins on October 1. Already, some members have expressed concern about a potential government shutdown if negotiations go poorly between President Trump and Speaker Pelosi. Senate Republicans have raised the possibility of enacting legislation that would provide for an automatic continuing resolution should the appropriations bills not be approved prior to the start of the new fiscal year. Senator Pat Leahy, Ranking Member on the Appropriations Committee, quickly expressed his opposition to this proposal.

Other items on the agenda for the summer include police reform legislation in both chambers and Affordable Care Act (ACA) reforms in the House. Plans to pass legislation to bolster the Affordable Care Act in late March to coincide with the anniversary of its passage were scuttled by COVID-19. Congress has also expressed interest in addressing telehealth policies after the public health emergency ends. Senators Schatz (D-HI) and Wicker (R-MS), the lead sponsors of the CONNECT Act, led a bipartisan letter to Senate leadership along with 30 Senators that called for the expansion of access to telehealth services during the COVID-19 pandemic to be made permanent.

AARC ADVOCACY INITIATIVES

With respiratory therapists on the front line in combatting COVID-19, AARC made a conscious decision to dispense with traditional grassroots advocacy efforts and messages to Congress on specific bills, recognizing patient care comes first with our members during this challenging time. However, we have kept up our advocacy efforts predominantly from an Association standpoint rather than through our state affiliates with a central focus on having RTs covered as telehealth practitioners.

AARC Advocacy on COVID-19 Policy

AARC has been busy advocating with Congress and CMS on policy priorities for the COVID-19 public health emergency. On March 18, AARC sent a letter to Congressional leadership requesting they include a provision in legislation that would allow respiratory therapists to deliver services via telehealth during the pandemic. AARC has worked closely with the BREATHE Act sponsors Reps. Mike Thompson (D-CA) and T.J. Cox (D-CA) on ensuring that respiratory therapists can provide telehealth services during the public health emergency. As noted above, despite our efforts, we have not pursued standalone legislation on the topic since AARC does not feel it is appropriate to launch a grassroots campaign given the need for members to focus on the COVID-19 response.

A similar letter was sent to Secretary Azar and CMS Administrator Verma. We also have been engaging with the agency on the waivers provided for the public health emergency through formal comments and submitting questions to agency staff. For example, CMS makes its decisions based on benefit categories within the Medicare statute. The “incident to” benefit category would allow RTs to furnish telehealth services and have the physician bill for the service, so we believe it is within the agency’s administrative authority to include RTs under the telehealth benefit. We continue to press CMS for a decision. Last, as you have seen from our COVID-19 Resource webpage, we reached out to various officials in the Administration as well, not only to raise the level of awareness of the important role respiratory therapists provide in combatting COVID-19 but to advocate for including RTs as telehealth practitioners.

AARC Advocacy and Collaboration with other Organizations Related to COVID-19

The public health emergency has brought together like-minded stakeholders who have presented joint comments on numerous issues impacting the delivery of respiratory care services and individuals who suffer from chronic respiratory conditions. AARC has joined others in the following initiatives:

- *American Thoracic Society*: A letter to the Senate and House Appropriations Committee Chairs urging them to consider language in the Senate FY21 Labor, Health and Human Services and Education Appropriations bill directing CMS to report on Medicare beneficiary access and use of supplemental oxygen, with a particular focus on liquid oxygen.
- *American Thoracic Society*: A letter to the Senate and House Appropriations Committee Chairs urging them to consider language in the Senate FY21 Labor, Health and Human Services and Education Appropriations bill that would create a \$5 million grant program for chronic diseases activity within the Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion budget for FY2021.
- *Pulmonary Fibrosis Foundation*: A request to CMS Administrator Verma to waive all in-person testing requirements for patients receiving supplemental oxygen during the pandemic, as well as for patients who require recertification for oxygen prescriptions. The groups also urged CMS to waive the requirement for signature at delivery of supplemental oxygen.
- *CHEST*: A letter to HHS Secretary Azar and CMS Administrator Verma asking for CMS to allow temporary reimbursement for cardiac and pulmonary rehab services provided remotely in the patient’s home; to remove liquid oxygen from competitive bidding; and to host a public forum to provide clinical expertise to CMS in order to update problematic decades old policies related to home mechanical ventilation.
- *American Society of Association Executives (ASAE)*: A letter to the House and Senate Majority and Minority leaders urging the inclusion of additional emergency support in the next coronavirus aid package for trade and professional associations.
- *US COPD Coalition*: A letter to Secretary Azar and Administrator Verma requesting relaxation of direct physician supervision rules, a waiver of current restrictions to allow RTs to provide care in the home under the Home Health Benefit for individuals in need of respiratory related interventions, and the inclusion of RTs as telehealth practitioners during the pandemic.
- *Multi-stakeholder Telehealth Coalition*: A letter to the National Governors Association and the National Emergency Management Association urging all states, including those who have not waived licensure restrictions on out-of-state health care providers or restrictions on

modality and technology, to establish and promote a uniform approach to utilizing the full-range of digital health care tools available to address the COVID-19 emergency.

- *Public Health Tobacco Coalition*: A letter to the FDA urging disclosure of information necessary for the public to know the products for which premarket applications have been filed and are undergoing the premarket review, as well as to identify those products still being marketed in violation of the statute.
- *American Association of Cardiovascular and Pulmonary Rehabilitation (ACVPR)*: Email to CMS Administrator Verma and Tamara Syrek-Jensen, Director of CMS' Coverage and Analysis Group asking for clarification of certain aspects of "virtual" physician supervision of cardiac and pulmonary rehab programs during the pandemic and urging CMS to expand coverage criteria to include Medicare beneficiaries hospitalized with a diagnosis of COVID-19 to receive services for one year post-discharge from the hospital.
- *Healthcare Leadership Council*: A letter to Representatives Terri Sewell and Adrian Smith from over 300 organizations expressing strong support for H.R. 5741, the "Strengthening Innovation in Medicare and Medicaid Act" that addresses patient and provider concerns about the impact of CMS' innovative payment models on access to care and quality of care.

Update on Ventilators

On April 2, AARC led an organizational sign-on letter requesting that Congress include in the next COVID-19 response legislation a provision to remove noninvasive ventilators (NIV) from the competitive bid program for five years in order to protect patient access to these life-saving devices as currently outlined in H.R. 4945, the SMART Act. This letter was sent to Congressional leadership, as well as to the SMART Act bill sponsors and the committees of jurisdiction in both the House and the Senate. On April 8, AARC sent an organizational sign-on letter to the Centers for Medicare and Medicaid Services (CMS) with this same request. On the next day, April 9, CMS announced they would remove NIVs from the upcoming round of the competitive bidding program scheduled to take effect January 1, 2021.

This is a great win for AARC's advocacy! Hats off, too, to the many stakeholders we worked with. Although AARC led the patient and clinician coalition, this was a concerted effort that included the home medical equipment industry and ventilator manufacturers, and we appreciate the ability of all of us to work together, in this case, for a common cause to protect patients.

FEDERAL INITIATIVES

This is the time of year when we start to see proposed rules for 2021 annual updates for various payment systems. CMS has issued proposed rules for inpatient rehab facilities and acute care and long-term facilities; however, changes do not appear to impact respiratory care. For example, CMS notes that the measures they have adopted for the Hospital Readmissions Reduction Program, including those relating to COPD, adequately meet their goals and they are not proposing to remove or adopt any additional measures now. The same is true for other topics such as value-based purchasing and hospital-acquired conditions.

By the time of the Board meeting, we expect proposed rules to be issued for the 2021 update to the physician fee schedule, which should include policies relating to telehealth, as well as proposed rules announcing payment rates for durable medical equipment based on the new bidding process using lead item pricing.

With the pandemic occupying much of the news, our daily lives, and its impact on the nation's health care system, Federal initiatives have mostly centered on a relaxation of policies and enforcement activities in the form of waivers and interim final rules from CMS.

CMS Response to COVID-19

The agency has been hard at work on regulatory activities to support providers and ensure patient access to safe and effective health care. CMS issued several blanket waivers for health care providers to assist health care systems in effectively managing potential surges and other challenges of treating COVID-19 patients.

To date, CMS has issued two interim final rules with policies intended to provide regulatory relief during the public health emergency. The March 30th rule extended temporary regulatory waivers to health care providers to facilitate safe and effective care for the duration of the public health emergency. The second interim final rule released on April 30th included additional policy changes, most notably a provision that allowed hospital outpatient services to be delivered at a patient's home. Both regulations aim to increase hospital capacity, expand the health care workforce, improve access to telehealth services, and reduce the regulatory burden on providers throughout the public health emergency.

Temporary Changes in CMS Policies Impacting Respiratory Care

There are several provisions set forth in the CMS interim final rules discussed above that impact respiratory care. Additional details are provided below.

Telehealth: There has been a robust expansion of covered telehealth services since the declaration of the public health emergency, with the list now close to 240 codes. New codes related to respiratory care include ventilator management and demonstration/evaluation of inhaler techniques. Smoking cessation counseling has always been a covered telehealth service. During the pandemic, CMS has also changed its process of adding new telehealth services to a sub-regulatory process, instead of a rulemaking process, allowing it to consider requests directly from stakeholders. AARC has submitted comments to add self-management education and training and pulmonary rehabilitation codes to the list. We are currently reviewing other types of services that are appropriate, such as office spirometry and others, and will submit additional comments when the next interim final rule is announced, which is expected shortly.

CMS also waived statutory requirements that specify the types of practitioners that may bill for Medicare telehealth services. The waiver now expands the types of health care professionals to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services to now do so, including physical therapists, occupational therapists, speech language pathologists, and others. CMS added 21 new therapy telehealth services resulting from this change. The irony is CMS also added several respiratory-related services to the telehealth list but continues to consider respiratory therapists ineligible because they have no direct billing authority.

Outpatient Therapeutic Services: During the public health emergency and because of concerns about infection control and continuity of treatment, CMS is providing additional flexibilities in the provision of outpatient therapeutic services by allowing the beneficiary's home or temporary

expansion site such as a Community Mental Health Center to be a provider-based department of the hospital if the beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services. We believe this opens the door for respiratory therapists to provide outpatient therapeutic services via telehealth and have asked for clarification from CMS.

Respiratory Care Services: CMS is waiving the requirement set forth in the Hospital Conditions of Participation that require hospitals to “designate in writing” personnel qualified to perform specific respiratory care procedures and the amount of supervision required for personnel to carry out those procedures. According to CMS, these flexibilities can be implemented so long as they are not inconsistent with a state’s emergency preparedness or pandemic plan, to allow all qualified professionals to operate to the fullest extent of their licensure and training in providing patient care. Although hospital policies need not be in writing during the pandemic, the requirements for those who are qualified to furnish respiratory care services has not changed. They include job title, licensure consistent with State law, education, training and experience of personnel authorized to perform each type of respiratory care service and whether they may perform it without supervision and the type of personnel qualified to provide the direct supervision. The rules also allow for specialized training to be a consideration.

We have received several inquiries with respect to a statement put out by The Joint Commission (TJC) that says: For hospitals that use Joint Commission accreditation for deemed status purposes: Staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing.” Some have questioned the supervision requirement, which as discussed above, has always been included as part of the Hospital Conditions of Participation. It is unclear whether TJC is aware CMS has lifted the written requirement during the pandemic. Regardless, as an accrediting body, TJC can require standards that are more restrictive than CMS.

Non-Enforcement of Clinical Conditions for Respiratory Equipment: As highlighted on our COVID-19 resource page, CMS has decided not to enforce the clinical conditions for coverage across respiratory items to facilitate the ability of clinicians to prescribe the appropriate respiratory equipment and allow those beneficiaries to be treated at home during the pandemic. This decision allows maximum flexibility for practitioners to care for their patients and includes policies related to home oxygen, CPAP for Obstructive Sleep Apnea, and noninvasive ventilators for home use. In addition, a Certificate of Medical Necessity is no longer required when determining the need for home oxygen and the requirements that a face-to-face evaluation be conducted prior to delivery of durable medical equipment is not being enforced in order to allow flexibility to address the needs of those discharged to home after a COVID-19 event.

Medicaid Waivers to Recognize RTs in the Home

As part of the public health emergency, CMS has granted certain blanket waivers to states; however, certain amendments to their state plans require an additional approval from CMS. Arkansas requested and was approved a waiver to provide enhanced payments to direct care workers in skilled nursing facilities, nursing homes, home health agencies, hospice, and other personal care facilities.

AAHomecare reached out to ask if AARC would work with them on a grassroots campaign to all Governors to have each state request a similar waiver to that of Arkansas, but to include the home medical equipment community so respiratory therapists and other direct care workers such as assistive technology professionals they employ could also be recognized for the work they are doing. RTs risk their lives and health to serve not only those infected by COVID-19 but also those who have been isolated at home. Since this was an opportunity to highlight RTs who are often overlooked in the Medicaid world, AARC agreed from a national perspective to send a letter to all Governors emphasizing the important role RTs play in the delivery of care in the home setting, the challenges they face, and the need for Medicaid to properly support the work they do.

Based on discussions with AAHomecare, we estimate around 4,000 RTs would be impacted if the Governors were to request additional waivers. Subject to certain criteria that includes hours worked set out in the Arkansas waiver, the enhanced payments range from \$125, \$250, and \$500 a week.

Tobacco Issues

Premarket Review: Based on a court decision last year, the Food and Drug Administration (FDA) was ordered to require manufacturers of e-cigarettes, cigars and other deemed new tobacco products on the market as of August 6, 2016, to submit applications for premarket review by May 12, 2020. Accounting for the pandemic and unforeseen issues such as in-person lab work, clinical studies and foreign travel cited by the industry as areas of concern, FDA requested a 120-day extension which was granted by the court on April 22, 2020. That means applications are now required to be filed by September 9, 2020. FDA still has authority under the original court order to exercise enforcement discretion for companies that submit timely applications, meaning their products could continue to be marketed without being subject to enforcement for up to one year, unless a negative action is taken by FDA on the application during that time.

Graphic Warning Labels: Another tobacco deadline impacted by the pandemic is the requirement that all cigarette packages display graphic warnings, effective June 18, 2012. The court granted a 120-day delay on May 8, which makes the new effective date October 16, 2021. You will recall from earlier reports, the graphic and text would occupy the top 50 percent of the area of the front and rear panels of the package and at least 20 percent of the area at the top of advertisements. Manufacturers would also be required to submit a plan to include the random display of warnings as part of its distribution plan and quarterly rotation of the warnings on cigarette advertisements. Although FDA proposed two graphic warnings related to COPD, the final rule which was published on March 18, included only the graphic that displayed a man wearing a nasal cannula with an oxygen tank in the background with WARNING: “Smoking causes COPD, a lung disease that can be fatal”. An additional warning related to the lungs is WARNING: “Tobacco smoke causes fatal lung disease in nonsmokers” with a picture of diseased lungs.

