



American Association for Respiratory Care

Board of Directors Meeting

Sawgrass Marriott Golf Resort & Spa
Ponte Vedra, FL

June 29-30, 2016

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive and Finance Committee Meetings – June 28, 2016
Board of Directors Meeting – June 29-30, 2016

Tuesday, June 28

- 3:00-5:00 pm Executive Committee Meeting (Committee Members only) – *Governors Board Room*
- 5:30-6:30 pm AARC Finance Committee Meeting (BOD and HOD members are encouraged to attend) – *Masters Ballrooms A, B, C*

Wednesday, June 29

- 7:00am BOD breakfast available - *Champion Ballrooms B, C*
- 8:00-10:00am Joint Session – *Masters Ballrooms D, E*
- 10:15am Call to Order
Announcements/Introductions
Disclosures/Conflict of Interest Statements
Approval of Minutes pg. 7
E-motion Acceptance pg. 27
- General Reports pg. 28
 President pg. 29
 Past President pg. 30
 Executive Director Report pg. 31 (R)
 Government & Regulatory Affairs pg. 49
 House of Delegates pg. 59
 Board of Medical Advisors pg. 61
 President's Council pg. 65
- 12:00 pm Lunch Break (Daedalus Board Meeting via conference line)**
- 1:30 pm Reconvene**
- 1:30 pm Standing Committee Reports pg. 66
 Audit Subcommittee pg. 67
 Bylaws Committee pg. 68 (R) (A)
 Elections Committee pg. 69
 Executive Committee pg. 72
 Finance Committee pg. 73
 Judicial Committee pg. 74
 Program Committee pg. 75
 Strategic Planning Committee pg.77
- 2:30 pm Specialty Section Reports pg. 78
 Adult Acute Care pg. 79
 Continuing Care-Rehabilitation pg. 80
 Diagnostics pg. 81
 Education pg. 82

Home Care pg. 84
Long-Term Care pg. 86
Management pg. 87
Neonatal-Pediatrics pg. 89
Sleep pg. 90
Surface to Air Transport pg. 91

3:30 pm Strategic Workgroups meet

5:00 pm RECESS

Thursday, June 30

8:00 am Call to Order

Special Committee Reports pg. 92
Benchmarking Committee pg. 93 (R)
Billing Code Committee pg.94
Federal Gov't Affairs pg. 95
Fellowship Committee pg. 96
International Committee pg. 97
Membership Committee pg. 99
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AMA CPT Health Care Professional Advisory Committee pg. 105
American Association of Cardiovascular & Pulmonary Rehab pg. 107
American Heart Association pg. 108 (A)
Chartered Affiliate Consultant pg. 109
Comm. on Accreditation of Medical Transport Systems pg. 110
Extracorporeal Life Support Organization (ELSO) pg. 111
International Council for Respiratory Care (ICRC) pg. 112
The Joint Commission (TJC) pg. 115
National Asthma Education & Prevention Program pg. 118
Neonatal Resuscitation Program pg. 119

10:00 am BREAK

10:15 am Roundtable Reports pg. 120

10:45 am Ad Hoc Committee Reports pg. 122
Advanced RT Practices, Credentialing, and Education pg. 123
Research Fund for Advancing Respiratory Care Profession pg. 126
RTs and Disease Management pg. 127
State Initiatives pg. 128
Student Website Enhancement pg. 130

12:00 pm Lunch Break

1:30 pm Reconvene

1:30 pm Other Reports pg. 131
 American Respiratory Care Foundation (ARCF) pg. 132
 Commission on Accreditation for Respiratory Care (CoARC) pg. 135 (A)
 National Board for Respiratory Care (NBRC) pg. 136

2:00 pm **UNFINISHED BUSINESS pg. 139**
 • Strategic Workgroup Updates
 • Policy Updates (from April 2016 meeting) (A)
 • Taskforce on Competencies for Entry into Respiratory Therapy Practice (A)

NEW BUSINESS pg. 143

3:30pm ANNOUNCEMENTS

TREASURER’S MOTION

ADJOURNMENT

(R) = Recommendation

(A) = Attachment

Recommendations

(As of June 15, 2016)

AARC Board of Directors Meeting

June 29-30, 2016 • Ponte Vedra, FL

Executive Office

Recommendation 16-2-1.1 “That the Board of Directors approve up to \$494,000 to perform an assessment of our IT management system and implementation of updates or replacement of the current IT management system.”

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

WHEREAS, the AARC sponsors the tax qualified plan known as the American Association for Respiratory Care Employees Retirement Plan (the "Plan"); and

WHEREAS, the AARC wishes to amend the Plan to allow employees to make elective deferral contributions in the form of Roth 401(k) contributions and wishes to allow participants to do in-plan Roth conversions of their pre-tax balances within the Plan.

With respect to the amendment of the Plan, the following resolutions are hereby adopted:

RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;

RESOLVED FURTHER: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law.”

Bylaws Committee

Recommendation 16-2-9.1 “That the AARC Board of Directors find that the Colorado Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “Colorado Society for Respiratory Care”)

Recommendation 16-2-9.2 “That the AARC Board of Directors find that the Delaware Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “Delaware Society for Respiratory Care”)

Recommendation 16-2-9.3 “That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “Missouri Society for Respiratory Care”)

Recommendation 16-2-9.4 “That the AARC Board of Directors find that the North Carolina Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “North Carolina Society for Respiratory Care”)

Recommendation 16-2-9.5 “That the AARC Board of Directors find that the Ohio Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “Ohio Society for Respiratory Care”)

Recommendation 16-2-9.6 “That the AARC Board of Directors find that the Oklahoma Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.” (See attachment “Oklahoma Society for Respiratory Care”)

Benchmarking Committee

Recommendation 16-2-17.1 “That the AARC Board of Directors charge the Executive Office with continuing to investigate hiring an internal IT resource to revise and update the Benchmarking System database and report back to the Board (and Committee) by the Summer Forum Board meeting.”

Position Statement Committee

Recommendation 16-2-26.1 “Allow the committee to continue reviewing / revising Position Statements according to the three year schedule.”

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

April 9, 2016 • Arlington, VA

Minutes

Attendance

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

Excused

Bill Lamb, BS, RRT, CPFT, FAARC

Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Jakki Grimball, RRT, AE-C, PAHM, HOD Speaker
Keith Siegel, BS, RRT, CPFT, Speaker-elect
John Wilgis, MBA, RRT, Past Speaker
Curt Merriman, BA, RRT, CPFT, HOD Treasurer
Kerry McNiven, MS, RRT, HOD Secretary
Terence Carey, MD, BOMA Chair

Staff

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

CALL TO ORDER

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

DISCLOSURE

President Salvatore reminded members of the importance of disclosure and potential for conflict of interest.

WELCOME AND INTRODUCTIONS

Members introduced themselves and stated their disclosures as follows:

Karen Schell – FDA Pulmonary Asthma/Allergy Advisory Committee, CoBGRTE member

Lisa Trujillo – CoBGRTE member, Advisory Board at Northeastern Univ MSRT, Western Schools author and reviewer, RC Journal reviewer

Lynda Goodfellow – NAECB Board member, CoBGRTE member

Ellen Becker – CoBGRTE member, Chicago Asthma Institute Consortium Board of Directors, Chicago Area Patient-Centered Outcomes Research Network Steering Committee, RC Journal Editorial Board

Tim Op't Holt – CoBGRTE member

Kim Wiles – BOD Pennsylvania, Assoc. of Medical Supplier, Advisory Board IUP/West Penn School of RT

Curt Merriman – Project Manager LAS-MD-45, AARC Grant Project, Owner C.O.R.E Respiratory Services

John Wilgis – National Healthcare Preparedness Program, American Hospital Association, CDC

Jakki Grimboll – ALA Southwest Board of Directors

Keith Siegel – RT Advisory Board, Kennebec Valley Community College

Natalie Napolitano – Research relationships with Aerogen, Nihon-Kohden, Philips/Respironics, Draeger, CVS Health, CoBGRTE member, Allergy & Asthma Network Board member, SCCM

John Lindsey – Advisory Committee member National Park Community College

Keith Lamb – Medtronic, Masimo, Bayer Pharmaceutical, ACCP and SCCM member

Cheryl Hoerr – Southmedic Consultant, Advisory Board Rolla Technical College RT Program and Missouri State West Plains RT Program

Cyndi White – Advisory Boards of Philips, Aerogen, VapoTherm, Northeastern University

Kerry McNiven – CPS Planning Committee, ALA, CTSRC, textbook reviewer

Tom Kallstrom – Board member Allergy & Asthma Network

Tim Myers – ACCP member

Frank Salvatore – Advisory Board SUNY Sullivan Community College, SCCM, CTSRC, ACHE

Brian Walsh – VapoTherm, Draeger, Maquet, GE, Aerogen, MSRC, IBM

INSTALLATION BOARD MEMBERS

John Lindsey and Dr. Carey were sworn in as members of the Board of Directors by Parliamentarian Mike Runge.