STATE INITIATIVES

The year started out with a dominance of tobacco legislation with hundreds of bills being introduced in a relatively short period of time. Many of the bills included raising the age to 21 to

purchase tobacco; however, when the President implemented provisions regarding a partial ban on flavored e-cigarettes in February, it included the age 21 restriction as a national law. Among states, the bills are largely consistent in addressing issues such as banning flavors, adding alternative nicotine products, e-liquids, nicotine delivery systems and vapor products to the definition of tobacco, adding excise taxes, and restricting smoking in public places. Only a handful have moved through the legislative process during the public health emergency, so they will not be discussed in detail in this report.

We have also seen a surge in the number of bills introduced that would create various levels of oversight to professional and occupational licensing and regulatory authorities to ensure compliance with anti-trust laws. However, few have successfully moved through the legislative process and it does not appear there is any immediate threat to the respiratory care profession. Because of the strong need to ensure the public's safety and welfare, licensing respiratory therapists has always been maintained in the few cases where de-licensing has been considered.

Most legislative activity has shifted to Executive Orders as states implement policies and procedures to deal with the COVID-19 pandemic. With respect to respiratory care, numerous states have lifted rules relating to professional licensure, renewals, temporary licenses, continuing education, lapsed licenses, out-of-state personnel, and student volunteers. In addition, we have seen an expansion of telehealth services with some states specifically naming respiratory therapists among the professionals permitted to provide such services. Highlights from some of the states are outlined below. Keep in mind the provisions relate only to the public health emergency and this is by no means an inclusive list.

Relaxation of Rules Relating to Respiratory Care

Indiana: For respiratory care students who have successfully completed all required course work at an approved school and applied for a license including providing a certificate of completion, requirements related to passing an RCP licensing or certification exam and criminal background checks are suspended only during the pandemic.

Nebraska: Statutory provisions and rules relating to the Respiratory Care Practice Act are temporarily waived in order to permit individuals who are properly and lawfully licensed to engage in respiratory care in a U.S. state or territory to work in Nebraska as long as they are in good standing and free from disciplinary action in the states where they are licensed. Continuing competency requirements and license renewal fees for respiratory care are also suspended.

Delaware: Allows RTs who have held an active Delaware license or certification within the last five years, which is now inactive, expired, or lapsed, to provide healthcare services in Delaware so long as that license was active and in good standing for the duration of the five-year period prior to the date it went inactive, expired or lapsed.

Wisconsin: Fees for applications for an initial credential and renewal for respiratory care practitioners are waived. Temporary emergency credentials may be granted subject to certain conditions. Temporary credentials can be granted for respiratory therapists who were not licensed any time in the past 5 years if their credential was never revoked, limited, suspended, or denied renewal.

Maine: All Maine-licensed respiratory care practitioners, among a long list of health care professionals, are allowed to provide necessary health care services permitted by their licenses through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

New York: Any statute, local law, ordinance, order, rule, or regulation is temporarily suspended or modified to the extent necessary to allow respiratory therapy technicians licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure.

Virginia: Individuals who have completed an accredited respiratory care program may practice respiratory therapy and for 90 days thereafter or until the individual has passed the NBRC licensure exam and been issued a license or has failed the exam, whichever occurs first.

North Carolina: The NC Respiratory Care Board has waived several regulatory requirements for respiratory therapists such as those pertaining to continuing education, late fees for renewals, lapsed licenses, random audits of CEUs, and proof of BLS certification, among others. The Board also worked with the state to add Medicaid coverage of outpatient respiratory therapy providers to deliver select treatment services via teletherapy based on certain criteria.

Maryland: Licensure for individuals licensed by and residing in another jurisdiction to practice respiratory care in MD have been exempted under certain circumstances. These include if the individual practicing respiratory care is participating in the transportation of a patient from that individual's jurisdiction of licensure into the state; the individual practices respiratory care only during the transportation of the patient; and the individual does not practice respiratory care on another individual who is not the patient being transported into the state.

Virginia: Individuals who have completed an accredited respiratory care program may practice respiratory therapy during the pandemic and for 90 days thereafter or until the individual has passed the NBRC licensure exam and been issued a license or has failed the exam, whichever occurs first.

Connecticut: The statute has been modified to allow a respiratory care therapist student or a respiratory care technician student to provide services in accordance with certain statutory requirements except that the services are not required to be a component of such person's course of study. Continuing education requirements for respiratory therapists are also suspended one year for each person whose continuing education year includes March 10, 2020.

Kansas and Michigan: Rules have been relaxed to allow medical students, physical therapists, and emergency medical technicians to volunteer or work within a facility as “respiratory therapist extenders” under the supervision of physicians, RTs, or APRNs. These extenders may assist RTs and other health care professionals in the operation of ventilators or related devices or other services necessary to support the facility’s response to COVID-19. These are the only two states with such provisions.

Hawaii: Respiratory therapists are designated as essential critical infrastructure workers and health care professionals. Laws relative to licensure requirements and renewal fees and licensure

by endorsement have been lifted to the extent necessary to allow an out-of-state respiratory therapist to practice in Hawaii without a license if certain conditions are met. Respiratory therapy students who do not have licensure and who are providing services, assistance, or support at a health care facility in response to the COVID-19 outbreak and are authorized to do so are defined as a health care volunteer.

Increased Oversight of Professions and Occupations

In the past, we have seen a limited number of bills introduced that would impact state regulatory licensing of professions and occupations by providing an additional layer of oversight, with relatively few being enacted. As reported in the March Board Report, there has been a considerable increase in this activity during the current legislative cycle with the provisions of the bills varying in their detail and review process.

At the time of the last report, the following states had introduced bills: IA, WV, SD, WA, FL, IN, RI, and MS. Since that time, the list has expanded to include AK, AZ, ID, and OK. However, to date, only one bill has been enacted with two more having passed both chambers. They are discussed below. Most have either died in committee, are awaiting further action if the legislature is still in session or will have to be reintroduced in the next legislative session. Summaries of the provisions are included in the regular state legislative and regulatory updates and state societies have been encouraged to review the bills in detail. As noted above, there does not appear to be any immediate threat to the respiratory care profession.

Idaho: Enacted on March 17, the bill establishes an occupational and professional licensure review committee to provide oversight of occupational and professional licensure and related issues. The committee is authorized to study and review occupational licensing and certification laws in general to determine, as applicable, how the legislature may be able to ease occupational licensing barriers while still protecting the public health and safety.

Colorado: An enrolled bill creates the Occupational Credential Portability Program that would apply to most professions and occupations regulated by the division of professions and occupations within the department of regulatory agencies. It requires the director of the division and most regulatory boards and commissions to strive to reduce certification, registration, and licensure barriers for applicants and gives regulators rule-making authority to establish an occupational credential portability program in the least burdensome way necessary to protect the public.

Mississippi: A bill which has passed both Chambers and was sent to the Senate for concurrence on June 12, authorizes the Occupational Licensing Review Commission to exercise active supervision over existing occupational regulations promulgated by occupational licensing boards on or after July 1, 2012. If the commission determines the regulation does not comply, it may, in its discretion: 1) declare that the noncomplying regulation will become invalid sixty (60) days after the date of review, at which time the regulation will cease to have any force of law; or 2) allow the occupational licensing board opportunity to amend the noncomplying regulation to conform with state policy.

Other Noteworthy Legislation Related to Respiratory Care

We have seen very few state legislative bills introduced outside of those related to tobacco and the public health emergency that lift or waive certain licensing requirements that have a

significant impact on the respiratory care profession. Other than the information above related to legislation involving licensing oversight activities, there is little to report at this time. However, in the March Board report, several bills were highlighted that were introduced prior to the declaration of the public health emergency. Since the House of Delegates is included in the summer report, some of them are being reiterated at this time. It is likely now that states are reopening and lifting previous restrictions and legislatures are getting back to doing business not related to COVID-19, we will see some of the bills move through the legislation process.

California: Requires the State Department of Public Health to conduct a COPD awareness campaign to increase awareness of COPD and to conduct outreach to primary care providers and family care providers, among others. It would also establish the COPD Awareness Fund to be used by the Department for such purposes, upon appropriation.

Florida: Adds intermittent positive pressure breathing treatments and nebulizer treatments to the list of self-administered medications that an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable and who would otherwise self-administer under nursing home or home health rules. Treatments include assisting with setting up and cleaning the device in the presence of the patient, confirming that the medication is intended for that patient, orally advising the patient of the medication name and purpose, opening the container, removing the prescribed amount for a single treatment dose from a properly labeled container, and assisting the patient with placing the dose into the medicine receptacle or mouthpiece.

New Jersey: Requires providers of residential use oxygen and oxygen delivery systems to prepare and adopt emergency action plans in the event of a public health emergency. The purpose of the emergency action plan is to set forth the procedures that will be followed by a pharmacy or any other provider in the event of a public health emergency in order to: (1) ensure the availability of oxygen to that patient, to the maximum extent practicable; and (2) be responsive to inquiries or requests made concerning the patient's need for, or receipt of, oxygen or an oxygen delivery system.

New York: Amends the education law to require completion of a training program on the treatment of those with intellectual and developmental disabilities and chronic illness for certain medical professionals which includes all respiratory therapists and respiratory therapy technicians, in order to maintain his or her license in good standing. Training includes didactic classroom instruction, experiential learning, and online learning, totaling not less than six hours; and best practices for the treatment and care for patients who are individuals with intellectual and developmental disabilities and chronic illness, including but not limited to autism spectrum disorders. Beginning one year after the effective date of this section, all respiratory therapists and respiratory therapy technicians licensed under this article shall complete six hours of training biennially.

Ohio: Deals with Certified Registered Nurse Anesthetists (CRNAs). During the time period that begins on a patient's admission for a surgery or procedure to a health care facility where the CRNA practices and ends with the patient's discharge from recovery, the nurse may engage in certain activities, one of which, as necessary for patient management and care, directs registered nurses, licensed practical nurses, and respiratory therapists to perform either or both of the

following activities if authorized by law to perform such activities: 1) providing supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; 2) administering treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.

West Virginia: Requires the Secretary to research, survey, study and issue a public report on the existing workforce in the continuum of care, as well as the anticipated future workforce needs over the next 15 years on or before February 1, 2021. Respiratory therapists are included among the professions studied. Data collection involves issues such as: 1) number currently licensed; 2) current rate of licensure/certification; 3) anticipated growth to be licensed over next 15 years, 4) availability of classes/courses offered by various institutions to train those necessitating licensure; and 5) average number of graduates per year relative to profession. Continuum of care includes assisted living, behavioral health, hospice, hospital, home health and skilled nursing facilities.

Oklahoma: Adds a section to include "**community paramedic**". Services include interventions intended to prevent unnecessary ambulance transportation or hospital emergency department use that are part of a care plan ordered by a primary health care provider or hospital provider in consultation with the medical director of an ambulance service. Such care plan must ensure that the services provided by a community paramedic do not duplicate services already provided to the patient, including home health and waiver services, and shall include health assessment, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures compliant with the community paramedic's scope of practice and approved by the ambulance medical director.

House of Delegates Speaker Report

Submitted by: Teri Miller, MEd, RRT, CPFT 2020 Summer BOD Meeting

Recommendations: None at this time.

Report:

The following are the Speaker goals and updates for 2020:

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

- President Schell and I have communicated regularly (at least once per week) via President/Speaker conference calls; President/Executive Committee/HOD Officer calls; email, text and as needed.
- The Progress & Transition Committee continues to align its four subcommittees to address affiliate concerns through the horizon goals of advocacy, education/professional development, communications, and affiliate strength. Time at each meeting is spent with open discussion and brainstorming related to these areas with all delegates participating. It will be held post-HOD meeting this summer.
- During Joint Session, President Schell and I worked to continue "town hall" opportunities for Directors and Delegates to discuss and brainstorm key issues facing our profession in order to identify opportunities for action. While this will be tabled for this meeting, it has generated relevant discussion at our last meeting.
- Worked with President Schell to include Delegates in bi-annual Webcast to state affiliate presidents and facilitate strengthening of communications. While COVID-19 has impacted face to face leadership meetings, calls to improve communications continue.
- Worked with President Schell to release a joint statement in support of the AARC's position of providing necessary basic information on mechanical ventilation during the pandemic and worked collaboratively to encourage positive professional messaging via social media outlets.
- Worked collaboratively with President Schell to join in Zoom meetings with Affiliates and various RT departments across the US to share about HOD activities.
- Working collaboratively with President Schell, the EO and the Chartered Affiliates Committee (CAC) to assist affiliate leadership as needed and as called upon.

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. With a large turn-over in the HOD over the past year, we continue to focus on leadership development in the HOD and identify ways in which each member can contribute.
- Due to COVID-19, we are unable to meet face to face for this year's HOD meeting in Utah as planned. As such we developed a plan to move forward with an HOD meeting to be held virtually, but to redesign delivery of content. A focus of redesign is holding standing committee meetings prior to the virtual meeting, holding orientations for new delegates, orientation for use of Zoom technology in preparation for the meeting, holding virtual "Happy Hours" prior to the meeting for networking purposes and aligning schedules with the BOD to avoid meeting at the same time. We plan two days of HOD meetings, with the agenda planned with the time zones of Hawaii to Puerto Rico (and all between) taken into consideration. Regular business of the House will be held. We will have a Joint Session with the BOD on Day 2 with business as usual. Following the BOD meeting, we will have a short HOD meeting in which the Past Speaker will report (as usual) to the HOD on BOD activities. Following our meeting, the HOD Progress and Transition Subcommittees will meet to begin work toward the Winter meeting. All HOD Committee chairs have met with HOD officers at least once prior to the meeting. In preparation for the meeting, we have pre-recorded reports, pre-recorded Best Practices, prepared delegates for HOD election nominations, and worked diligently to assure everyone is prepared to engage in our Summer HOD meeting.
- We are working to facilitate a meaningful HOD opening ceremony in our future meetings 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. While we were unable to have students at this upcoming meeting, we will work diligently toward this opportunity for the next.
- We challenged Delegates to participate in an HOD Plus One Campaign for each delegate to recruit at least one new member and share these successes in the HOD through our Roll Call process at the last meeting. This activity was a success.
- We are working to assure the basic expectations of being a Delegate are shared and are focusing attention on the areas of sound financial management in the affiliates, understanding the AARC and Affiliate Bylaws process, and improving communications across all avenues.
- The Orientation Committee, along with Asha Desai and Parliamentarian Kauffman, has continued to update Delegate orientation materials to facilitate a smooth transition into the Delegate role. Videos have been made to help new delegates better understand their roles and the various activities of the HOD as they join at varied times during the year.
- HOD Adhoc Committee continues to work to develop ideas, structure, funding, and implementation of the ARCF Bill Bitzel Memorial Fund. The Committee is comprised of HOD delegate volunteers, BOD representation, ARCF representation

and founder representation and is led by Kerry McNiven (CT) and Karen Sicard (GA). Once endowed, the fund will be used for its original intent to support student engagement in professionalism development at the affiliate level. We encourage all affiliates (and members) to help contribute to this fund so that it can be activated soon for student and affiliate support. This adhoc committee will make recommendations at this coming meeting after receiving ARCF approval to move forward with their drafted plan. **It should be noted that if each affiliate donated \$290, the fund would be fully endowed and could begin implementation to serve affiliate new student activities.** As Speaker, it is my plan to move the charges of this adhoc committee to the standing HOD Volunteerism and Mentoring Committee for further development and implementation.