APPROVAL OF MINUTES

Karen Schell moved to approve the minutes of the November 5, 2015 meeting of the AARC Board of Directors.

Motion carried

Karen Schell moved to approve the minutes of the November 6, 2015 meeting of the AARC Board of Directors.

Motion carried

Lynda Goodfellow moved to approve the minutes of the November 10, 2015 meeting of the AARC Board of Directors.

Motion carried

E-MOTION ACCEPTANCE

Karen Schell moved to ratify the E-motions.

Motion carried

GENERAL REPORTS

President

Karen Schell moved to accept Recommendation 16-1-4.1 “That the AARC Board of Directors ratify the Ad Hoc Committee on State Initiatives.

- a. **Chair** – John Wilgis
- b. **Committee Members:** Sam Giordano, Joseph Goss, Gene Gantt, Kenneth Alexander, Jan Fields, (additional members to be added as committee needs).
- c. **AARC EO Liaisons:** Tom Kallstrom and Cheryl West
- d. **Objectives:**
 - i. Research possible initiatives that can be put into a format to deliver to state affiliates in order to create better access to RTs by patients who are on state services such as Medicaid.
 - ii. Act as a subject matter expert/resource to the state affiliates who need guidance and support as they put forth the initiatives created by the committee.”

Motion carried

Ellen Becker moved to accept Recommendation 16-1-4.2 “That the AARC Board of Directors ratify Margaret Trabant as a special representative to CoBGRTE.”

Motion carried

Executive Director

Tom Kallstrom gave highlights of his written report. The Associate Executive Directors gave updates of their respective departments.

Kathryn Schubert of CRD (Cavarocchi, Ruscio, Dennis) Associates, LLC was in attendance and introduced her company as our new lobbyist firm.

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 9:30am EDT.

RECONVENE

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

GENERAL REPORTS (continued)

Shawna Strickland and Tim Myers gave comments on their respective departments. A new Life & Breath video is in the works. Sarah Vaughn has been hired as the new Director of Business Development.

AUDITORS REPORT

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

GENERAL REPORTS (continued)

Government and Regulatory Affairs

Cheryl West provided updates to state legislative issues related to respiratory therapy. Of note she warned of future repercussions to RT Licensure Boards due to the 2015 SCOTUS ruling impacting the authority of all state licensing Boards to regulate non licensed individuals.

Ms. West also provided a review of the preparations for the 2016 PACT meeting to commence immediately following the Board meeting, noting there were 44 states and DC sending representatives with nearly 170 participants.

Anne Marie Hummel provided updates on regulations impacting or of interest to the profession, including efforts to have CMS revise the definition and coding for home ventilators and the status of the FDA issuing the long awaited deeming regulations on tobacco.

Both Ms. West and Ms. Hummel were pleased to make note of the new Capitol Hill Lobby Firm CRD Associates. AARC looks forward to a long and productive relationship.

House of Delegates

House Speaker Jakki Grimball gave highlights of the written report she submitted.

LEGAL COUNSEL

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

RECESS

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

RECONVENE

President Salvatore reconvened the meeting of the AARC Board of Directors at 11:15am EDT.

INVESTMENT REPORT

John Barrett and Brooke Garafalo of Merrill Lynch gave an overview of the current investments of the Association and answered questions from Board members.

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 12:05pm EDT.

RECONVENE

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

Board of Medical Advisors (BOMA)

BOMA Chair, Dr. Terence Carey, gave highlights of his written report. He commended the Board and AARC for their strong clinical, advocacy, and publications. He also reminded the Board that BOMA is eager and willing to help with medical issues.

President's Council

Dianne Lewis gave highlights of her written report. John Hiser is the 2016 Jimmy A. Young medal winner. It is time to nominate the Lifetime and Honorary members at this meeting.

Karen Schell moved to accept the General Reports as presented.

Motion carried

STANDING COMMITTEES REPORTS

Audit Subcommittee

Lynda Goodfellow moved to accept Recommendation 16-1-13.1 "That the Board of Directors accept the auditor's report as presented."

Motion carried

Bylaws Committee

Lynda Goodfellow moved to accept Recommendation 16-1-9.1 "That the AARC Board of Directors find that the Oregon Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment 'Oregon Society for Respiratory Care')."

Motion carried

Lynda Goodfellow moved to accept Recommendation 16-1-9.2 "That the AARC Board of Directors find that the Montana Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachments '2015 MSRC – Montana Bylaws Revisions Summary and 2015 Bylaws Montana Revised')."

Motion carried

Pattie Stefans abstained.

Lynda Goodfellow moved to accept Recommendation 16-1-9.3 “That the AARC Board of Directors find that the South Dakota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment ‘Bylaws changes South Dakota 2016 Final and Bylaws AARC South Dakota approved July 2014’).”

Motion carried

Lynda Goodfellow moved to accept Recommendation 16-1-9.4 “That the AARC Board of Directors find that the Arkansas Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment ‘ASRC Bylaws 2015 Revisions, Bylaws Cover Letter 2016, and Bylaws Chart and Rationale to ASRC Bylaws’).”

Motion carried

John Lindsey abstained.

Lynda Goodfellow moved to accept Recommendation 16-1-9.5 “That the AARC Board of Directors find that the Mississippi Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment ‘Mississippi Bylaws Proposed 2016’).”

Motion carried

Lynda Goodfellow moved to accept Recommendation 16-1-9.6 “That the AARC Board of Directors find that the MD/DC Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment ‘MDDC Society Bylaws 2016 Update’).”

Motion carried

Program Committee

Lynda Goodfellow moved to amend E16-1-15.2 “That the practitioner component of the Sputum Bowl be eliminated if 15 teams are not registered to compete by June 1, 2016.”

Brian Walsh moved to amend to “That the Sputum Bowl Community will be notified starting June 1, 2016 that if there are less than 15 teams by June 1, 2017 there will no longer be a Sputum Bowl for practitioners.”

Lisa Trujillo moved to amend to add “...15 practitioner teams...”

George Gaebler moved to call the question.

Motion carried

Karen Schell abstained.

Natalie Napolitano requested a hand vote.

Yes – 10

No – 5

Abstained – 1

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

Motion carried

SPECIALTY SECTION REPORTS

Education

Lynda Goodfellow moved to accept Recommendation 16-1-53.1 “That the AARC develop a program to recognize outstanding clinical preceptors in respiratory care education.”

Cyndi White moved to refer to Executive Office for development and report back at the June 2016 meeting.

Motion carried

Long Term Care

Lynda Goodfellow moved to accept Recommendation 16-1-57.1 “That the AARC BOD authorize the AARC president to work with the LTC Chair to draft a letter to the NAMDRRC President requesting that NAMDRRC formally review and endorse the AARC 2010 Position Statement ‘Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care’.”

Natalie Napolitano moved to refer to President-elect.