- This year has been a challenge as the focus of all Respiratory Therapists has understandably been required to shift. In the coming months, we will have to work together to continue the work of the HOD in an active way despite not having face to face time together. We will be required to utilize new methods of communication and engagement on behalf of our members. As such, it will require all delegates, HOD committee chairs and HOD officers to prioritize engagement in order to help strengthen our affiliates and our profession. In the coming months, focus will be placed on transition planning for new HOD officers and for committee chair preparation as delegates rotate out. It will be imperative that new delegates step forward and become active to continue the work of the HOD.

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

- We have given attention to incorporating best practices and relevant presentations which will support affiliates and delegates and encourage membership growth and engagement.
- We have promoted improved communication of Executive office initiatives through the HOD for sharing and championing within the affiliates.
- We have worked collaboratively with the AARC Audit Subcommittee and HOD Chartered Affiliates Committee to implement HOD Policy which supports AARC Policy CA. 002 related to Chartered Affiliate financial management responsibilities. While the decision to defer implementation for this year due to the pandemic and affiliate impact, in the coming year we will work with affiliates to implement this policy, focusing on education, process, and support. Best Practice presentations at this meeting will focus on education.
- We continue to work to identify excellence in our affiliates and membership through key awards which are administered through the HOD. We have placed increased emphasis on participation. While this year has been a challenge thus far, the decision was made to move forward in holding these award opportunities and we expect nominations in each category for presentation.
- The Delegate Assistance Committee has continued to work diligently to support those affiliates who need assistance to send representation to the HOD at each meeting and to be good stewards of our resources. While resources were not required at this meeting, this committee is looking ahead toward the next.

- As Speaker, I have worked with Parliamentarian Kauffman and Management Section Chair and Director Kim Bennion on the LARS (Leaders Association for Respiratory Services) plan and pilot project. A presentation on progress will be delivered at Joint Session at this meeting.
- The HOD officers worked together to develop a brief survey to assess the impact of COVID-19 on our affiliates. Speaker-elect Goss has volunteered to collate these results and share at the upcoming meeting, with discussion to follow.

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- In progress
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. During the crisis with my father's health and loss in November, they stepped forward and led a successful meeting as a great team. Many thanks to Speaker-elect Goss for his leadership during this time of crisis. Many thanks to each of you who reached out to me in so many ways of support. It meant the world to me.

Many thanks to the AARC Executive office team for being there for our profession and serving tirelessly in ways we likely have not idea about. A thank you is not enough. A special thank you to Asha Desai for her expertise and willingness to go above and beyond in support of the HOD and being innovative in anticipating our needs. She truly is the

glue that keeps us together and the one we call when we need help. We are very thankful for her!

Thank you to the many HOD and BOD Committee Chairs and Co-chairs who are leading us through our many initiatives while having busy personal and professional lives. Your selfless commitment to our profession is exemplary and essential.

Thanks goes to Kerry McNiven (for her leadership and follow through), Lynda Goodfellow and Tom Kallstrom who all volunteered to serve on the Bill Bitzel Memorial Fund Adhoc Committee to assure a collaborative effort among all groups to see this move forward.

Many thanks go to President Schell for her collaboration and open communication. It has been an extraordinary year of many peaks and valleys, and I have been thankful to travel them with you.

Finally, thank you to the Delegates and BOD for all you do for our profession! Since our last meeting, we have experienced things which we could never have anticipated. While this has certainly challenged us, it has also made us better and shown the world what it means to be a Respiratory Therapist. I am excited and hopeful for our profession ahead and as we continue to move forward and lead together!

BOMA

Submitted by: PETER PAPADAKOS | 2020 Summer BOD Meeting

Recommendations:

The Board of Medical Advisors recommends that the AARC's Board of Directors replace the 2 physician representative spots for the National Association for Medical Directors of Respiratory Care (NAMDRRC) with one representative from the American College of Emergency Physicians (ACEP) and the American Association for Bronchology and Interventional Pulmonology (AABIP).

Justification:

The National Association for Medical Directors of Respiratory Care (NAMDRRC) no longer exists as a non-profit organization as it was acquired and dissolved by the American College of Chest Physicians (CHEST) in the spring of 2020. Respiratory therapists play a vital role in emergency rooms across the US and are increasing in their roles and responsibilities in interventional pulmonology labs. BOMA representatives have had tentative discussions with both organizations who are receptive to joining BOMA and promoting the critical role of the respiratory therapist.

Report:

Nothing to report

Other Info:

N/A

Presidents Council

Submitted by : Dianne Lewis | 2020 Summer BOD Meeting

Recommendations:

None

Report:

Information for BOD Life and Honorary nominations is being received. HOD information will be due July 31, 2020. Once all information is received, the Council will elect the new members. Please do not contact any of the nominees.

The Council is interested in looking at the feasibility of using Zoom meeting for members who cannot attend the live annual meeting held at the International Congress. We will work with the Executive Office to establish the feasibility.

*Standing
Committee
Reports*

Elections Committee

Submitted by: R. Kevin Fischer, BS RRT FAARC | 2020 Summer BOD Meeting

Recommendations:

That the AARC Board of Directors accepts and formally approves the final slate of recommended candidates for the Association's 2020 election as follows:

AARC Directors at Large (4 slots to be filled)

- Brian Cayko
- Caitlin Coppock
- Robert DeLorme
- Dennis Guillot
- Carl Hinkson
- Keith Seigel

Secretary - Treasurer

- Aaron Light
- Steve Sittig

Vice President - Internal

- Cheryl Hoerr
- Tim Op't Holt

Vice President - External

- Jakki Grimball
- John Lindsey
- Georgianna Sergakis

Transport Chair

- Jon Inkrott
- Jennifer Watts

Ambulatory and Post-Acute Chair

- Timothy Buckley
- Vrati Doshi
- Curt Merriman

Report:

The charge for this committee is to manage the entire process for 2020 AARC elections. We have also been tasked to create rubrics that would be reviewed/approved by the full AARC BOD in order to provide a template going forward as a guide in creating a fair ballot.

The committee has been busy in preparation for this year's AARC BOD elections. With the help from Timothy Myers (AARC Office Liaison) the process so far has been excellent. We had timeline issues due to the pandemic however we worked through (and continue to face) this challenge and we will present a fair ballot to the AARC BOD and to our membership for voting.

President Schell did request that this committee work on a rubric that could be utilized as a guide in determining ballot eligibility for every AARC BOD office. We did create a rubric, BOD approved, that was a great guide in determining the ballot selections for the position of Director at Large. This BOD slot always has the most nominations and it was important to President Schell, and this committee, to manage this process as fairly and transparently as possible. The rubric was an excellent resource to guide us in this process.

We did come to a committee consensus on a ballot. The committee decided that emails to the individuals nominated and not selected to be on the 2020 ballot deserved direct phone calls from the Committee Chair as email messages seemed to be too impersonal. These calls were difficult to make but I'm happy that this committee took this stance as it shows the AARC BOD commitment to a better election process from start to finish. The ballot will now be presented to the BOD and the next process step will be to test our electrons process, and then the election will take place.

The committee will now continue to work on rubrics for every AARC BOD position as a guide going forward for future Elections Committee's. We will work to have rubrics that can be presented to the AARC BOD by the end of August 2020.

We look forward to a great 2020 election and the opportunity to represent our membership in this process.

Thank you on behalf of the AARC Elections Committee and we welcome questions, comments, and/or direction.

Other Info:

Attachments:

Bylaws Committee

Submitted by: Bryan Cayko | 2020 Summer BOD Meeting

Recommendations:

That the AARC Board of Directors find that the **Wyoming** Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Wyoming-AARC Chartered Affiliate Review 2.20.20” & Cover Letter)

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: **Wyoming** Societies 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 2020 cycle as well as those past due: Attempts to request from Pennsylvania, Texas and West Virginia were made via email and are pending at this time. I have been in contact with most of these affiliates to confirm their intent to submit.

State Affiliates that are due or past due for the 2020 cycle are found here:
<https://www.aarc.org/aarc-membership/aarc-state-societies/state-societies/>

Additionally, the committee has been working with President of the Board Schell to review and recommend amendments for the AARC Bylaws. This process is ongoing as we are waiting communication from President Schell regarding a possible amendment proposal. Outside of this possible proposal from the BOD, the Bylaws committee has two amendments to bring forward shortly. The first proposes a change of the wording “foreign” to “international.” The second would change current affiliate financial reporting from a “monthly” basis to one of a “quarterly” basis. The Committee has decided to wait on those proposals to see if the BOD is going to bring forward their recommendation with requested clarification or not. This decision to delay would allow all the proposals to be dealt with in one review period rather than several.

Thank you for approval of the spring 2020 Bylaws Committee Recommendation.

Respectfully submitted,

Brian Cayko, RRT, MBA, FAARC
2020 AARC Bylaws Chair

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

Executive Committee Report

Submitted by: Karen Schell, AARC President | 2020 Summer BOD Meeting

Recommendations:

TBA

Report:

Verbal report to be given at meeting

Finance Committee

Submitted by: Karen Schell, AARC President | 2020 Summer BOD Meeting

Recommendations:

None

Report:

Report will be verbal

AUDIT SUBCOMMITTEE

Submitted by: JOSEPH GOSS | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

Nothing to report

Other Info:

N/A

Judicial Committee

Submitted by: Alan DeWitt | 2020 Summer BOD Meeting

Recommendations:

None

Report:

The committee has not been asked to undertake any tasks for the Board. There have been no complaints against membership. The committee has nothing to report.

Other Info:

2020 Program Committee

Submitted by: Sarah Varekojis, PhD, RRT, RRT-ACCS, FAARC | 2020
Summer Board of Directors Meeting

Chair: Sarah Varekojis, PhD, RRT, RRT-ACCS, FAARC

Chair-Elect: Brady Scott, MSc, RRT, RRT-ACCS, AE-C, FAARC, FCCP

Members:

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT

Mike Hess, MPH, RRT, RPFT

Brian Carlin, MD, FCCP, FAARC

Gabrielle Davis, MPH, RRT, RRT-ACCS, RRT-NPS, CHES, CTTS (consultant)

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.
 - Our committee started 2020 with excellent plans for programming for both Summer Forum and International Congress. As with so many other things in life, our plans had changed and evolved in response to COVID-19.
 - Summer Forum was cancelled and the Snow Bird, UT venue was re-booked for Summer 2024.
 - Summer Forum transitioned into AARC Live!, a synchronous virtual learning event that will take place over four afternoons in July. In order to meet the current needs of our membership, the committee elected to expand the content beyond the traditional education and management offerings, and to include acute care of the COVID-19 patient and other relevant professional issues and concerns facing our profession. Attendees that elect to register for all three tracks will be granted access to a fourth Leading Perspectives Bonus Track. As of June 17, we have 162 attendees registered. Attendees will be awarded between 2.68 and 10.88 CRCE for their participation. The committee would like to thank members Kim Bennion and Brady Scott for working together with the Executive Office to quickly develop a plan and content for AARC Live!
 - Plans for the International Congress are still developing and evolving at the time of this report. A virtual learning event that would replace International Congress is being explored, and more information will be provided in a verbal report at the Board meeting. In an effort to be prepared to adjust our plans once a decision has been made, the committee has completed an exercise to prioritize the

content that was originally selected for presentation at International Congress, and has discussed emerging topics that may merit additional focus. The committee is ready to move forward once the meeting plans have been determined.

- The Sputum Bowl committee made a recommendation to the Program Committee to cancel the 2020 AARC Student Sputum Bowl. The rationale for the recommendation was as follows:
 - “The pandemic has already forced the cancellation of AARC Summer Forum and there is a possibility that AARC Congress may suffer the same fate. Additionally, even if the AARC Congress is held, it is doubtful a successful student Sputum Bowl could take place for several reasons. First, many states have cancelled their seminars, conferences and sputum bowl events and do not have a team to send to a national competition. Second, most colleges and universities have made drastic changes to their upcoming fall schedules which makes the availability of students still in school very unlikely. Students who have graduated will likely be working and many facilities are not allowing their staff to travel. Finally, Sputum Bowl Committee members themselves may not be allowed to or will be unable to travel this fall.
- The Program Committee has accepted the Sputum Bowl Committee’s recommendation to cancel the 2020 AARC Student Sputum Bowl.
- The committee would like to thank the Executive Office for their efforts to not only adapt to virtual learning options, but for their commitment to ensuring a quality product and attendee experience.

- Solicit programming from members that meets the membership needs.
 - Proposals for the Summer Forum and the International Congress were received from all specialty sections and communities. As previously mentioned, the committee is prepared to include both content that was originally selected for presentation at International Congress, and content that may merit additional focus given the predominance of COVID-19 in all areas of the RT profession.

- Evaluate effectiveness and success of said programs.
 - Since the format for AARC Live! is new, the committee will carefully review the attendee feedback to guide the development of future meetings, to ensure that the content and speakers are engaging and valuable, and to ensure that the meeting is attractive to respiratory therapists and other healthcare professionals.

Respectfully submitted,

Sarah Varekojis, PhD, RRT, RRT-ACCS, FAARC
Chair, Program Committee

STRATEGIC PLANNING

Submitted by: Brian Walsh | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

The strategic planning committee continues to work on the outcomes dashboard for our 6 Horizon Goals.

Other Info:

N/A

Special Committees Reports

Benchmarking Committee by Cheryl Hoerr

Horizon Goal Alignment: Advocacy

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

- 1. Respiratory therapists will be recognized for providing the highest quality and the safest care for cardiopulmonary chronic conditions by demonstrating cost-effective clinical outcomes.*
- 2. Respiratory therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members.*

Objectives:

1. Use client feedback to define which outcomes are most valuable to their operations, and investigate the feasibility of incorporating these outcomes into the benchmarking program.
 - We are currently conducting an extensive survey of AARC membership with the goal of updating/validating the URM time metrics for the planned 2020 revision.
 - In addition to the “standard” line-up of respiratory therapies, the survey also requests input for “non-traditional” therapies and diagnostic services that may be done by RTs including ECHO/non-invasive cardiology, hyperbaric medicine, sleep studies, etc.)
 - The results of the survey will enable the AARC to determine if specific activities are widely performed, and identify activities not included in the survey that are performed with sufficient frequency that they should be included in the revision.
 - All RT managers are invited to participate. The Covid-19 pandemic has had a significant negative effect on response volume as of this writing. State society leaders and influencers within the profession have been recruited to get the word out.
 - Those who complete the survey will receive a 10% discount on the 6th edition of the URM when it becomes available.
2. Determine the feasibility of developing and incorporating product improvements into the system, including the review and updating of all sections and the use of industry consistent terminology.
 - No changes from previous report
 - Benchmarking 2.0 will be updated with information obtained from the ongoing URM survey as needed.
3. Investigate the ability of subscribers to directly upload information into the Benchmarking 2.0 system.
 - Tabled. See March 2020 report for detail
4. Determine a scale and implement a patient value assessment for each procedure.
 - Benchmarking 2.0 is closely aligned with the AARC Uniform Reporting Manual; activity descriptions and metrics are used verbatim.

- RVUs in the AARC URM are expressed in minutes and are transcribed into the “URM Time Standard” column for each service activity.
5. Investigate the possible adoption of AARC Benchmarking standards to accreditation (Joint Commission) or regulatory bodies (CMS)
 - No changes from previous report
 - Much more investigation is necessary to determine the feasibility of marketing our benchmarking product to accrediting bodies. This goal will be under discussion at the next Benchmarking Committee meeting.
 6. Explore joining forces with other benchmarking agencies who also have standards for respiratory care practices.
 - An update of the AARC URM is in progress. Once we have sufficient number of surveys completed, it will be our primary focus to communicate this 'national standard' to RT leaders, healthcare executives, and consultants. Many, if not most, of these stakeholders are not aware of the URM or dismiss it since it was developed by the AARC. In short, nothing could be farther from the truth and this will be part of our messaging to them.
 - The conversations continue at a national level, but individual department managers must be convinced of the utility and benefits of AARC Benchmarking, and support the product, and the profession, by becoming subscribers of the program. We will not be able to convince consulting groups to adopt the AARC Benchmarking program if our membership does not see the value in the product.
 7. Explore making the AARC benchmarking a benefit of Management Section membership.
 - We have offered discounts and “free” memberships in the past. However, even with free memberships we struggle with convincing subscribers to enter data. As a result, it is difficult to develop robust comparison groups for those subscribers who are using the product.
 - We have considered bundling Benchmarking 2.0 with the URM product.
 - We will continue to evaluate these and other potentially attractive enticements in the future as we introduce additional system updates.

Measurable Outcomes:

1. Sales of benchmarking product.
Currently we have 71 subscribers; less than half are actively entering data.
2. Improved distribution of benchmarking data that promotes best professional practice.
Currently we do not have enough subscribers entering data, so we cannot publish reliable results. The committee will focus on growing our subscriber base and on emphasizing the critical need for data entry.

BILLING CODES

Submitted by: SUSAN RINALDO-GALLO | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

My last report indicated that this committee would develop a new coding document, listing the common CPT codes available for RT department. However, it made more sense to add this information to the current Coding Guidelines. Also, the Coding Guidelines were over due for an update. So the committee did a major update and addition to the Coding Guidelines and these were published in May. Check it out at <https://www.aarc.org/wp-content/uploads/2014/10/aarc-coding-guidelines.pdf>

I would like to thank Anne Marie Hummel for her assistance.

Diversity and Inclusion Committee

Submitted by: Gabby Davis | 2020 Summer BOD Meeting

Recommendations:

None

Report:

Due to COVID-19, members on this committee were unable to meet or collaborate. We have nothing new to report at this time.

Other Info:

AARC Fellowship Committee

Submitted by: Frank Salvatore | 2020 Summer BOD Meeting

Recommendations:

- None

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 will be completed after the nomination period ends on August 31, 2020.**
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
 - **This goal will be completed after the nomination period ends on August 31, 2020.**
3. Develop/improve an objective rubric for review of applications and implement in 2020.
 - **Completed and approved at Spring 2020 Board Meeting.**
4. Provide a webcast with the Executive office to review the application and evaluation process with the AARC membership.
 - **On-going.**
5. Mentor committee members for future chair position.
 - **On-going.**

Measurable outcomes:

1. Number of qualified submissions each year.
 - a. **This goal will be completed after the nomination period ends on August 31, 2020.**
2. New fellows presented each year.
 - a. **This goal will be completed after the nomination period ends on August 31, 2020.**
3. Scoring rubric developed and summary of pilot test (shadow results)
 - a. **Rubric Created.**

Chair: Frank Salvatore, MBA, RRT, FAARC

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

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Attachments:

1. None

AARC Advocacy and Government Affairs

Submitted by: Frank Salvatore | 2020 Summer BOD Meeting

Recommendations:

- None

Report:

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 AARC Legislative Agenda from various grass-roots supporters and organizations.
 - **Legislative Issues being followed for the 116th Congress – Second Session 2020:**
 1. **CONNECT for Health Act – H.R. 4932 and S. 2741**
 2. **Reversing the Youth Tobacco Epidemic Act – H.R. 2339 and S. 3174**
The bill H.R. 2339 passed the House of Representatives on February 28, 2020 and sits in the pile of bills on Senator McConnell's desk. The title of the bill changed to Protecting American Lungs and Reversing the Youth Tobacco Epidemic Act of 2020.
 3. **Safeguarding Medicare Access to Respiratory Therapy (SMART) Act of 2019 – H.R. 4945**
CMS withdrew non-invasive vents from the 2021 round of competitive bidding due to public concerns about access and the pandemic. We've shelved our support of this bill because it is not necessary to expend resources on it any further.
 4. **Sustaining Outpatient Services (SOS) Act – H.R. 4838**
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.
 - **Ongoing.**
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.

- **AARC Advocacy Message Blast Period 2 (for the Reversing Youth Tobacco Epidemic and SOS Acts) had 586 advocates write 9,364 messages compared to the AARC Advocacy Message Blast Period 1 which had 2,614 advocates write 30,394 messages.**
 1. **The problem here is the nation was early on into the Pandemic and we didn't push this blast period as aggressively as the first one.**
- 4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
 - **On-going.**
- 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 (see attachments):

1. **Co-Sponsors as of this report posting (covers all co-sponsors through 6/17/2020):**
 - a. CONNECT Act – H.R. 4392 – 1-sponsor and 44 co-sponsors. **(125% increase since AARC Spring BOD meeting)**
 - b. CONNECT Act – S. 2741 – 1-sponsor and 35 co-sponsors. **(6% increase since AARC Spring BOD meeting)**
 - c. Reversing the Youth Tobacco Epidemic – H.R. 2339 (Passed House of Rep. 2/28/2020) – 1-sponsor and 126 co-sponsors. **(8.5% increase since AARC Spring BOD meeting)**
 - d. Reversing the Youth Tobacco Epidemic – S. 3174 – 1-sponsor and 11 co-sponsors. **(9.0% increase since AARC Spring BOD meeting)**
 - e. SOS Act – H.R. 4838 – 1-sponsor and 11 co-sponsors. **(100% increase since AARC Spring BOD meeting)**
 - f. NO LONGER FOLLOWING - SMART Act – H.R. 4945 – ENDED WITH 1-sponsor and 58 co-sponsors. **(25.5% increase since AARC Spring BOD meeting)**
2. **AARC 436 Plan (Used to be 435, but have added D.C. representative into the count) – I've begun tracking how many advocates write from the 436 Congressional Districts:**
 - a. AARC Advocacy Message Blast 1 – (2/10-2/14/20) – 401 districts out of 436 sent messages **(92%)**
 - b. AARC Advocacy Message Blast 2 – (3/9-3/13/20) – 259 districts out of 436 sent messages **(59%)**
 - c. *AARC Advocacy Message Blast 3 – Scheduled for PACT Hill Trip – cancelled due to Pandemic.*

Chair: Frank Salvatore, MBA, RRT, FAARC

Members:

Kim Bennion, MsHS, RRT, CHC	Carrie Bourassa, RRT
John Campbell, MA, RRT, RRT-NPS	Joseph Goss MSJ, RRT, RRT-NPS, FAARC
Mike Madison, MBA, RRT	Natalie Napolitano, MPH, RTT, RRT-NPS, FAARC
Keith Siegel, MBA, RRT, CPFT, FAARC	Gary Wickman, BA, RRT, FAARC

AARC Staff: Ann Marie Hummel

Attachments:

1. AARC Advocacy Program – 2020 – Co-Sponsor Lists – Updated 06-17-2020.pdf 

Vision Grant

Submitted by: Georgianna Sergakis 2020 Summer BOD Meeting

Recommendations:

The committee requests time for discussion at the BOD regarding the deadline and revision of the Vision Grant call for proposals to accommodate research related to recent COVID-19 pandemic.

Rationale: The Vision Grant committee did not reach consensus on this issue and seeks further guidance from the BOD.

Report:

The 2020 Vision Grant Call for Proposals was revised to reflect the AARC's Horizon Goals and align with the Issue paper "Entry to Respiratory Therapy Practice 2030". This is similar language as the RFP from 2019. In the Spring, the BOD approved this Call for Proposals. A letter of Intent (LOI) that was planned for a due date of June 1, 2020 was postponed due to the COVID-19 pandemic. The committee will discuss the extension of the deadline to another date in 2020 or 2021. Will update at BOD meeting.

Horizon Goal Alignment:

Education/professional development

AARC offers engaging, valuable professional education that advances the professional practice of respiratory care.

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

Communication/marketing

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

Provide research-based outcomes information to consumers on lower mortality and lower costs when RTs are involved in care.

Objectives:

1. Review the application process and recommend changes as needed to the AARC BOD
2. Provide a call for applications
3. Maintain funding mechanism that produces published results.

These are the expected measurable outcomes:

1. Awarded grants align with horizon goals
2. Progress on current awardees

Call for Proposals (approved Feb 2020)

The primary purpose of the AARC Vision Grant is to provide funding to members conducting research initiatives that can document the clinical and economic impact of respiratory therapists specifically related to the organization's mission to secure the highest quality care for all patients who suffer from cardiopulmonary disease.

Deadline

Letter of Intent Deadline — TBD.

Submission Requirements

Once a letter of intent is approved, an electronic (PDF) copy of the application in ONE document (a detailed description of the proposal requirements is included below) is required. Cost sharing is encouraged with educational institutions, professional organizations, hospital systems, and foundations. Submit to **Dr. Shawna Strickland**.

Overview and Goals

The AARC is providing funding for research that investigates outcomes in education of the respiratory care workforce, with emphasis on education that increases competency. Funding is also available for research based on outcomes that demonstrate the cost effectiveness of respiratory care in terms of lower morbidity and/or lower mortality, increased quality and patient safety.

The review committee seeks proposals that may include the use of the AARC Clinical Practice Guidelines, clinical interventions or issue paper statements. The committee stresses the need for the proposal to adequately describe a research plan that addresses the effect of educational level of respiratory therapist to quality of care indicators, patient safety, and/or departmental/ institutional/ company performance on core value measures.

Examples below illustrate the types of proposals the AARC Vision Grant seeks to fund:

- Proposals with the purpose of conducting data-set analysis outcomes - comparing test scores/educational levels to the competencies needed before and after entry into the workforce.
- Proposals with the purpose of evaluating methods or technologies used to educate either students or practitioners to increase competencies in the following areas:
 - Patient outcomes: ventilator days, length of stay, readmission rates, reintubation rates, VAE rates
 - Disease management: patient-driven protocols, recognizing and resolving patient deterioration on mechanical ventilation, acute disease exacerbation, airway emergencies, etc.
 - Patient transport
 - Pulmonary diagnostics, bronchoscopy, etc.
- Proposals focused on an outcomes-based research project that evaluates the cost and quality benefits of having respiratory therapists as part of the patient care team. The research should compare morbidity, mortality and/or cost effectiveness of respiratory therapists in patient care settings where they may or may not be used. These may include but are not limited to:
 - Critical care units
 - General hospital care facilities
 - Pulmonary outpatient or rehabilitation clinics
 - Diagnostic facilities (PFT labs, bronchoscopy, etc.)
 - Home care or transport teams

INTERNATIONAL COMMITTEE

Submitted by: JOHN HISER | 2020 Summer BOD Meeting

Recommendations:

N/A

Report

This is traditionally a quiet time of year for the committee. Things will ramp up after the June 1st deadline for applications.

Measurable outcomes:

1. Work to increase number of international fellows as funding becomes available.
The ARCF determines how many fellows to fund each year
2. Focus on the development of collaborative educational programs, guidelines, recommendations or position statements.
The committee stands ready to assist in any way possible.
3. Track and publish in the AARC Times international initiatives (minimum quarterly)
In case you missed it on my last report I want to let each of you know that I have expressed my desire to President Schell and President elect Tooley that this be my last year to serve on the International Committee. It has been my great honor to serve on the committee for the last decade but it is time for me to step aside. I have also let President elect Tooley know that I am happy to serve as a mentor for whoever she may select to serve as the next Chair. I look forward to seeing each of you at the next Congress. I look forward to hopefully seeing you all at the next Congress.

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

Chair:

John D Hiser MEd, RRT, CPFT, FAARC

Vice Chair International Fellows:

Daniel Rowley, MS, RRT-ACCS, NPS, RPFT, FAARC

Vice Chair International Relations:

Hassan Alorainy BSRC, RRT, FAARC

Members:

Arzu Ari, PhD, RRT, PT, CPFT, FAARC

Vijay Deshpande, MS, RRT, FAARC

Ed Coombs, MA, RRT, RRT-NPS, RRT-ACCS, FAARC

Michael D. Davis, RRT, PhD

Hector Leon MD, FAARC

Bruce Rubin, MD, FAARC
Jerome Sullivan PhD, RRT, FAARC
Lisa M. Trujillo, DHSc, RRT
BOD Liaison: Lisa M. Trujillo, DHSc, RRT
AARC Staff: Tom Kallstrom
Bruce Rubin, MD, FAARC
Jerome Sullivan, PhD, RRT, FAARC
Lisa Trujillo, DHSc RRT

Membership Committee

Submitted by : Karsten Roberts | 2020 Summer BOD Meeting

Recommendations:

None to report

Report:

Committee activities suspended during COVID-19.