Motion carried

Sleep

Lynda Goodfellow moved to accept Recommendation 16-1-58.1 “That the AARC BOD allow the Sleep Section Chair to work with interested members to develop a Sleep Section specific Mission and Vision Statement to serve as a guide for section's future activities.”

Karen Schell moved to make a friendly amendment to add that the Board of Directors give final approval.

Lynda Goodfellow moved to amend to add President for initial approval and then present to the Board of Directors for final approval.

Motion carried

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

Motion carried

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 2:50pm EDT.

RECONVENE

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

Karen Schell moved to re-open the General Reports.

Motion carried

Tom Kallstrom reviewed the Executive Office referrals.

Karen Schell moved to close the General Reports.

Motion carried

SPECIAL COMMITTEE REPORTS

Position Statement Committee

Cyndi White moved to accept Recommendation 16-1-26.1 “That the Board of Directors approve the Position Statement ‘Cultural Diversity’ with no revisions.”

Cyndi White moved to refer to President-elect.

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.2 “That the Board of Directors approve the Position Statement ‘Delivery of Respiratory Therapy Services in Long Term Care Skilled Nursing Facilities Providing Ventilator and/or High Acuity’ with no revisions.”

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.3 “That the Board of Directors approve and publish the Position Statement ‘Home Respiratory Care’ with no revisions.”

Natalie Napolitano moved to refer to President-elect.

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.4 “That the Board of Directors approve and publish the Position Statement ‘Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist’ with no revisions.”

Natalie Napolitano moved to refer to President-elect.

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.5 “That the Board of Directors approve and publish the newly developed Position Statement ‘Respiratory Disease Manager’.”

Cyndi White moved to refer to President-elect.

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.6 “That the Board of Directors add the goal of reviewing/revising all White Papers on the same three (3) year schedule the committee reviews all position statements.”

Cyndi White moved to refer to President-elect.

Motion carried

Cyndi White moved to accept Recommendation 16-1-26.7 “That the Position Statement Committee submit the Position Statement ‘Administration of Sedative and Analgesic Medications by Respiratory Therapists’ to BOMA for their recommendations of revising or

retiring this statement.”

Brian Walsh moved to make a friendly amendment to remove “or retiring”.

Motion carried

FM 16-1-26.8 Karen Schell moved to approve the Safe Initiation and Management of Mechanical Ventilation AARC/UHC White Paper.

Lynda Goodfellow moved to table this recommendation.

Motion carried

SPECIAL REPRESENTATIVES REPORTS

American Society for Testing and Materials (ASTM)

Cyndi White moved to accept Recommendation 16-1-65.1 “That the ASTM be removed from the list of AARC Special Representatives.”

Motion carried

International Council for Respiratory Care (ICRC)

Cyndi White moved to accept Recommendation 16-1-70.1 “That the AARC Board of Directors include in the 2017 budget and subsequent budgets funding for two US ICRC delegates to participate in the international meetings and activities associated with the AARC International Congress and the ICRC Annual Business Meeting.”

Brian Walsh moved to refer to the Executive Office for budget and report back at the June 2016 meeting.

Motion carried

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

Motion carried

ROUNDTABLE REPORTS

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

Cyndi White moved to accept the verbal Roundtable reports.

Motion carried

AD HOC COMMITTEE REPORTS

Advanced RT Practices, Credentialing, and Education

Cyndi White moved to accept Recommendation 16-1-31.1 “That the AARC Board of Directors Adopt the CoARC proposed revision to the APRT working definition to read:

'The Advanced Practice Respiratory Therapist (APRT) is a ~~trained, credentialed, and~~ licensed respiratory care practitioner ~~who is employed to~~ trained to provide a scope of practice that exceeds that of the registered respiratory therapist. After obtaining the NBRC RRT credential, the aspiring APRT must successfully complete a CoARC-accredited ~~APRT~~ graduate level education and training program that ~~provides a curricular emphasis~~ that enables the APRT to provide advanced, evidence-based, ~~complex~~ diagnostic and therapeutic clinical practice and disease management'."

Lynda Goodfellow moved to make an amendment to remove "...respiratory care..." and leave as "licensed practitioner".

Motion carried

Cyndi White moved to accept Recommendation 16-1-31.2 "That the AARC Board of Directors adopts the revised committee objectives to read:

Objectives: (In priority order)

1. Create the framework for the needs assessment, retain a third party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to determine appropriate next steps.
2. General - Licensure - identify states where passage of APRT licensure or certification would have the greatest chance of success.
3. General - Identify at least one educational institution to offer an educational pilot program(s) for APRT.
 - a. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).
4. AARC - Reimbursement issues - Clearly define the pros and cons of both an "incident to" and "independent practice" approach related to APRT reimbursement and provide information that assists in determining the best approach to establish for future use.
 - a. Include information related to direct billing versus salaried positions from a physician or hospital/ facility and level of supervision.
5. Align work of the committee with the Taskforce on Competencies for Entry into Respiratory Care Professional Practice, the Ad Hoc Committee on AARC Research Fund for Advancing the Respiratory Care Profession, the Ad Hoc Committee on Respiratory Therapists and Disease Management, and with the work of specific AARC Goals Committees.
6. NBRC – Upon formal request from the AARC, develop the credential for the APRT."

Motion carried

Karen Schell moved to accept the Ad Hoc Committee reports as presented.

Motion carried

RECESS

President Salvatore called a recess of the AARC Board of Directors meeting at 5:10pm EDT.

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

Karen Schell
AARC Secretary/Treasurer

Date

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

April 10, 2016- Arlington, VA

Minutes

Attendance

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

Excused

Bill Lamb, BS, RRT, CPFT, FAARC

Consultants

Mike Runge, BS, RRT, FAARC Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Jakki Grimball, RRT, AE-C, PAHM, HOD Speaker
Keith Siegel, BS, RRT, CPFT, Speaker-elect
John Wilgis, MBA, RRT, Past Speaker
Curt Merriman, BA, RRT, CPFT, HOD Treasurer
Kerry McNiven, MS, RRT, HOD Secretary
Terence Carey, MD, BOMA Chair

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Doug Laher, MBA, RRT, FAARC, Associate Executive Director
Tim Myers, MBA, RRT-NPS, FAARC, Associate Executive Director
Steve Nelson, MS, RRT, FAARC, Associate Executive Director
Cheryl West, MHA, Director of Government Affairs
Anne Marie Hummel, Director Regulatory Affairs
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Frank Salvatore called the meeting of the AARC Board of Directors to order at 9:00am EDT. Secretary-Treasurer Karen Schell called the roll and declared a quorum.

President Salvatore asked the Executive Office staff to leave the room.

Life Membership Nominee

Tim Op't Holt moved to nominate Colleen Schabacker – nominated by Dianne Lewis.

Motion carried

Honorary Member Nominee

Tim Op't Holt moved to nominate Anne Marie Hummel – nominated by Cyndi White.

Motion carried

ARCF AWARD NOMINEES

The Board brought forth the following nominees for the ARCF Awards in 2016:

Charles H. Hudson Award for Cardiopulmonary Public Health

Cyndi White moved to nominate Greg Harper – nominated by Natalie Napolitano.

Motion carried

Forrest M Bird Lifetime Scientific Achievement Award

Karen Schell moved to nominate Jim Fink – nominated by Natalie Napolitano

Motion carried

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

Tim Op't Holt moved to nominate Nick MacMillan – nominated by Kim Wiles

Motion carried

Mike West, MBA, RRT Patient Education Award

Karen Schell moved to nominate Crystal Craddock – nominated by Ellen Becker

Motion carried

Legends of Respiratory Care Nominee

Karen Schell moved to nominate Jim Whitacre - nominated by Dianne Lewis.

Motion carried

Karen Schell moved to nominate Ray Masferrer - nominated by Dianne Lewis.

Motion carried

Karen Schell moved to nominate Vijay Deshpande - nominated by Lynda Goodfellow.