Other Info:

Next meeting scheduled the week of July 6, 2020

Attachments: N/A

AARC Position Statement and Issue Papers Committee

Submitted by: Michael Madison | 2020 Summer BOD Meeting

Recommendations:

- No recommendations at this time

Report:

Horizon Goal Alignment:

Communications/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

With the following objectives:

1. Keep current and update all position statement and issue papers to meet the Policy CT.008 requirements.
2. Provide updates to the Spring, summer and annual meetings on the progress of meeting the policy requirements.
3. Provide recommendations to the BOD regarding new position statements or issue papers.

Measurable outcomes:

1. Percentage of position statements and issue papers that were reviewed on schedule.
2. Number of new position statements or issue papers developed and retired.
3. Position statements and issue papers status matches information posted on AARC website.

Position and Issue Papers Remaining Review Summary

Position Statement/Issue Paper Title	Review Owner	Review Partner
IP: Respiratory Care: Advancement of the Profession Tripartite Statements of Support – In process	Joyce	Kim
PS: Interstate Transport License Exemption - No action at this time		
PS: Pre-Hospital Ventilator Management Competency – No action at this time		
IP: RRT Credential – No Action at this time		

Notes:

- Issue Paper – Respiratory Care: Advancement of the Profession Tripartite Statements of Support
 - Currently working on Revision 2
 - We will reach out to NBRC, CoARC and AARC Executive Office and request their review and updates
 - Timing – we are planning to have this paper ready for the BOD Fall Meeting
- Position Statement – Interstate Transport License Exemption – we are planning to have this paper ready for the BOD Fall Meeting.
- Position Statement – Pre-Hospital Ventilator Management Competency - we are planning to have this paper ready for the BOD Fall Meeting
- Issue Paper – RRT Credential - we are planning to have this paper ready for the BOD Fall Meeting

Committee Members:

Joyce Baker
Joel Brown
Lynda Goodfellow
Denise Johnson
Kerry McNiven
Kimberly Wiles
John Wilgis
Michael Madison, Chair.

Attachments:

- No attachments at this time.

VIRTUAL MUSEUM

Submitted by: TRUDY WATSON | 2020 Summer BOD Meeting

Recommendations:

None at this time

Report:

We did not have access to the staging museum of the Virtual Museum throughout the month of May and until June 10 while the developer worked on repairing a glitch in her program. Unfortunately, while repairing the "Donors" section of the site, the contents of the staging museum were lost. I have begun work on recreating/re-entering content that was lost.

At the suggestion of Tim Myers, we will create a gallery to document the role of the respiratory therapist during the COVID-19 pandemic. I have asked Gayle Carr to take the lead in developing this new gallery. We would welcome any images or video clips that you would like to include in this new gallery or add to any of our existing galleries.

As of June 15, 2020, we have received six nominations for the 2020 Legends of Respiratory Care from two of the nominating agencies. We look forward to receiving nominations from your Board by the July 31, 2020 deadline.

Other Info:

None

Attachments:

None

Career Pathways Committee (task force) Report 0/18/2020
Submitted by: Lutana Haan | 2020 Summer BOD Meeting

Recommendations:

None

Report:

We have discussed a review of affiliation agreement process CoARC has.

We have not met since February due to COVID and I will reach out to group to see how everyone's time commitment is for the next few months.

Other Info:

In the next 6 months, this task force to work on charge from AARC and do the following

- Develop additional resources to support career pathways through articulation agreements community colleges have with Bachelor's DA programs
- Create voice over PowerPoint to accompany slides created.

Charge(s):

- *Develop resources to help associate degree program directors create career pathways*

Horizon Goals:

- *Education/professional development:*
 - *AARC offers engaging, valuable professional education that advance the professional practice of respiratory therapy.*
 1. *The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members.*
 2. *The AARC will collaborate with educational institutes, health care organizations, state affiliates, providers, and other stakeholders to advance the profession to a Baccalaureate Degree Entry to Practice*

Members	Lutana Haan
Diane Oldfather	Shawna Strickland
Brian Cayko	John Lindsey
Shane Keene	Susan Gallo

Attachments:

None

BS Entry to Practice

Submitted by: Brian Walsh | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

Due to COVID-19 we have not met as often as we would have liked missing 3 months worth of meetings, but we are back on track. We continue to work in our teams to make progress. Last meeting Dr. Goodfellow's group explored concurrent enrollment with the committee. We will continue to meet monthly and bring any recommendations forward as they arise.

Other Info:

We hope with the recognition of respiratory therapists during the pandemic will allow us to capture and fill all available educational program seats (including BSRT/BSRC). Any marketing during this time can only help.

Airline Oxygen Safety

Submitted by: Sheri Tooley | 2020 Summer BOD Meeting

Charges

- Develop strategies and tactics aligning with the AARC's 2020 Horizon goals to address the concerns of the public and the respiratory therapy community 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 Goal Alignment

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

- Promote RTs in federal policies as the best-educated, competency-tested health care professionals to provide respiratory care services
- Respiratory Therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
- Respiratory Therapists will be recognized for providing the highest quality and the safest care of patients with cardiopulmonary conditions
- Collaborate with other like-minded organizations to improve the health of the communities and to reinforce the value of RTs.

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 targeted messaging for each audience
- The AARC will market the value of the Respiratory Therapist to all customers and stakeholders.
- AARC effectively deploys all possible channels for communicating to its stakeholders

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

- AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession
- Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health

Objectives

1. Gather anecdotal information from members on patient issues or misinformation regarding air travel for oxygen users via AARC CONNECT.
2. Consult with pulmonary organizations, medical societies and patient advocacy groups to determine extent of misinformation about oxygen use on airlines.
3. Research airline reservation policies and rules for individuals traveling with oxygen among the largest carriers and develop a list of variations to inform future decisions.

4. Contact key airline personnel and federal government officials to stress the importance of consistent and proper messaging and the extent of misinformation among carriers
5. Work with appropriate stakeholders to develop educational materials for airline personnel that include:
 - a. Flight Attendant checklist to ensure accurate procedures are followed during takeoff and landing
 - b. Patients' Bill of Rights for travelers needing oxygen to ensure their voice is heard and they are treated fairly
 - c. Video or other types of educational materials (e.g., You Tube, "Big Theater Ideas") for use by airline personnel that demonstrate the need for and proper use of portable oxygen concentrators when traveling on airlines, highlighting respiratory therapists as experts
6. Develop literature to be used by respiratory therapists to educate their patients on safe oxygen travel and the importance of understanding proper use of their equipment
7. Depending on success of educational materials, determine if federal regulations need to be revised to improve delivery and consistency of messaging

Measurable Outcomes

- 3 of the 5 largest US carriers agree to use educational materials developed by AARC for their airline personnel
- At least half of the major airlines agree to work together to make their reservation and oxygen travel policies consistent with one another
- The Federal Aviation Administration clarifies its airline policies via rulemaking to improve consistency among carriers
- Patient complaints are reduced by 50% as a result of AARC educational materials.

Recommendations:

None

Report July 2020

Little has been accomplished since our last BOD meeting. We did not hear back from the pilot we had previously had contact with and were informed that he has retired. The posting to sections for stories of patients reporting difficulties on airlines yielded no additional feedback. I was informed that Ms. Dorney-Koppel was in the hospital for an extended period of time and likely why she did not respond to our request. When timing is better to interact with the airlines again we will re-engage. These last several months have not afforded this committee to come together. We are hopeful that as the atmosphere improves for the airline industry that we can begin work again. I would like to ask the BOD to think of creative ideas that we might engage the airlines industry with the AARC. Perhaps not specifically about our patients with oxygen but for all travelers. My thought is with COVID perhaps we could engage them on topics of safety and then segway into traveling with oxygen when they see those patients returning. I would love to hear your thoughts.

I would like to thank committee members Dianne Lewis, Frank Salvatore, Joe Hylton, Jon Inkrott, Dr. Jerry Krishnan, Steve Sittig, and Executive Office Tom Kallstrom and Anne Marie Hummel for their diligence and commitment to continue on this committee.

Advanced RT Practices

Submitted by: Brian Walsh | 2020 Summer BOD Meeting

Recommendations:

None

Report:

Due to COVID-19 many of us were unable to meet. We missed 3 meetings, but are now back on track and will have held 2 meetings by the time we meet. The CHEST Adequacy of the Provider Workforce for Persons with Cardiopulmonary Disease manuscript was published in May along with an editorial. Link below. <https://www.sciencedirect.com/science/article/pii/S0012369219340176?via%3Dihub> We continue to work in our groups and progress. Several of us on the committee as well as the BOD had the opportunity to support The Ohio State effort's at gaining legislation for licensing of Advance Practice Respiratory Therapists by attending their recent town hall meeting. We look forward to continued progress

Other Info:

Committee on AS to BS Conversion

Submitted by: (Chris Russian) | 2020 Summer BOD Meeting

Recommendations:

None

Report:

The charges have been divided up among the committee members. We have created an excel list of AS/AAS COARC programs and categorized the programs based on region. We created a survey to gather data on programs that are interested in converting to a BS degree or creating an articulation agreement. The committee decided to send the survey to programs one region at a time. The survey has been sent to programs in the southwest region (Texas programs) and we are still collecting survey results. We are hoping the additional data will lend information on programs interested in converting or developing articulation agreements. We continue to work with programs that are in the middle of converting. We have collected career pathways information. We have communicated with nine programs that have requested assistance. The programs have asked for different types of assistance (curriculum writing, proposal development, SACS assistance, etc.) We help as needed. We are working on strategies for increasing the number of MSRT/MSRC programs. We are meeting through Connect and email. I plan to have a Zoom meeting during Summer Forum.

Other Info:

None

Attachments:

None

Specialty Section Reports

ADULT ACUTE CARE SECTION

Submitted by: Carl Hinkson | Summer 2020

Recommendations

None at this time.

Charges

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

- a. 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. Not yet started
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)
 - a. Complete
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: 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. Enhance communication with and from section membership through the section's AARConnect
 - a. Summer bulletin published
 - b. Ongoing engagement through AARConnect
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - a. Ongoing
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. Complete
7. Identify, cultivate, and mentor new section leadership.
 - a. Ongoing
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: AARConnect library, swap shop, and listserv

- 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. Not started
- 12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
 - a. Ongoing
- 13. Survey the membership to identify the next evidenced based CPG to be developed.
 - a. Not Started

Education Section

Submitted by : Georgianna Sergakis | 2020 Summer BOD Meeting

Recommendations:

None at this time.

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 1,386 members. We increased our goal from 1300 last year when we had 1,422 members. We will be working to increase membership to the section.
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. The AS to BS Lunch and Learn discussions also are a mechanism to continue this dialogue.
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 mentorship program is being explored. Kimberly Clark (UNC Charlotte) will lead this endeavor. Dr. Clark and I met with Dr. Jennifer Anderson to discuss plans.
4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
 - Apex Recognition Award: Submission this year will allow more programs to be recognized for excellence. This will be highlighted through AARC Connect discussion.
 - The RRT (Recruitment and Retention ThinkTank) will continue to be a discussion in AARC Connect to develop ideas for needed student and faculty sustainability resources. The “Be an RT” initiative will be the center of this discussion. Since recruitment for the following year typically occurs in the Fall and Spring for some programs, the discussion will begin in late summer. These conversations were

postponed during the COVID-19 pandemic since faculty and programs were likely focused on the shift to online education.

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: Dr. Varekojis and I discussed selection of Education topics for AARC LIVE! Which is a program to supplement the live education that would have occurred at Summer Forum. The topics selected offer section members immediate “plug and play” content. Summer Forum was cancelled due to the pandemic.

4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media.

Status: Spring engagement activities were to encourage section members to share resources to assist with the shift to online education due to the COVID-19 pandemic. There has been robust discussion and sharing. Dr. Strickland shared several free resources that the AARC has to assist programs. This list includes:

The original post lists resources available and are listed below:

“Free courses in AARC U:

- *Guide to aerosol delivery devices (good for basic equipment and patient education courses)*
- *Guide to portable oxygen concentrators (good for basic equipment, home care, and patient education courses)*
- *Guide to nutritional assessment and treatment of the critically ill patient (good for mechanical ventilation and adult critical care courses)*
- *Team approach to managing IPF (good for patient education and disease management courses)*
- *Clinician's guide to treating tobacco dependence (good for patient education and disease management courses)*
- *Incident reporting and closing the safety feedback loop (good for health policy and administration/management courses)*
- *Nicotine cessation across disciplines (good for patient education and disease management courses)*

Exam Prep for Students is free for student members (just no CRCE).

All student modules in AARC U are free for student members (no CRCE).

All archived webcasts are free for everyone to view (no CRCE). Over 200 archived

60-minute videos in this collection for viewing (various topics: adult critical care, neo-peds, ambulatory & long term care, ethics, patient safety, disaster planning, etc.).

RESPIRATORY CARE. The CRCE through the Journal is also free for members/non-members (readings + quiz), but that is only up for this month and the prior month. The RESPIRATORY CARE itself is a great educational tool.

And evaluation of CPGs could be a great homework assignment.

Students could also join the COVID-19 group in AARConnect and learn more about real-time issues associated with COVID-19 and recent literature and practices. Or they could watch the videos for the SNS ventilators.

We also have the student engagement book with other ideas.”

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

Status: For 2020, 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: The announcement for nominations will be shared on AARC Connect. The committee is currently reviewing the nominations. There were four individuals nominated this year for specialty practitioner of the year.

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

Status: Our Chair-Elect, Dr. Jennifer Anderson, has participated in the education proposal selection process and is included on any communications to ease the transition.

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 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 listserv that promotes the art and skill of respiratory care.

Status: During the COVID-19 pandemic, section members shared freely and the use of AARC resources was promoted.

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: Completed Feb 2019.

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 increased this quarter, and as of May 31, 2020 active membership was 1,386, this is up from the previous report of 1,330. Recruitment specifically of key personnel from RT programs will be conducted in the Summer of 2020. This was postponed from Spring due the COVID-19 pandemic.

State recruitment will be re-continued. In the past, we had over 25 recruiters in 18 states – the opportunity to expand this list will be announced at AARC Congress and in AARC Connect. A recruitment letter will be shared again with our state recruiters along with the list of respiratory care program directors who are not current Education Section members.

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



July 2020 Leadership/Management Section Report

Recommendations

None

Report

1. *Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in January.*

Status: Section Chair collaborated with the AARC Program Committee to:

- Working with the Program Committee, the Summer Forum was initially created to include interactive sessions. With the pandemic and organizations not allowing travel, a 'virtual' program agenda was created to include topics relevant to pandemic/disaster planning and coping with such.
- Twenty-seven leadership/management-specific presentation slots were selected and approved for the 2020 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.
- The LARS pilot including key leaders of five chartered affiliates was kicked off in May-June. An overview of the program, goals and participating chartered affiliates are located in the SBAR below.



FINAL Mgt Section
Proposal SBAR 2-17-2

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*



July 2020 Leadership/Management Section Report

members through social media. Documentation of such a meeting shall be reported in the April Board Report.

2020 YTD Leadership/Management Specialty Section Meetings are scheduled for:

- Scheduled for November in conjunction with the 2020 International Respiratory Congress in Orlando, Florida.
- Chartered Affiliate LARS meetings in the pilot states will commence as the program kick-offs were completed at the end of May and beginning of June.
- **2020 Leadership Book Club**: No book was read during Q1 of 2020. The COVID 19 pandemic and surge planning pre-empted this activity.

2020 Virtual “AARC LIVE” Summer Forum

This forum, born of necessity, will be an opportunity to evaluate virtual meetings for the future. Four presentations were identified for the Leadership/Management Section and are scheduled for July 23, 2020.

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 Leadership/Management Section membership is shared during Section meetings.

Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. It is our impression reporting of issues and solutions will be enhanced by the implementation of the LARS trial. Outcomes will be forthcoming.

Posts on the AARC Leadership/Management list serve emphasize the changes affecting healthcare and encourage RT leaders to transform their practice to add value in the



July 2020 Leadership/Management Section Report

evolving healthcare environment. For example, we have had 3 rather large “calls to action”. These are: 1) a request from our members regarding whether they have a webpage and what content is posted, 2) a call to contact Mattel who is creating every day hero action figures to have RTs added to the list, and 3) ongoing reminders to complete the Uniform Reporting Manual survey for productivity standardization.

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 Leadership/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. Three key strategies have been implemented to support this:

- The Section name has been changed to Leadership and Management.
- The LARS pilot implementation for the AARC to support and encourage Chartered Affiliate leadership learning opportunities.
- The incorporation of interactive sessions at Summer Forum and Congress for both management and leadership topics.

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. March 1 – May 31, 2020 participation is reported in the table below.



July 2020 Leadership/Management Section Report

Leadership/Management Section AARConnect Activity	Mar – May 31, 2020
Total Discussion Posts	368
New Threads	92
Replies to Discussion	336
Replies to Sender	99
Likes	22
Unique Contributors	252

Status: A LARS AARConnect Sub-Community was added to the Leadership/Management Connect Community during May 2020.

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: Full review completed Q4 2019.

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 1608 total Leadership/Management Specialty Section members.

Jan 1 - May 31, 2020 YTD Leadership/Management Section Membership Growth



Leadership/Management Membership Report	Dec 2019 Total #	Dec 2019 Active #	May Total #	May Active #
Members	1556	1499	1608	1551



July 2020 Leadership/Management Section Report

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

Status: Key initiatives, goals, metrics and progress are reported below.

Initiative/Goal	Outcomes/Metrics	Update
<p>Increase Section Membership</p> <p><i>Advocacy, Membership, Revenue/Finance</i></p>	<ul style="list-style-type: none"> ○ Entry: 2% ○ Target: 3% ○ Stretch: 5% 	<p>Mar-May 31, 2020 reported an increase of membership as 120 new members.</p>
<p>Implement the LARS initiative</p> <p><i>Advocacy, Communication/Marketing, Education/Professional Development, Events/Meetings, Membership</i></p>	<ul style="list-style-type: none"> ○ Entry: 3 state affiliates ○ Target: 4 state affiliates ○ Stretch: 5 state affiliates 	<p><u>Q1 2020:</u> Finalized LARS Proposal and Supporting Documents; identified chartered affiliates (CA) and leaders for pilot</p>
<p>Identify, track and report goals and metrics between the state, chartered affiliates and the AARC.</p> <p><i>Advocacy, Communication/Marketing, Education/Professional Development, Events/Meetings, Membership</i></p>	<div style="text-align: center;">  FINAL LARS Goals Metrics 5-28-2020.doc  </div>	<p><u>May & June 2020:</u> held LARS project introductory WebEx meetings with CA identified leaders; shared goals & metrics</p>
<p>Identify all conference presentations/activities as Leadership or Management topics</p> <p><i>Advocacy, Education/Professional Development, Events/Meetings, Membership</i></p>	<p>Entry: SF presentations</p> <p>Target: Congress presentations</p> <p>Stretch: both SF and Congress presentations</p>	<p>Completed Feb 2020 & revised April 2020</p> <p>Completed Feb 2020</p>



July 2020 Leadership/Management Section Report

<p>Establish criteria for the Leadership/Management Section SPOTY Award</p> <p><i>Advocacy, Education/Professional Development, Events/Meetings, Membership</i></p>	<ul style="list-style-type: none"> ○ Entry: submit a question on AARConnect to elicit inclusion criteria (by June 30, 2020) ○ Target: Draft criteria using Section feedback by August 2020 ○ Stretch: Present draft criteria for a final vote via AARConnect (Sept-Oct 2020); 	<p>Posted June 12, 2020</p>
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Neonatal-Pediatrics Section

Submitted by: Bradley Kuch | 2020 Summer BOD Meeting

Recommendations:

That the AARC consider adding a professional CV as part of the nomination submission process for Specialty Practitioner of the Year Award.

Rationale:

This would facilitate evaluation of nominees while helping the membership develop a tool for professional growth. The CV illustrates the wonderful work our membership does and will help the profession grow as a whole. Most high-level positions require a CV for consideration and individuals with a CV are positioned ahead of other candidates. This would prepare all members for career advancement in leadership and research endeavors.

Report:

Section membership is down by 13 members from 2,082 to 2069 (variance of -0.6%).

The goal remains to work with section membership to increase membership by 5% or 105 new members from a baseline of 2,082 by the end of calendar 2020. This is an attainable goal that will be approached through a sub-committee within the section under the 2019-2020 Horizon Goal of Membership.

The pandemic has presented some barriers to scheduling meetings. We will work to schedule virtual meetings, in the upcoming weeks.

Neonatal-Pediatric Section posts on AARConnect platform have increased again this quarter. We also saw an increase people joining the section Community in April and May. Annualizing April and May data demonstrates an increase of 211 members joining the community, up from 126 in the 4th quarter 2019 and 173 in the first quarter 2020.

The Section is planning a quarterly meeting for Mid July using the Zoom Platform. The goal is to offer 4 meeting, lasting 45 minutes to an hour to engage members how are unable to attend the Annual meetings. The agenda includes development of 2 committees: 1 focusing on Membership and engagement and the other on Education/professional development.

We had 2 excellent nominations for Specialty Practitioner of the Year Award. Both candidates were extremely qualified making the decision difficult. The award recipient has been chosen and will be notified. The nominations were very well written and included CV which was very helpful. This may be a suggestion moving forward as it will be beneficial for Award recipient selection and prepares the members by having them build a professional CV to further build their career.

Other Info:

Attachments: None

AMBULATORY AND POST ACUTE CARE

Submitted by : ADAM MULLALY RRT, MPH | 2020 Summer BOD Meeting

Recommendations:

Action: Create an AARC podcast series that reviews and discusses the content included in section newsletters, this could be a review/discussion facilitated by the section chair and an AARC executive?

Rationale: This would be an adjunct to the section newsletter, podcasts have become a popular method of accessing content/information and a podcast series could potentially widen the distribution of our newsletter content and engage more members.

Action: Provide new RRT graduates free access to all specialty sections for 1-year Rationale: Foster mentoring, identify leadership prospects, provide new RTs a sense of community, build membership

Action: Revise 2016 "Marketing Yourself to the Physician Practice" tool-kit <https://www.aarc.org/wp-content/uploads/2016/01/Toolkit-for-RTs.pdf> Rationale: This toolkit is due for an update and should include Telehealth initiatives; as well as, widen the viewpoint to include all potential "Ambulatory and Post-acute Care" opportunities

Report:

- Quarterly zoom meeting delayed due to pandemic - Section AARC Connect engagement remains low; seeking new ideas and options to increase participation and create more meaningful/worthwhile dialogue that they are actionable and include a brief explanation/justification for the recommendation.

Other-Info:

SLEEP SECTION

Submitted by: JESSICA SCHWELLER | 2020 Summer BOD Meeting

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 through the VP at quarterly reporting method and spring, summer, and fall BOD meetings.
 - Measurable Outcomes:**
 1. Quarterly reports to VP
 2. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
 3. List of proposals to Program Committee
 - Status:** Continue to increase membership to the sleep section each year. Current membership YTD: 718 members (increased over the past year)
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 December. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
 - Provided feedback to the education committee on topics/proposals submitted for Congress 2020
 - Provided support for new presenters through a mentorship program with other members in the Sleep Section
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. We will be hosting a virtual meeting in August as our meeting in March was postponed due to the COVID situation and many members wanted/needed to reschedule to a different time. We will be discussing how the pandemic has changed sleep medicine and our careers as RTs during this time. It will provide a chance for members to engage in a way prior to annual meetings.

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 advantage 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: sought out nominees for Sleep SPOTY 2020 however we did not receive any nominations this year
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; continuing to build relationships among those with an interest in growing the section to help provide leadership for years to come
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 listserve

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: working alongside fellow RTs in cross sections that overlap with sleep to try and network to improve AARC connections and improve AARC membership in the community.

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.

- a. **Status:** nothing to report at this time.

Transport Section

Submitted by: Olivia Kaullen | 2020 Summer BOD Meeting

Recommendations:

None

Report:

- Continuing to have trouble with participation in sub committees. Have recently reached out to those who have expressed interest to attempt to regain focus post COVID.
- Amanda has sent a few people my way (which is AWESOME!) to join the transport section/become more active. This has been great- one is really interested in pursuing specific credentialing in the Transport/RT sector.

Other Info:

- I am currently pregnant and due the week prior to the conference. Assuming it will be in person I won't make it- Dr. Strickland aware. If conference ends up being virtual, I will happily attend.

Organizational Representatives

AMA CPT

Submitted by: SUSAN RINALDO-GALLO | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

Anne Marie and I attended the annual AMA CPT HCPAC (Health Care Professionals Advisory Committee) and Editorial Panel meeting in February. We sat through 2.5 days of presentations and CPT code proposals. There were no pulmonary specific codes proposed at this meeting. However it is important that the AARC have representation at this annual HCPAC meeting. The AARC is one of 19 health professions present. Once again there was a lot of discussions about telemedicine codes. As reported previously there are new Telemedicine codes that RTs, as clinical staff, can use when reporting this service as part of comprehensive care of a patient.

There is a good possibility that a code proposal for Non Invasive Ventilation will be on the agenda at the AMA CPT meeting in May. However, there is a lot that needs to take place to accomplish this. As most RC managers are aware of, we have never had a code for this technology. Departments have used either the Ventilator management codes; 94002-3 or the Continuous Positive Airway Pressure code; 94660.

Qualified Health Care Provider (QHCP) designation received a lot of discussion at this meeting. This is a terribly confusing designation which is added to many CPT codes. The discussion centered around two things; is your profession qualified to provide this service through training and scope of practice and is your profession qualified to receive reimbursement. The AMA CPT indicates that a profession should be able to use codes based on training and scope of practice. However, RC has consistently been told by our facilities/coders that we cannot use CPT codes that must be performed by QHCP, due to lack of reimbursement! No consensus was reached. To be continued.

Other Info:

N/A

Interprofessional Education Collaborative

Submitted by: Samantha Davis | 2020 Summer BOD Meeting

Recommendations:

None at this time.

Report:

Previous recommendation of developing an IPE/IPCP Preceptor Training Module to be added to the Clinical PEP was given low priority during COVID-19. Will connect with Georgianna and Jennifer to begin work on this project.

Other Info:

The next IPEC meeting is happening virtually on June 25th

AMERICAN HEART ASSOCIATION

Submitted by: Brian Walsh | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

Represented the RT community to the best of my ability by providing evidence, guidance and assistance with the development of the COVID-19 Interim Guidelines for CPR, ACLS, and PALS. As well as guidelines for ventilator equipment, ventilator and airway management. These were published in April and May of this year.

Other Info:

We have not been able to hold face-to-face meetings since COVID-19. Even our virtual meeting was canceled due to an inability to work out the logistics on such short notice with so many team members.

Commission on Accreditation of Air Medical Transport System (CAMTS)

Submitted by: Steve Sittig | 2020 Summer BOD Meeting

Recommendations:

None at this time

Report:

As with many national organizations CAMTS has been affected in conducting in person board meetings due to COVID- 19. Our in-person spring and summer meeting were cancelled. The spring meeting was conducted via teleconference April 16th and 17th. Nine reaccreditations were completed as one new program accreditation. The minutes of the meeting are attached. Our summer meeting will also be via teleconference at a date to determined.

We will be holding an executive committee teleconference June 16th to confirm our new representatives from USTRANSCOM and ASMA.

Work continues the 12th edition of the CAMTS Standards with monthly phone conferences replying to submitted suggested changes/inclusions. Initial release was planned for the national Air Medical Transport Conference in Nashville in November but may be delayed due to COVID-19. I continue to serve on this committee.

Other Info:

None

Attachments:

None

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

Recommendations

None at this time.

Report

I have attended most of CoBGRTE's monthly Executive Committee (EC) meetings since the last report in February, 2020. CoBGRTE has had to deal with the COVID 19 pandemic like everyone else. The Executive Committee continues to meet monthly but they have had to change their annual in person Board Meeting, normally held before the Summer Forum, to a Zoom Meeting. It will be held in July on two different half days. They also usually hold a Round Table discussion and Mini-symposium before the AARC Summer Forum but these will be postponed until a later date as well.

CoBGRTE continues to recognize CoARC as the Gold Standard in Respiratory Care Education accreditation and opposes the development of a second accreditation committee for the field. CoBGRTE continues to promote RRT as the entry level credential and BS or MS as the entry level education.

The CoBGRTE continues to work on a White Paper advocating the value of MSRC programs.

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.

Other

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

ELSO

Submitted by: Bradley Kuch | 2020 Summer BOD Meeting

Recommendations:

N/A

Report:

No Report at this time. Covid-19 has resulted in some meetings and much of the discussion is about resource allocation a finalizing ELSO base Covid-19 positions. No report at this time.

Other Info:

N/A

International Council for Respiratory Care (ICRC)

Submitted by: Jerome Sullivan/Dan Rowley| 2020 Summer BOD Meeting

Recommendations: NONE

Report:

The ICRC is working in conjunction with a Saudi group to conduct an international survey on mechanical ventilation and practices during the COVID-19 pandemic.