Motion carried

Karen Schell moved to nominate John Hiser - nominated by Frank Salvatore.

Motion carried

Karen Schell moved to nominate Dr. Albert Aranson - nominated by Frank Salvatore.

Motion carried

All ballots were destroyed.

Other Reports

ARCF

Tom Kallstrom gave highlights of the written submitted ARCF report. The fundraiser in Tampa generated \$38,000. There will be another fundraiser in San Antonio. Teleflex has committed to donating \$50,000 next year.

The COARC and NBRC reports were reviewed.

Karen Schell moved to accept the “Other” reports as presented.

Motion carried

UNFINISHED BUSINESS

CoARC/CoBGRTE – President Salvatore gave an update. There will be a meeting with CoBGRTE and AARC Executive Committee at Summer Forum in June.

RECESS

President Salvatore recessed the meeting of the AARC Board of Directors at 10:40am EDT.

RECONVENE

President Salvatore reconvened the meeting of the AARC Board of Directors at 10:55am EDT.

UNFINISHED BUSINESS (continued)

Taskforce on Competencies for Entry into Respiratory Therapy Practice

Tom Kallstrom gave an update. There have been many conference calls and the work is about halfway complete. Lynda Goodfellow and Kim Wiles volunteered to be a part of this Taskforce. A report from this group will be submitted for the June Board meeting.

Strategic Workgroups

Each workgroup gave an update of their work since the last Board meeting.

Lynda Goodfellow moved to un-table **FM16-1-26.8**.

Motion carried

Karen Schell moved to approve the Safe Initiation and Management of Mechanical Ventilation AARC/UHC White Paper.

Motion carried

(See email from Frank Salvatore April 10, 2016, subject: AARC UHC White Paper Changes.)

The Executive Office (Shawna Strickland) will share the changes with the Joint Taskforce and then send to the Board for final approval via e-vote.

FM 16-1-27.1 Karen Schell moved that the Executive Office investigates the cost of scanning documents for the Virtual Museum. Once complete the funds will be requested from ARCF.

Motion carried

Natalie Napolitano moved that the ARCF release, in the form of a grant, the remaining funds to AARC.

Motion carried

Lynda Goodfellow moved to accept the Special Committee reports.

Motion carried

NEW BUSINESS

Policy Review

Policy No. BOD.002 – Board of Directors – Board of Directors Liaisons to Committees, Taskforces, Focus Groups, Panels, and Special Representatives

Karen Schell moved to review and make changes and report back in June 2016.

Motion carried

Policy No. BOD.008 – Board of Directors – Joint Session with House of Delegates

Karen Schell moved to change review date.

Motion carried

Policy No. BOD.013 – Board of Directors – Professional Attire

Karen Schell moved to change review date.

Motion carried

Policy No. RT.001 – Roundtables – Roundtables

President Salvatore and President-elect Walsh will review and make changes.

(See Attachment “A” for revised policies.)

Steve Nelson presented the Board with a document entitled “Evaluation and Upgrade of Association Management Software (AMS) Database”. The Board accepted the document for information only. The Executive Office will come up with pricing and implementation and present to the Board at the Summer meeting.

Treasurers Motion

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

Motion Carried

MOTION TO ADJOURN

Karen Schell moved “To adjourn the meeting of the AARC Board of Directors.”

Motion Carried

ADJOURNMENT

President Salvatore adjourned the meeting of the AARC Board of Directors at 12:50pm EDT

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

Karen Schell
AARC Secretary/Treasurer

Date

Attachment “A”

Policy No. BOD.008 – Board of Directors – Joint Session with House of Delegates

Policy No. BOD.013 – Board of Directors – Professional Attire

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: BOD.008

SECTION: Board of Directors
SUBJECT: **Joint Session with House of Delegates**
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: **April 10, 2016**
DATE REVISED: July 2005

REFERENCES:

Policy Statement:

Joint Session of the Board of Directors with the House of Delegates shall be planned and conducted by the President.

Policy Amplification:

1. The President, in consultation with the Speaker of the House of Delegates, shall determine those items to be addressed in joint session prior to each summer and fall meeting.
2. The Annual Budget shall be addressed in joint session at the fall meeting.
3. Other items which will facilitate functioning of the Association should also be presented in joint session.
 - A. The Board of Directors may or may not vote on items presented in joint session, in accordance with direction from the President.

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: BOD.013

SECTION: Board of Directors

SUBJECT: **Professional Attire**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: **April 9, 2016**

DATE REVISED: July 2012

REFERENCES:

Policy Statement:

All Officers, Directors, and guests shall adhere to appropriate attire requirements when attending business meetings and social gatherings.

Policy Amplification:

1. Unless otherwise determined by the President, the following dress is required at meetings:
 - a. Business casual dress at the Finance and Executive Committee meetings at the Summer Board of Directors meeting and the second day of the Spring Board of Directors meeting.
 - b. Business attire shall be worn at the Winter Board of Directors meeting and social gatherings sponsored by other organizations and the first day of the Spring Board of Directors meeting.

This requirement shall also apply to invited guests.

2. Attire worn to receptions and other social gatherings sponsored by other professional organizations (i.e. NBRC) shall be identified by the sponsoring group, unless otherwise defined by the President.

E-Motions

(Since Last Board Meeting in April 2016)

E16-1-26.8

“That the AARC Board of Directors approve the Safe Initiation and Management of Mechanical Ventilation AARC/UHC White Paper.”

Approve – 14

Not Approve – 0

Did not vote – 4

Abstain – 0

Motion carried

General Reports

President Report

Submitted by Frank Salvatore– Summer 2016

Verbal report

Past President Report

Submitted by George Gaebler – Summer 2016

Report will be provided at the meeting.

Executive Office

Submitted by Tom Kallstrom – Summer 2016

Recommendations

That the Board of Directors approve up to \$494,000 to perform an assessment of our management system and implementation of updates or replacement of the current management system.

That the AARC Board of Directors approves the addition of a Roth contribution option to the employee 401K retirement plan via the following:

WHEREAS, the AARC sponsors the tax qualified plan known as the American Association for Respiratory Care Employees Retirement Plan (the "Plan"); and

WHEREAS, the AARC wishes to amend the Plan to allow employees to make elective deferral contributions in the form of Roth 401(k) contributions and wishes to allow participants to do in-plan Roth conversions of their pre-tax balances within the Plan.

With respect to the amendment of the Plan, the following resolutions are hereby adopted:

RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Company be, and they hereby are, authorized and directed to execute said amendment on behalf of the Company;

RESOLVED FURTHER: That the officers of the Company be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law.

Comments

The addition of a Roth option simply allows employees to make contributions to the current 401K plan on an "after-tax" basis. This is similar to what the IRS allows via a Roth IRA. It has no incremental cost impact on the AARC.

Report

Welcome to Ponte Vedra Beach!! It seems like just yesterday that we met in Washington, DC. At this writing (late May), pre-registered attendance for Summer Forum is very strong with 332 registered attendees. This figure has already exceeded revenue budget for paid attendance. 2015 was considered a highly successful meeting with total attendance of 333. With just under one month until the meeting and an estimated 15-20 attendees registering on-site, this year's meeting could rival our attendance record of 388 held in both 2005 and 2009. An official attendance count will be reported during the BOD meeting.

MEMBERSHIP

As of May 1, 2016, our membership numbers were 48,125. We will have a more current number to report at the board meeting in June. The retention rate through April was 90.2% and there were 2,597 new members.

Early Student Renewals

The membership and customer service teams continue to focus on the early student renewal process. As of May 1, 2016, 431 early student renewals have been processed in 2016.

Retired Members

The membership, customer service, and IT teams have identified a way for retired members who have selected the senior membership tier to renew online. Previously, a senior member was required to call in or renew through the mail. This improvement should be in place by August. The membership and publications teams have identified ways to feature the senior membership in future articles to promote awareness of the program.