The ICRC is working on the details of organizing a remote virtual business meeting for all the ICRC Governors. We may need to be planning this if our AARC Annual Meeting is not held.

The Council members are working together on the transition plan as Dan Rowley moves into the position of ICRC President this Fall. Khalid Dahir Alenezi was appointed to Assistant to the Council President. He will work closely with newly appointed ICRC Director of Communications, Ryan Shakey, as they expand ICRC outreach by adding additional social media platforms to communicate with our followers. Chad and Brian will continue serving as Assistants to the Council President as well.

Other Info:

Attachments:

NAAHP

Submitted by: Tim O'pt Holt | 2020 Summer BOD Meeting

Recommendations:

It is my recommendation as the special representative to this organization is to let our membership expire and put our resources into recruitment elsewhere.

Report:

Like many organizations, NAAHP is currently focused on moving their in-person conference to a virtual event. They do place a heavy emphasis on Masters level programs. At this time, expanding partnerships with organizations like HOSA and events like Health Professions week might be a better use of our resources.

Other Info:

none

Attachments:

NRP Steering Committee

Submitted by : Teka Siebenaler RRT, MPH | 2020 Summer BOD Meeting

Recommendations:

NA

Report:

I attended the 2020 Spring Neonatal Resuscitation Program Steering Committee meeting, this was my first meeting. The committee is working on the 8th addition of the NRP Guidelines. There were several items on the agenda, including recommendations for pre-hospital care via EMS.

In addition the committee is working on reframing the Instructor Toolkit and continue to encourage a move away from 'teaching' to all simulation and working on incorporating RQI. This will be a little more challenging in the neonatal classes, so there is an RQI pilot study and the recommendations will be presented to the steering committee.

COVID-19 has changed the timing of the review process, as all of the members of the committee are involved with the AAP.

How to handle

I have asked several instructors what they would like to see for changes in NRP-I have shared that information with the steering committee. They were very welcoming and have been wonderful to work with.

Attachments: I have attached the 2 COVID-19 response statements that might be of interest to others involved in neonatal and pediatric resuscitation.



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**COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE**

CoARC Update – June 2020

**Pat Munzer, DHSc, RRT, FAARC
President**

**Tom Smalling, PhD, RRT, RRT-SDS, RPFT, RPSGT, FAARC
Chief Executive Officer**

Mission Statement

The mission of the Commission on Accreditation for Respiratory Care (CoARC) is to ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research and service.

Value of Programmatic Accreditation

Provides **consumer protection**, advances and enhances a profession, and protects against compromise of educational quality.

What Does CoARC Do?

- Holds programs accountable to the profession, consumers, employers, students and their families, practitioners— and to one another by ensuring that program goals and outcomes are appropriate to prepare individuals to fulfill their expected roles;
- Evaluates the success of programs in achieving goals and outcomes;
- Assesses the extent to which programs meet accreditation Standards;
- Informs the public of the purposes and values of accreditation and identifies programs that meet accreditation standards; and,
- Fosters continuing improvement in programs — and, thereby, in professional practice.

Value of CoARC Accreditation

- Established accreditation standards at all degree levels for entry into practice as well as degree advancement and advanced practice respiratory therapy (APRT) that ensure quality respiratory therapy education and optimally reflect the needs of the Respiratory Care profession;
- Accreditation standards and services supported by and in collaboration with the AARC and nationally-recognized physician organizations (ATS, ASA, and CHEST);
- Reputable and vetted outcomes data that inform the public and prospective students of programs' success in achieving outcomes deemed important for competent practice;

Value of CoARC Accreditation

- Committed support of the profession's goal of increasing the number of respiratory therapists who earn baccalaureate and graduate degrees;
- Accreditation decisions and responses to professional issues are conducted by well-informed and experienced peers of the respiratory therapy profession as opposed to a group of allied health occupations and professions where respiratory therapy has a minority voice;
- Demonstrated independence from any parent entity, or sponsoring entity, for the conduct of accreditation activities and determination of accreditation status.

Program Numbers by CoARC Level as of June 15, 2020 (n=447)

	200-level (Entry Base)	210-level (Entry ADT BS)	220-level (Entry ADT MS)	300-level (Satellite)	400-level (Sleep Cert)	500-level (Degree Adv)	600-level (Advanced Practice)
Continuing Accreditation	377	2	3	7	3	0	0
Probationary Accreditation	0	0	0	0	0	0	0
Provisional Accreditation	22	3	1	1	1	16	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	3	0	0	0	0	7	0
Letter of Intent	0	0	0	0	0	0	0
Total # of Associate Degree Programs						344 Entry	
Total # of Baccalaureate Degree Programs						70 Entry; 19 DA	
Total # of Master's Degree Programs						5 Entry; 4 DA; 1 APRT	

2018-2020 Voluntary Withdrawals

- Since January 1, 2018 to June 1, 2020, there have been 33 program and program options that have withdrawn.
- 26 base programs. 5 satellites, and 2 PSG certificate option
- 16 states (AL, AR, AZ, CA, IN, IL, KY, MI, MO, NJ, OH, OK, PA, SC, TX, VA)
- 10 AAS, 1 AOS, 11 AS, 8 BS, 1 MS, 2 PSG Cert
 - 2 BS (VA and NJ) were the only BS Entry programs in that state
- Stated Reasons for Withdrawal:
 - 12 low enrollments (8/12 AS [AR, AZ, IL, MI, MO], 3 BS [AL, VA], 1MS [AL])
 - Adverse action by institutional accreditor (4); Suspend admissions (4); Sat to base conversion (1); limited hiring opportunities (1); others were non-specific.

2019 Report on Accreditation

Due to delays in the submission of the 2018 RCS, the *2019 Report on Accreditation in Respiratory Care Education* was published on May 20th.

The report is available for download at www.coarc.com.

2019 Report on Accreditation in Respiratory Care Education

Commission on Accreditation for Respiratory Care



Published May 20, 2020

The CoARC is recognized by the Council for Higher Education Accreditation (CHEA). www.chea.org.

2019 CoARC Report Highlights

- As of December 31, 2019, 82% of the 420 accredited entry into respiratory care practice programs were associate degree and 17% were baccalaureate degree. Five programs (1% of total) offered a master's degree. Compared to data from the 2018 Report on Accreditation, the number of associate degree programs decreased by 9, the number of baccalaureate programs increased by 2, and the number of master's degrees decreased by 1.
- Forty of the associate degree programs (10%) are offered at four-year colleges/universities.
- In 2019, there were 184 accreditation actions taken by the Board, 45 accreditation actions processed by the Executive Office and 71 site visits conducted.

2019 CoARC Report Highlights

- Total applications reached a peak of 23,430 in 2011, and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018.
- For 2018, there were 8,027 new students enrolled – 64.5% of capacity. There was an 8.1% increase in new enrollments compared to 2017. ***For 2018, 8.8% (45 of the 400) programs reported new enrollments reaching maximum annual enrollment capacity.***
- There were 6,219 graduates in 2018. This is a 1.5% decrease compared to 2017. Compared to 2017, number of graduates in 2018 decreased by 1.1% for associate degree programs; by 3% for baccalaureate degree programs; and by 15.4% for master's degree programs.

2019 CoARC Report Highlights

- The mean retention rate was 91%. This is a 3.5% increase compared to 2018. Six programs (1.5% of total) reported retention rates below the CoARC-established threshold of 70%.
- The mean placement rate was 88%. This is a 3.2% increase when compared to 2018 and is the highest mean placement rate recorded since at least 2013.
- The mean CRT credentialing success was 93% with the highest at 100% (n=111) and the lowest at 0% (n=1). A total of 26 programs (6.5% of total) reported success rates below the CoARC established threshold of 80%.
- The mean RRT credentialing success was 80% with the highest at 100% (n=32) and the lowest at 0% (n=1). The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 in 2012 to 32 in 2019.

2020 Annual Report of Current Status

- The data collected for the 2020 RCS will focus on the reporting years for 2017, 2018, and 2019 (i.e., outcomes data from January 1, 2017 thru December 31, 2019);
- The 2020 RCS due date is July 1st. This deadline may be affected by events related to the COVID-19 crisis and CoARC will notify programs of any changes.
- The 2020 Report on Accreditation will be completed in early 2021 as we have returned to a normal reporting cycle.

COVID-19 Updates



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[3.10.20 COVID-19](#)

[3.14.20 COVID-19](#)

[3.24.20 COVID-19 FAQ Update](#)

[4.6.20 COVID-19 Update](#)

[5.15.20 COVID-19 Update](#)

[5.27.20 COVID-19 Update-Self-Study-Onsite-Visits](#)

ACCREDITED PROGRAMS

[COVID-19](#)

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[CoARC DA and APRT Programs](#)

[Map of Program Outcomes](#)

LATEST NEWS

CoARC Entry into Practice Standards

- The final draft was approved by the Board at its March meeting and is available on our website;
- The final version of the 2020 Standards was sent to the CoARC's collaborating organizations (AARC, ATS, ASA, and CHEST) for acceptance;
- The 2020 Standards are posted on the CoARC web site and will go into effect on **July 1, 2020**.

Update on APRT and Degree Advancement (DA) Standards Revision

- CoARC will begin the comprehensive revision process of the 2015 APRT Standards later this year with a projected in-effect date of Jan 2022.
- CoARC will also begin the comprehensive revision of the 2018 DA Standards in mid 2021 with a projected in-effect date of July 2023.

Key Personnel Academy

- The course was developed by CoARC for new or those aspiring to become Program Directors (PD) or Directors of Clinical Education (DCE). It is designed to promote awareness and provide key information vital to the success of these positions.
- The course will be offered twice a year: in the spring and in the fall.
- The first course opening began in mid-March. Fall registration is now open on our website.

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- Achievement of the High Cut Score is the first step required to obtain the RRT credential.
- As you are all aware, the TMC Examination was initiated by the National Board for Respiratory Care (NBRC) in 2015.
- The delay in the introduction of High Cut Score Success as an outcome was caused by the need to acquire sufficient data to calculate an applicable threshold.

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- Effective March 14, 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome.
- CRT Credentialing Success (and its related threshold) has been replaced with an outcome for achievement of the high cut score on the Therapist Multiple Choice Examination (TMC High Cut Score Success), with a threshold for that outcome.
- This change is related to the goal mandated in the Entry into Professional Practice Standards (Standard 3.01).

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- TMC High Cut Score Success is determined by calculating the percentage of program graduates who achieved the high cut score {i.e. dividing the number of program graduates achieving the high cut score (numerator) by the total number of graduates (denominator)} in each three-year reporting period.
- The **threshold** for TMC High Cut Score Success is **60%** and initial evaluation of this outcome will occur upon the submission of the 2020 Annual Report of Current Status.

Retention Definition Modified

- The CoARC Board approved a modification to the definition of the 'Retention' outcome.
- Programs will no longer be allowed to exclude students who receive grades of W or WP in their calculation of that outcome.
- This change will be effective with the submission of the 2020 RCS.

Update to RCS Student Profile

- The 2020 RCS Student Profile page will include an additional status box to categorize someone as an ‘international student’.
- CoARC defines an international student as *“an individual on a temporary visa who is enrolled (for credit) in a respiratory care program at an accredited higher education institution in the U.S. This definition does not apply to someone who is a permanent resident with an I-51 visa or Green Card or to someone who has applied for immigration status, to an undocumented immigrant or to a refugee.”*
- Those defined as ‘International students’ should be excluded when calculating TMC High Cut Score Success and RRT Credentialing Success.

2020 Virtual CoARC Activities

- **Meet the Referee**

- Web conference meetings with the referees and Executive Office staff and programs will be scheduled during this summer.

- **CoARC Awards**

- The 2020 CoARC Awards brochure was emailed to all the award recipients with their letters and certificates;
- The presentation of CoARC Louis Sinopoli, PhD, RRT, FAARC Faculty Educational Research Scholarship, the George G. Burton, MD Student Educational Research Scholarship, and the Bonner Smith Outstanding Service Award will occur at a later date.

Tuesday, July 7 — Education Track

1:00 p.m.–1:45 p.m. Central

CoARC Update on Standards, Policies, and Reporting

Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC



This presentation will provide an overview of the July 2020 Entry into Practice Standards, the March 2020 Accreditation Policies, and highlights of the 2019 Report on Accreditation. In addition, COVID-19 policy updates and their implications for programs and the profession will be discussed. Time will be allotted for questions and comments from members of the audience.

1:50 p.m.–2:30 p.m. Central

Maintaining Academic Integrity in a Virtual Environment or Evaluation in a Virtual Environment

Joe Coyle, MD, FCCP



Ensuring academic integrity is a concern for all respiratory therapy educators, regardless of how students complete their educational activities. Maintaining academic integrity during a sudden transition to online educational activities poses some unique and ongoing challenges many are not prepared to address. In addition, discussions regarding academic integrity can also lead to a reaffirmation of the importance of professionalism and ethical behavior among trainees. This presentation will highlight some best practices and available techniques and tools for educators to leverage, and will address ensuring compliance with applicable CoARC Standards while transitioning to virtual assessment strategies.

24th Annual Dr. H. Fred Helmholz, MD Education Lecture Series

Do We Give Up Too Soon? Helping All Learners Achieve Excellence



Presenter:

**Ellen Becker, EdD, RRT, RRT-NPS,
RPFT, AE-C, FAARC**

In Memoriam

Dr. Ralph Kendall, MD

The CoARC mourns the loss of Commissioner Emeritus Dr. Ralph Kendall MD on May 19th due to COVID-19.

Over the past 30 years, Dr. Kendall developed a national reputation for his dedicated service as a site visitor and team captain for the CoARC, having completed over 140 site visits. The CoARC named the Site Visitor of the Year award in his honor in 2009 and bestowed the prestigious Emeritus status to him in 2013.



Upcoming Board Meetings

July 11-13, 2020

Virtual

December 10-12, 2020

Tentative - Grapevine, TX

March 11-13, 2021

Grapevine, TX

ARCF Summer 2020 Report submitted by Michael Amato

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

International Fellow and City Host Applications

- The 2020 program has been cancelled due to the current pandemic. However, this will allow us to double the number of recipients selected in 2021.