Leadership Workshop

Twenty-five state societies were represented at the 2016 Leadership Boot Camp the weekend of May 13-15, 2016. Thirty-nine state affiliate leaders participated in the event, which included round table discussions, strategic planning, and goal setting. Feedback from the event has been positive and will help shape future projects. The membership team will be following up with this group throughout the rest of the year as beta testers for several ideas.

SPECIAL PROJECTS

Joint Taskforce on a White Paper Regarding Safe Initiation and Management of Mechanical Ventilation

The AARC Board of Directors approved this paper in May 2016 via electronic vote. The paper was published on May 12, 2016, and the taskforce's work is complete.

Higher Logic

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

CDC Tips from Former Smokers Campaign

The AARC continues to work with the CDC to promote the 2016 Tips from Former Smokers campaign.

EDUCATION

NBRC Collaboration

The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. As of May 13, 2016, over 1,500 different individuals uploaded their AARC transcripts to the NBRC Continuing Competency Program since the program launch.

Recruiting for the Profession

There were two major events for recruiting in the next calendar year. The next USA SEF event was held in April 2016 in Washington DC and Carolyn Williams spearheaded the AARC's participation. The HOSA event will be held in Nashville, TN, on June 22-25, 2016. Dr. Christine Hamilton, Kim Christmon, and David Johnson will be coordinating that event.

Current Topics in Respiratory Care

The 2016 Current Topics in Respiratory Care series has been launched. Tim Myers and the marketing team have begun planning the 2017 series.

Respiratory Care Education Annual

The RCEA published issue 24 in September 2015 and will publish issue 25 in September 2016. Five manuscripts were accepted for publication in addition to the special paper that addresses learner attributes and the changing face of education. Contributors to this paper are Dr. Will Beachey, Dr. Ellen Becker, Dr. Doug Gardenhire, Dr. Kathy Myers-Moss, Dr. Kathy Rye, and Dr. Dennis Wissing.

Pulmonary Disease Educator course in Chicago

Filming for the online Pulmonary Disease Educator course will begin in July 2016 with an anticipated January 2017 launch. Co-sponsoring organizations include the Cystic Fibrosis Foundation, COPD Foundation, Allergy & Asthma Network, American Association for Cardiovascular and Pulmonary Rehabilitation, American Lung Association, and Pulmonary Hypertension Association.

CDC Strategic National Stockpile Ventilator Workshops

The AARC has received confirmation that the CDC has approved an RFP for five SNS workshops in 2016. The five confirmed sites are the North Regional Respiratory Care conference in Wisconsin/Minnesota in April 2016, the California Society for Respiratory Care conference in June 2016, the Ohio Society for Respiratory Care conference in July 2016, the TriState Respiratory Conference in Alabama/Louisiana/Mississippi in August 2016, and the 2016 AARC Congress in San Antonio

Pfizer Grant

The AARC received a Pfizer grant for the development of "Clinician Training on Tobacco Dependence for Respiratory Therapists." The project included development of a training course to assist respiratory therapists in initiating the smoking cessation conversation and referring patients to formal smoking cessation programs. The project also included a study to determine the effectiveness of the intervention. Data from the study has been compiled and an abstract was submitted to AARC Open Forum.

Specialty Sections

The education department has been working with the specialty sections to hold virtual meetings this spring. As of May 23, 2016, 9 of the 10 sections have either held or scheduled their virtual meetings. However, these meetings were sparsely attended and re-evaluation of the format and logistics of future virtual meetings is underway.

Additions to Education

Several additions to AARC University are in the works for 2016. The Congenital Heart Defects course (5 CRCE), collaboration with Duke Pediatrics was released in March 2016. A comprehensive neonatal-pediatric specialist review course is in development and is tentatively scheduled for launch in summer 2016. Collaboration with Marilyn Barclay, Sleep Section Chair, is underway to develop new sleep-focused content with a tentative release of November 2016.

2016 Educational Product Sales/Attendance Trends at a glance (as of 5/17/16)

	2016 YTD	2015	2014	2013	2012	Comments for 2016
Webcasts and JournalCasts	3,764 (418)	9,149 (415)	8,812 (383)	7,511 (442)	6,289 (370)	Per session attendance in parentheses
Asthma Educator Prep Course	98	183	268	203	224	On budget
COPD Educator Course	321	859	820	570	420	Trending over budget
Ethics	1,585	1,928	1,757	2,361	2,711	Trending well over budget
RT as the VAP Expert	29	63	115	81	275	Slightly under budget
Alpha-1	32	74	125	98	330	Slightly under budget
Exam Prep	111**	180*	39	40		*F&P grant (150) + 30 **F&P grant (94) + 17
Leadership Institute	59	68	89			Trending over budget
Asthma & the RT	248	446	172			Trending well over budget
ACCS	68	121				Trending over budget
PFT: Spirometry	179	228				Trending well over budget
PFT: Pediatrics	54	43				Trending well over budget
PFT: Advanced Concepts	121	79				Trending well over budget
Tobacco Training	104	85				Trending well over budget
Congenital Heart Defects	36					Trending over budget

Advertising and Marketing

Advertising

Print advertising remains to be a rollercoaster ride from quarter to quarter. Respiratory Care is behind 2016 projections and previous year, while AARCTimes is ahead of 2016 budget and 2015.

Digital advertising on aarc.org continues to remain consistent and strong through our partner, Multiview. All of aarc.org and *AARCConnect* advertising positions have been sold out for the remainder of 2016 and Respiratory Care are close to being sold out for all of 2016 as well. We have also starting a new advertising campaign behind the scenes with aarc.org that is bringing in additional unbudgeted revenue in 2016. We will be seeing a new layout for AARC Respiratory Care Marketplace site in the next few weeks. The new layout will serve to enhance advertising opportunities in addition to bringing a cleaner look to the sight.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads continue to be favorable compared to prior years and budget. eNewsletter advertising is off to a stellar start and will soon surpass revenues generated for all of 2015.

Marketing

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

We are also looking at “value added” products through our Membership Affinity program that may my find highly desirable. We have reinvigorated our relationship with Geico Insurance and hope to see a boost in revenues from that program in 2015 and 2016 is off to a better start. We have also been approach with 3-4 other affinity membership programs on items that people utilized in their everyday lives that we will investigate further for possible membership enhancements

Products

Benchmarking is preparing to move to a new platform within the AARC walls for the first time since its inception. The Benchmark Committee has streamlined the system requirement while enhancing metrics for patient outcomes. We expect to be able to trial the new system in 4th quarter of 2016 for a “relaunch” in 2017 of AARC Benchmarking 2.0.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd that handle all products and the necessary shipping. We came in right about our budget target in 2015 and realized a similar royalty to last year. We have selected a slogan for 2016 and are completing logo design as well. We hope to be able to launch everything shortly after Summer Forum this year.

Our “new” digital publication product introduced through the Daedalus portfolio, The Best of RESPIRATORY CARE ePublication series is seeing an increase interest as we add to our library content. There are 3-4 others currently in various development stages. All these are produced in a digital format and available for immediate download with purchase at a cost of < \$10 each.

We continue to work to acquire sponsorships for our various educational products to offset expenses in 2016. We have seen an uptake in Sponsorships this year across most of our educational platforms.

Grants

AARC has been working with our per diem Grants Strategist since AARC Congress concluded. We are starting to realize the benefits of this role and the relationships being developed. We are in the process of actualizing over \$200,000 in grant proposals/sponsorships that will see revisions to Aerosol Guides, a new Pulmonary Hypertension Guide, A brochure for Pulmonary Fibrosis patients that require oxygen (in collaboration with Pulmonary Fibrosis Foundation), and support of the 2nd Annual Patient Advocacy Summit in San Antonio prior to AARCongress.

AARC Congress 2016

Logistical planning for AARC Congress 2016 is progressing as scheduled. At the writing of this report, the Advance Program has not been released to membership either by website or in the AARC Times, however it will be at the time of the BOD meeting. Details of the meeting are as follows:

- AARC Congress 2016 will be hosted over 3 ½ days
- 8 hours of unopposed exhibit hall hours
 - At the time of this writing, we have 110 confirmed exhibitors, which is currently ahead of budget for this time of year.
- 125 presenters
 - 29 first time presenters (37 in 2015). This equates to 23.2% of presenters. When considering this number, please keep in mind that the Program Committee has shrunk the overall program by nearly 50 lecture sessions and is the likely reason our “total” number of 1st time presenters has fallen in 2016.
 - AARC Speaker Academy will return in 2016 and is already being marketed to membership to apply. As a reminder, the AARC Speaker Academy is a program to identify new presenters at AARC Congress by “auditioning” in a format similar to American Idol.
- 206 unique presentations representing all specialty sections and roundtables.
- The Program Committee has elected to run fewer concurrent meeting rooms in San Antonio. This comes as a result of declining attendance in some smaller meeting rooms that portrays a negative overall impression of meeting attendance. In addition, it allowed the Program Committee to commit their attention to topics most important to membership. It will also improve our financial performance of the meeting by having fewer meeting rooms to account for, few dollars in AV set-up as well as speaker costs.
- CRCE by Content Category
 - Adult Acute Care: 27.26
 - Management: 15.08
 - Neo/Peds: 16.82
 - Sleep: 6.38
 - Education: 9.86
 - Clinical Practice: 29.0
 - Pulmonary Function: 7.54
 - Patient Safety: 2.90
 - Bioterrorism/Emergency Preparedness: 0
 - Ethics: 1.16
- Maximum CRCE any one attendee can earn: 15.66

- TOTAL CRCE offered for the entire meeting: 116
- 12 Open Forums in 3 unique formats
 - **Traditional Format:** Poster discussion + 5-minute summary/Q&A from podium.
 - **Poster Discussion Only:** To be presented in designated space and at designated times in the exhibit hall. No summary, Q&A or podium presentation.
 - **Editor's Choice:** Best of the Best.
 - Best Abstracts. Showcased as a stand-alone, high profile Open Forum presentation. Poster discussion + 5-minute slide presentation/summary + 5-minute Q&A.
- Plenary Session Schedule:
 - Keynote (Nov. 7): TO BE DETERMINED
 - Thomas L. Petty Memorial Lecture (Oct. 16)
 - **Pulmonary Rehabilitation: Where we've succeeded and where we've failed (Dr. Richard Casaburi)**
 - Donald F. Egan Scientific Memorial Lecture (Oct. 17)
 - **ECMO: Where Have (Oct. 18)**
 - **The Future of Mechanical Ventilation for ARDS (Dr. Eddie Fan)**
 - Closing Ceremony (Nov. 10): To Be Determined
- 30-minute presentations + required 5-minute commitment for Q&A
- Each presentation will be designated by Content Category
- 2 Corporately Sponsored Pre-courses and 1 AARC Sponsored Pre-course:
 - **Arterial Fundamentals: Ultrasound Guided Arterial Catheter Insertion (sponsored by Teleflex)**
 - **Lung Protection, VILI and Alveolar Protection: The Good, The Bad and the Better (sponsored by Draeger)**
 - **Preparing for a Pandemic: The Strategic National Stockpile – Mechanical Ventilation Workshop (sponsored by the AARC. Funded through a restricted educational grant from the Centers for Disease Control and Prevention)**

AARC Congress 2019

The Executive Office staff is currently working on behalf of the Program Committee in solidifying details and logistics with a potential host city for AARC Congress 2019. At the writing of this report, a formal recommendation has not yet been made by the Program Committee for the 2019 host city, but there is strong reason to believe that a recommendation will be made at the 2016 Summer BOD Meeting.

Project Updates

F&P Humidification Project:

Fischer & Paykel have elected to renew a grant for the 2nd consecutive year - a 5-module education course on humidification, which will be hosted through AARC University. The course IS NOT eligible for CRCE as it was developed for 2nd year respiratory students and would only serve as a refresher for the licensed respiratory practitioner.

An incentive in the form of complimentary access to the AARC Exam Prep course to the 1st 150 respiratory students with a 2016 graduation date is part of the grant.

Association for the Advancement of Medical Instrumentation (AAMI):

The AARC participated in a coalition meeting hosted by AAMI in April of 2014 that brought industry experts, manufacturers, engineers, hospitals/clinicians, medical associations and regulatory agencies together with the intent to identify safety issues surrounding medical alarms, gaps in understanding and opportunities for improvement. It is the goal of AAMI and of the coalition to develop a best practices white paper or compendium to provide clinicians with information and guidance on how to address the National Patient Safety Goal on Alarm Fatigue by The Joint Commission.

Currently, the coalition is making progress in the following areas:

- Alarm Taxonomy: Developing a universally agreed taxonomy for alarm monitoring
- SpO2 toolkit:
 - Doug Laher and Keith Lamb have co-authored a toolkit for non-RT clinicians, inexperienced RTs and RTs in need of refresher to the AAMI for publication. At writing of this report, the toolkit has not yet been published.
- Gap Analysis: Understanding inherent risks in alarm monitoring/management. Identify existing tools to support alarm management and potential alarm changes.
- Focus Groups: Interview hospitals regarding what they would like to see included in future monitor alarm reports from manufacturers.

At this writing, the AAMI has announced a 2nd follow-up meeting to share outcomes, improvements and developments in alarm patient safety. Shawna Strickland is slated to attend this meeting on behalf of the AARC and will present a lecture on patient safety opportunities in ventilator alarm management.

RESPIRATORY CARE Journal

Manuscript submissions of original research continue at a steady pace with an acceptance rate of around 30% after peer review. Access to the online Journal is limited to AARC members and subscribers, upon activation of their online accounts. As of today, only 8,853 members have active accounts.

One of the highlight Journal issues is the one with the proceedings from the annual Journal Conference. Your June copy contains the manuscripts from the *Controversies in Respiratory Care* Conference with manuscripts ranging from topics like using or not using ventilation associated events as quality indicator to when to use sedation to achieve patient's ventilator synchrony, and much more. The 2016 Conference will be on *Pediatric* and will be held in June with publication in 2017. The Conference is presented under the auspices of the American Respiratory Care Foundation.

As responsible for the administration and presentation of the OPEN FORUM abstracts at the AARC Congress, the Journal staff is heavily involved with this process at the present. The deadline for submissions was May 1. This year we received 235 abstracts:

Category	
Aerosols/Drugs	10
Airways Care	13
Asthma/Pulmonary Disease	24
Case Reports	7
Diagnostics	5
Education	29
Home Care	1
Management	24
Monitoring/Equipment	21
Neonatal/Pediatric	32
O2 Therapy	16
Sleep/Pulmonary Rehab	8
Ventilation/Ventilators	45
Total	235

Authors of accepted abstracts will be notified in June. Accepted abstracts will be presented in one of three formats: traditional poster discussions; or as a poster display only; or as an editors' choice presentation.

This year we introduced a new category of articles entitled Invited Review. Data from our readers indicate they are very much interested in review articles describing the state of the art of a particular subject matter. The first Invited Review Article appeared in April on *High-Flow Nasal Cannula Therapy in Adults: Physiological Benefits, Indication, Clinical Benefits, and Adverse Effects*. In May another Invited Review was published on *What's Next After ARDS: Long-Term Outcomes*.

Customer Relationship Management Database Update for AARC

Submitted by Steven Nelson

June 1, 2016

INTRODUCTION

The American Association for Respiratory Care (AARC) has used an Association Management System (AMS) called iMIS for almost 2 decades. The software provides many of the basic services of the association, such as membership join/renew, subscriptions, educational resources and web services.