Congress 2020 ARCF Fundraiser

- VapoTherm sponsorship in the amount of \$20,000.
- Fundraiser ticket site will be opened once a location has been determined.
- Ticket prices:
 - \$150 per person if purchased by September 1 (includes access to event, meal and one entry for grand prize)
 - \$175 per person if purchased between September 1 and day before event (includes access to event, meal and one entry for grand prize)
 - NO SELLING TICKETS AT THE DOOR

List of Awards for this year (Winners to TBD)

- Research Fellowship Awards
 - Charles W. Serby COPD Research Fellowship Award
 - Philips Respironics Fellowship in Mechanical Ventilation
 - Vyaire Fellowship for Neonatal and Pediatric Therapists
 - **Jeri Eiserman, RRT Professional Education Research Fellowship – NOT AWARDING IN 2020**
- Literary Awards
 - Mallinckrodt Literary Award
 - Draeger Literary Award
- Achievement Awards
 - Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement
 - Hector Leon Garza, MD, International Achievement Award
 - Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
 - Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
 - NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement
 - Mike West, MBA, RRT, Patient Education Achievement Award
 - Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies
- Education Recognition Awards for Undergraduate Students
 - Morton B. Duggan Jr., Memorial Education Recognition Award
 - Jimmy A. Young Memorial Education Recognition Award
 - NBRC/AMP William W. Burgin Jr., MD and Education Recognition Award
- Education Recognition Awards for Postgraduate Students

- NBRC/AMP Gareth B. Gish, MS, RRT, Memorial Postgraduate Education Recognition Award
- William F. Miller, MD Postgraduate Education Recognition Award
- Research Grants
 - NBRC/AMP H. Fredrick Helmholtz, Jr., MD, Educational Research Grant
 - Parker B. Francis Respiratory Research Grant
 - 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 18, 2020
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 virtually in April 2020. Albeit not the way we had planned, we had a very successful first encounter with a week of virtual committee and Board meetings. We recently made the decision to hold the annual Licensure, Insight, Networking and Collaboration (LINC) meeting in a virtual format as well as the NBRC Executive, Investment Advisory and Clinical Simulation Examination Committees in August. The Executive Office staff have been working remotely at home since March 23rd but began an eased in return to the office on June 15th. We are expecting a full-time return to the office after Labor Day.

Credential Maintenance Program

Full implementation of the new CMP occurred in January 2020. Highlights of the new program include incorporating an assessment component where the content will focus on competencies that put the public at risk when performed incorrectly and where 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.

Pulmonary Disease Educator Credential Being Explored

As a result of a request from the AARC Board of Directors, the NBRC Board of Trustees voted to conduct a viability study (the first step in its examination development process) to determine if there is a need for pulmonary disease educator credentialing program. The viability study was conducted in late September with a group of stakeholders identified by the NBRC and AARC, and the group concluded that the NBRC's Specialty Examinations Committee should make a recommendation to the NBRC Board of Trustees to proceed to step two (a personnel survey) of the NBRC's policies for examination development. In December 2019, the Board voted to conduct a personnel survey. Although we have delayed distribution of the personnel survey due to the current pandemic, plans are in motion to have it completed by the end of the year with a full report to the Board in April 2021.

Request to Recognize JRCRC

In the spring of 2019, we were asked by the newly formed Joint Review Committee for Respiratory Care to consider recognizing graduates of their accredited programs for NBRC examinations. At our April meeting, the NBRC Board of Trustees voted to deny the request of the JRCRC to amend our admission policies to allow for graduates of CAAHEP accredited programs to be deemed eligible for NBRC examinations.

Policy Changes During the Pandemic



The Board approved a number of policy changes for credentialed practitioners during the COVID-19 crisis which included waiving the credential verification fee through June 30, reinstating expired credentials through December 31, 2020, extending credential expiration dates for those who expire in 2020 to December 31, 2020, and accepting CE up to six months after a credential expiration date for those who expire in 2020. We also implemented a remote proctoring solution for the Therapist Multiple-Choice and Clinical Simulation Examinations to allow candidates access to the credentialing examinations that are used as the basis for licensure while physical test centers were closed or had limited capacity.

MoreRTs Campaign

The NBRC launched a PR/marketing campaign aimed at creating awareness of the respiratory care profession, and thanking and supporting respiratory therapists during the COVID-19 pandemic and in the future. You can find the campaign from the marquee on the NBRC homepage (nbrc.org) or go directly to MoreRTs.com. Please be sure to watch all the videos as well as scroll through the entire site, check out the pressroom and more. We have had great success with the campaign and plan to use it as the basis for a larger initiative in the future.

2020 Examination and Annual Credential Maintenance Participation

Despite test center closures for nearly six weeks, we have administered approximately 8,500 examinations across all programs year-to-date. As a reminder, new test specifications for the Therapist Multiple-Choice and Clinical Simulation Examinations were implemented in January 2020, along with an online virtual calculator. The Board also implemented another policy change in January of this year which requires a wait between attempts (see chart below):

Examinations	Attempts Without Waiting	Days Between Subsequent Attempts
Therapist Multiple-Choice	3	120
Clinical Simulation	3	120
Pulmonary Function Technology	2	180
Neonatal/Pediatric Specialty	2	180
Sleep Disorders Specialty	2	180
Adult Critical Care Specialty	2	180

Effective January 1, our annual renewal program changed and the fee is now associated with credential maintenance and/or supporting the NBRC (for those whose credentials are not subject to credential maintenance). Practitioners have the opportunity to designate a portion of their credential maintenance/support fee to be donated to one of three organizations the NBRC has selected for its new social purpose initiative, *Choose One: Every Breath Counts*. To date, over 53,000 practitioners have paid their annual fee for 2020.

Examination Statistics – January 1 – June 15, 2020

Examination

Pass Rate

Therapist Multiple-Choice Examination – 4,766 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 76.7% |
| | Exceed Low Cut-Score – 84.7% |
| • Repeat Candidates | Exceed High Cut-Score – 30.2% |
| | Exceed Low Cut-Score – 49.9% |

Clinical Simulation Examination – 3,062 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 71.8% |
| • Repeat Candidates | 54.7% |

Adult Critical Care Examination – 228 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 67.6% |
| • Repeat Candidates | 49.0% |

Neonatal/Pediatric Examination – 277 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 76.2% |
| • Repeat Candidates | 54.0% |

Sleep Disorders Specialty Examination – 44 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 77.1% |
| • Repeat Candidates | 88.9% |

PFT Examination – 105 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 40.0% |
| | Exceed Low Cut-Score – 77.1% |
| • Repeat Candidates | Exceed High Cut-Score – 28.6% |
| | Exceed Low Cut-Score – 55.2% |

Your Questions Invited

I am honored to be serving as President of the NBRC for a third term and continuing to work 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.

*Unfinished
/ New
Business*

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: BOD.023

SECTION: Board of Directors

SUBJECT: **Board of Directors Community (E-VOTING)**

EFFECTIVE DATE: February 1, 2004

DATE REVIEWED: June 2020

DATE REVISED: June 2016

REFERENCES: AARC Bylaws

Policy Statement:

1. The BOD and Executive Committee will conduct business on a Community which is maintained by the Executive Office.
2. E-voting by the Board of Directors shall be conducted using specific guidelines (see following page) and established parliamentary procedure.

Policy Amplification:

1. The Secretary/Treasurer is responsible for posting these guidelines at the start of each new term of directors and officers.
2. Messages posted on the Community should not be forwarded to non-Board members.
3. All voting completed on the Community must be ratified at the following BOD meeting.
4. The Secretary/Treasurer is responsible for managing the e-voting procedure.

DEFINITIONS:

ATTACHMENTS: See “Guidelines for the Board of Directors E-Voting” on following page.

American Association for Respiratory Care Policy Statement

Page 2 of 2
Policy No.: BOD.023

Guidelines for the Board of Directors E-Voting

1. Motions are posted from the President or Parliamentarian or other designee. Board members wanting to introduce a motion must first contact the President (off the Community) to have the motion recognized.
2. The President will then contact one Board member (off the Community) to get a second.
3. Once the motion is recognized by the President and seconded by a member (off the Community) it will be introduced to the Community in a message from the Secretary/Treasurer or Parliamentarian.
4. The motion posted will include the originator of the motion, the individual who seconded the motion, the deadline for discussion and the deadline date for voting. The deadline times will be 12 noon EST.
5. Following the set discussion period, the Secretary/Treasurer will post a message indicating the start of the voting period.
6. The discussion period should be 3-5 business days. The voting period should be 3-5 business days.
7. Only one motion should be active on the Community at any time.
8. The Secretary/Treasurer will report the results via the Community. A copy will be sent to the Executive Office and ratified at the next BOD meeting.
9. The originator of the motion will be notified of BOD action by the Secretary-Treasurer via e-mail, and with official notification occurring by mail post BOD ratification at its next meeting.
10. If a motion requires a faster turn-around the President can authorize a shorter time period. This should be considered an exception and used only for urgent issues. The subject line will indicate that a motion is urgent.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.:BOD.031

SECTION: Board of Directors

SUBJECT: **AARC Relief for Loss of
Life Related to COVID**

EFFECTIVE DATE:

DATE REVIEWED: June 2020

DATE REVISED: June 2020

REFERENCES:

Policy Statement: The AARC President may activate the COVID Loss Fund for families of Respiratory Therapists who fell ill treating COVID patients and succumbed to the disease.

Policy Amplification:

1. The AARC Executive Office will develop an informational reporting form to be placed on the AARC website.
 - a. Availability of form will be publicized to HOD/President list serve and on AARC website.
 - b. Form will include information to the Executive office on the individual who passed, any details linking cause of death to COVID in the line of duty, date of death, place of employment, manager/director, responsible next of kin contact, link to obituary (when available).
 - c. Forms to be accepted up to one year past date of death, pending available funds.
2. The AARC Executive Office will communicate to the AARC President and review the request for activation of the fund.
3. The Application review process will be conducted as follows:
 - a. Therapists who are licensed (except state of Alaska) and students active in the profession who were managing patients at the time of death will be considered.
 - b. The family member or manager/director or state society President must complete an online informational form for assistance.
 - c. Upon receipt of form, the AARC Executive Office will verify COVID related death and confirm responsible next of kin.

4. Level of grant support will be \$500 for all candidates.
5. Recipients will also receive recognition from the AARC. The AARC will petition the ARCF to donate a brick in the virtual museum for the individual. Family or employer will provide a memorial statement for the brick.

DEFINITIONS:

ATTACHMENTS:

Addendum

Respiratory Diagnostics Section

Submitted by: Katrina Hynes (Chair) and Ralph Stumbo (Chair-elect)
2020 Summer BOD Meeting

Recommendations:

No recommendations are being made at this time.

Report:

1. Report to the VP of External Affairs monthly
 - a. The section has been noncompliant with this goal. Greater efforts to improve compliance will be made going forward.
2. Engage your Section members through Section meetings, journal discussions, discussions on AARConnect, library update, etc.
 - a. Virtual Section meeting scheduled for June 2020 was canceled. A rescheduled date is pending with a goal to host a virtual meeting in August 2020.
3. Identify specialty practitioner candidate
 - a. Jennifer Weltz Horpedahl

Other Info:

Professional member accomplishments

1. Katrina Hynes joined the ATS Proficiency Standards PFT Committee in May of 2020
2. Carl Mottram and Kevin McCarthy joined the ATS-ERS Lung Volume Task Force in March of 2020

Attachments:

None

Open Referrals
2020 Summer BOD

Committee/ Source	Type Motion	Responsible Party	Rec Number	Recommendation	Action	Referral	Notes	Staff Assigned	Outcome
HOD Resolution	HOD	Chris Russian	84-19-1	The AARC will create an Advanced Researcher Track in the Leadership Institute by the year 2020.	Carried		Shawna is working on this- COVID delay - still in progress	SS	Ongoing.
HOD Resolution	HOD	Connie Dills	84-19-2	Resolve that the AARC creates a Research Toolkit aimed at the practicing Respiratory Therapist in the hospital setting to acquire, perform, assess and become a consumer for research in the field of Respiratory Care by the year 2020."	Carried		Shawna is working with Georgianna COVID delay - still in progress	SS	Ongoing.
HOD Resolution	HOD	Lisa Darling	84-19-3	Resolve that the AARC creates a tool kit aimed at students to learn how to acquire, perform, assess and become a consumer for research in the field of Respiratory Care by the year 2020	Carried	Referred to EO and Education Section	Shawna is working with Georgianna COVID delay - still in progress	SS	Ongoing.
Elections Committee	FM	Susan Rinaldo- Gallo/Kari Woodruff	19-2-10.1	"to charge the Elections Committee to develop an objective guideline for candidate selection. That this guideline be presented at the fall meeting of the BOD and be implemented for the next election cycle." Kari Woodruff moved to amend this Floor Motion to read as follows: "to charge the Elections Committee to review nominations Policy and Procedure and develop objective guidelines within the policy for candidate selection. That this guideline be presented at the Fall meeting of the BOD and be	Carried	Elections Committee	Elections Committee working on this	TM	Ongoing

Open Referrals
2020 Summer BOD

				implemented for the next election cycle					
AARC Policy	PP	Exec Office	CT.003	CT.003 Elections Committee-Nomination Process. Revisions to this policy were not ready to be presented to the board at the time of this meeting	Postponed	Elections Committee	Elections Committee working on this	Tim	In process
Education Section	FM	Georgianna Sergakis	19-2-53.1	The AARC BOD adopt a framework from the implementation science literature to move forward with the recommendations from the Position Statement on education. Implementation science is the use of strategies to adopt and integrate interventions and change practice patterns in specific situations.	Carried	BOD, Karen and Georg	Shawna is working on this COVID delay - still in progress	SS	Ongoing
AHA	REC		18-3-64.2	That the Executive Office produce a webcast on American Heart Association updates in the fall of 2019.	Amended/Carried	Executive Office	AHA not receptive to collaboration; tabled	ss	Ongoing
IPEC	REC	Samantha Davis	19-3-63.2	Survey AARC membership regarding current interprofessional education and collaborative practice efforts and highlight them in AARC Times or other official media communication	Carried		In process -recent article in AARC Times; webcast scheduled for September 10	SS	ongoing
AARC Policy	PP	Karen Schell/Teri Miller		Disaster Relief Policy-Karen and Teri committed to reworking this policy and bringing their suggested revisions to the Summer BOD meeting		Karen Schell and Teri Miller to rework		TK	in process/updated policy to be brought back to Summer BOD

Open Referrals
2020 Summer BOD

AARC Policy	PP	Brian Walsh		E-Voting Policy -Brian Walsh committed to reworking this policy and bringing his suggested revisions to the Summer BOD meeting		Brian Wash	Brian reviewed the policy and said no changes were needed		in process/updated policy to be brought back to Summer BOD
IPEC	REC	Samantha Davis	20-1-63.1	Request that the AARC BOD approve the development of an IPE/IPCP (co-developed with IPEC members) Preceptor Training Module that can be added to the Clinical PEP”	Carried		COVID delay but still in progress	SS	Ongoing