It is a closed, proprietary database that requires specialized support. It is also limited in what it can do and has fallen behind what is currently state-of-the-art. In order to provide services that our members expect, we have turned to a number of outside vendors and packages for point solutions. Each of these point solutions restricts our ability to keep up to date on patches and upgrades, since each solution has to be upgraded before we can upgrade the underlying database.

We have looked at 3 different options. Ultimately, the platform selected will have a relatively minor impact on the operating cost, and the upgrade/change expense will be recovered in as short as 3 years from savings in operating expense.

The major difference between our current system and a new system is that we would be using a Customer Relationship Management (CRM) system that extends the limited ability of our current system.

CRM systems track prospects, patients and members from their very first contact with the AARC, whether it is email, social media, web site or an education opportunity. It tracks engagement with the association across the social media spectrum and encourages prospects to become involved with the association, just like a shopper's card encourages you to become loyal to a particular store or brand. It can provide patients with information about diseases and advocacy events. It provides a complete picture of an individual to the association and can assure that they receive information that is relevant to them at a time and in a form they find most useful.

Finally, it can do more than remember a member's birthday and renewal date, providing them relevant information in the format and at a time that they would most benefit from it. If they expressed interest in a ventilator technology, they might receive a text that an article just appeared in the Journal. If they regularly attend a particular type of event, it might offer them access to special events. It will also provide a way to make sure that no member request falls between the cracks, since it will track every email and phone call through to completion.

It is a complicated procedure, and will require up to a year for the conversion. This document describes the process and costs.

DATA CLEAN-UP

The first step in the conversion process is cleaning up our current database. We have used the database as something like a landfill. Every project or idea that comes along has created a new table structure. This has resulted in many people being identified multiple times, making it impossible to track a person across our whole system.

Another problem is data integrity. Since we allow people to enter their own data, we have many variants of hospital names. For example, we have almost 300 entries for institutions using a name that is a derivative of Saint John’s Hospital and/or Medical Center. One of the steps included in this is to verify all addresses with the Postal Service for accuracy.

This process is required regardless of the CRM selected.

Based on the number of suspect records, this process is estimated to take 4000 hours. Some of the work has already begun with existing staff. Much of the work can be done by temporary contract staff.

Estimated cost \$100,000

PROCESS SURVEY

One of the larger issues with our system is that we tried to bend it to do things that it was not designed to do. In other cases, we did not have the staff available to correctly set up a process in the system, so we have adapted our methods to deal with sub-optimal configurations.

A recent audit of just the customer service department identified more than 20 processes that were in need of review. A brief summary is shown in the table. Some issues required procedure changes by the staff and some required programming changes. The estimated savings were nearly \$125,000 in just this one department.

Process	Potential Savings/yr
RCJ calls about access	9,000
RCJ claims	24,375
Benchmarking manual billing	5,000
Online membership fixes	25,000
Peach reconciliation	3,650
Peach duplicate email accounts	10,000
Membership cards	33,920
Online orders - manual entry	3,250
Group/bulk membership	10,400
Total	\$124,595

Completing an audit of all our processes would provide assurance that we are not wasting time in needless or duplicated activities, or requiring members to take steps that are potentially frustrating.

Estimated cost \$50,000

DATA CONVERSION/MIGRATION

Following the data clean-up, we will use the results of the process survey to assist in any re-design of our database. This will help remove redundancies that exist within the current database as well as optimizing the database for future growth.

Estimated migration cost \$125,000

CUSTOMER RELATIONSHIP MANAGEMENT SOFTWARE

One of the biggest advantages to a CRM is that we can identify where a person is along a relationship curve; from awareness to preference and trial to commitment. The database allows customized communications at each point in the relationship continuum.

Our current system has started to implement parts of this idea by calculating an engagement score. It misses the ability to tie in other information about the person that may help convert or retain them.

An upgraded system would include a completely integrated grant management system. As we pursue more grants and external funding sources it will streamline everything from the application process through acceptance and fund reporting.

Tracking customer calls and emails has been difficult. Right now customer emails are sent around the office to the person that is most likely able to answer. There is no ability to track whether that person followed up. This has resulted in customer complaints about lack of response. We have explored stand-alone systems, but since none were integrated with our current email system, they failed to gain acceptance in the office. The upgraded system would be completely integrated and improve customer relations.

We currently handle bulk memberships manually. It takes a quarter FTE just to log the entries and is subject to all the problems of a manual system.

We have about 30 point-solutions - products that were not part of the original system, but had to be written and added on. These additional pieces are from eight different vendors. In order for us to perform an upgrade, we need to coordinate time and testing with each product and each vendor. This markedly increases the cost of an upgrade.

A CMS would have the majority of the functions already built-in, reducing time and expense in ongoing maintenance. In addition the CMS is widely used and has many people writing add-ons and enhancements. Our AMS has a very limited support base consisting mostly of vendors.

Estimated initial cost \$94,000

CUSTOM PROGRAMMING

Regardless of the system we decide to choose, we will need to program additional services. One example is Benchmarking. None of the systems under consideration includes everything that we need in the base package.

Estimated custom programming \$125,000

SUMMARY

Current processes date back several decades. In many cases, a manual process was just translated to an automated process without regard to efficiency. In almost every case, the database was bent to conform to our processes. As a result, the current database has grown into a mass of pieces that do not connect well or that conflict.

The inefficiencies are costing tens of thousands of dollars a year in maintenance. They increase the time and cost that it takes to do an upgrade, since each piece needs to be treated independently. "Simple" changes may end up being \$8000 just to look up an expiration date, because of our modifications.

Regardless of the ultimate decision on a vendor, we need to do a complete process review. As shown above, we are wasting considerable staff time in the customer service department alone. There are undoubtedly other departments with similar savings.

Data clean-up has already started. The database needs to have duplicate accounts removed or merged. The number of member types needs to be reduced to a handful, instead of almost forty.

The benefit of staying with our current system is familiarity. The process reviews may change much of that. Customer service will be able to do more work from a simple web browser than the current desktop application. The technology will still remain 3-5 years out of date. We will still need to do complete upgrades instead of being able to apply patches to a currently running version. The number of people that can provide support is markedly limited.

The benefit of changing to a new system is that it is completely up to date. Problems with secure transactions are handled as soon as they are found, not waiting for an upgrade. We can manage more of our own needs, since the application is as familiar as Excel and Word. The accounting package remains the same as we currently use. We have a large pool of resources to use for any changes that we cannot handle.

COST SUMMARY

Section	Cost
Data Clean-up	\$100,000.00
Process Survey	50,000.00
Data Conversion/Migration	125,000.00
CRM software	94,000.00
Custom Programming	125,000.00
Total Estimate	\$494,000.00

COMPARISON OF OPERATING COST DIFFERENCES

	ENSYNC/IMIS	BROADPOINT/ENGAGE
Licenses *	16983	21300
Maint	41536	4800
Email mgmt	24000	4500
Import, Insight		8400
CRCE	6000	6000
Ibridge	11800	
listserv	2500	
Mobile app	15500	
Custom prog	50000	20000
Total	168319	56600

*IMIS 25 users, ENGAGE 25 Full users, 10 Basic

COMPARISON OF CAPITAL COSTS

	ENSYNC/IMIS	BROADPOINT/ENGAGE
Base package	0	50000
Insight	0	20000
Import	0	24000
Total	0	94000

Executive Office Referrals

(from April 2016 BOD meeting)

- **16-1-53.1 (Education Section)** “That the AARC develop a program to recognize outstanding clinical receptors in respiratory care education.” *Referred to Executive Office for development and report back in June 2016.*

Result: See below

- **16-1-70.1 (ICRC)** “That the AARC Board of Directors include in the 2017 budget and subsequent budgets funding for two US ICRC delegates to participate in the international meetings and activities associated with the AARC International Congress and the ICRC Annual Business Meeting.” *Referred to Executive Office for budget and report back at the Summer meeting.*

Result: \$3,000 has been budgeted

AARC Education Section Preceptor Recognition Program Proposal

Purpose: to recognize outstanding clinical receptors in respiratory care education

Process:

1. Nominations open in June each year and close at the end of July
2. Director of clinical education (DCE) nominates clinical preceptor into the programmed system
 - a. Necessary information:
 - i. RRT number (verification on NBRC website)
 - ii. Date of completion for Clinical PEP program
 - iii. Hours of preceptorship in last calendar year (minimum number: 120 in 12 months)
 - iv. AARC member number (verification at AARC)
 - v. Education section member verification (verification at AARC)
 - vi. Bachelor degree or higher (degree, date, university)
 - vii. AARC member number of DCE
 - viii. AARC member number of program director
3. AARC staff reviews and vets application
 - a. Automated programming verifies AARC member number, Education Section membership, AARC member number of DCE and AARC member number of program director and forwards application to AARC Staff (Reagan Hickey)
 - b. AARC Staff (Reagan Hickey) double-checks the nominee's NBRC status on the NBRC webpage
 - c. AARC Staff (Reagan Hickey) confers with department director (Shawna Strickland) regarding final list of nominees
4. AARC confers "clinical preceptor" status on nominee
 - a. AARC Staff (Reagan Hickey) enters "clinical preceptor" into iMIS database record with expiration date
 - i. A start date will be entered in iMIS so it pushes the data on a specified date (August 1 of that year)
 - b. An end date of one year later will be generated and the DCE will have to nominate the preceptor each year if continued recognition is desired
 - c. The pushed data goes into AARConnect where the preceptor's profile has a "clinical preceptor" ribbon that shows to everyone who looks at the profile
5. AARC Staff (Reagan Hickey) sends email notification to clinical preceptor congratulating him/her on the recognition
6. AARC Staff (Amanda Feil) posts "congratulations" announcement to the section through AARConnect with a list of the year's recognized preceptors

FAQ:

- Who at AARC will “own” the process?
 - a. Education department (Shawna Strickland and Reagan Hickey) will own the process with assistance from IT and membership departments.
- What will be the cost?
 - a. Programming from IT (adapting currently used form for the proposed program)
 - b. Staff time is difficult to determine, as we do not know how many preceptors will be nominated. The busy time for this particular program will be June and July. It is estimated that this will take 8-10 hours of staff time per week during June and July.
 - c. Art design from the marketing department for a logo
- What programming will need to occur in iMIS to trigger ribbon in AARConnect?
 - a. There is an iMIS field that can be repurposed for this information.
- What will be the nomination period?
 - a. June and July annually
- Will recognition be for calendar year or 365 days after recognition date?
 - a. Recognition will be for the calendar year of Sept 1-Aug 31 each year. Those who are not re-nominated or who don't receive recognition for the second year will simply fall off of the list and the ribbon will disappear from the AARConnect profile.
 - b. Those who are re-nominated and receive recognition for the next year will receive an email for that calendar year and the ribbon remains on the AARConnect profile page.
- Will schools be able to do something special for their preceptors?
 - a. Schools will be able to do whatever recognition process they wish for their preceptors. The AARC will furnish a piece of art for “clinical preceptor” that the schools can use on certificates and such.
- Is this a certification?
 - a. No. This in no way “certifies” a preceptor through an AARC process. The AARC is recognizing quality preceptors by the information provided by the DCE and/or program director and is simply recognizing excellence (similar to QRCR).



**State Government Affairs
Activity Report
BOD/HOD June 2016**

**Cheryl A. West, MHA
Director Government Affairs**

Introduction

A significant number of state legislatures have now adjourned for the year. Not only is 2016 a Presidential election year it is also a year where the entire House of Representatives and one third of the Senate also stand for election. And of course that means that in many states the office of Governor, state legislatures and various state and local seats will be on the November 8th ballot. As a result Congress as well as state legislatures will more than likely adjourn earlier than usual. And since interacting with voters becomes a priority with legislators aka “candidates” there are greater opportunities to interface with elected officials at public events and forums.

This report will provide an update on RT related issues that have occurred over the last six months. A note to the AARC Board of Directors, there are a few important updates from the Spring BOD Report that bear repeating in this Report for the House of Delegates.

RT Licensure Law Sunset

Alabama earlier this spring, without controversy and with relative ease (nevertheless watched and monitored closely by the Alabama Society leadership) a bill to continue RT licensure through 2020 was enacted.

Arizona the RT licensure law is due for Sunset review in 2016. As with several states that recently (and successfully) underwent RT Licensure Sunset review, AZ also required the State Auditor to assess the past efficacy of RT licensure. At this writing a final AZ Report has yet to be issued.

Tennessee as with Alabama, Tennessee is fortunate to have a very straight forward Sunset licensure process. A bill was introduced to continue RT licensure and it was enacted all within a very short period of time. TN Society leadership monitored the swift progress of this bill.

Hawaii based on a very favorable 2015 State Auditors Report in support of the continuation of HI respiratory therapy licensure in April the HI legislature without any opposition enacted the permanent continuation of HI RT licensure. The Hawaii Society leadership was involved in all aspects of the legislative process, including submitting testimony at a legislative hearing and engaging RTs statewide to contact their legislative and voice their support.

RRT “Only” Licensure Efforts

Arizona the AZ RT Licensure Board issued a proposed rule (open for public comment) to revise the current qualifications for RT licensure to accept only the RRT credential for AZ licensure. The proposed rule includes a grandfather clause for those currently licensed with the CRT credential. Announcement of the proposed rule change and the call for public comment occurred in late December, public comments closed on April 11 with a public hearing held that same day. There was little or no opposition and the change to RRT only will go into effect on July 1, 2017.

North Carolina in the fall of 2015, a bill to move to the “RRT only” for NC RT licensure was voted unanimously out of the NC House of Representatives and was sent over to the Senate Rules Committee. Other legislative issues took precedence and the bill was not acted on in 2015. RTs in NC were confident that this bill would be enacted in early 2016 however more pressing issues regarding the viability of the independent health licensing boards, including the RC Board have risen (see below) and for now the focus of both the NC RT Society and the NC RC Licensure Board has shifted to mitigating legislative efforts to weaken the Board.

Legislation That Includes RT

AZ while the above noted proposed rule change will revise licensure requirements to “RRT Only”, and the State Auditors Report on RT Sunset is still pending, AZ also had another iron in the fire with a bill that deletes out of date wording (JECRTE, CAHA, etc.) from the current licensure law. This bill was enacted in early spring

CT has a bill that permits advanced practice nurses to supervise RTs and issue orders. Current CT law already allows PAs to write RT orders

OH the OH Society has undertaken a major effort to delete RT services (O2 & MDI administration, CPAP adherence) from a list of procedures that may be delegated by nurses to unlicensed personnel working in Medicaid Developmentally Disabled facilities, in essence group homes. While understanding that group homes for the developmentally disabled are a small and unique cohort, the key concern is that this could set a precedent and become the proverbial slippery slope i.e. if it is permissible to delegate to unlicensed personnel RT services in Medicaid covered homes for the developmentally disabled, then why not other care sites that Medicaid covers, such as nursing homes, in the home, or other alternate care sites.

NJ a bill that clarifies the definition of “medical provider” by listing numerous professions including RTs. The NJ Society has been instrumental in re-introducing another bill from 2015 that makes significant updates to the current RT licensure law. The bill would permit PAs and NPs to issue RT orders and deletes temporary license, better defines protocol and clarifies that RTs provide disease management and prevention services, including patient education.

Impact of Supreme Court Ruling FTC vs North Carolina Dentists

North Carolina - The 2015 US Supreme Court (SCOTUS) ruling (Federal Trade Commission vs. North Carolina State Board of Dental Examiners) has set off a ripple effect on licensure Boards nationwide. Opinions from the State Attorney General are being sought as to just how and in what manner the SCOTUS ruling will impact their own independent professional licensing boards. The key question is what changes in board structure must be made to meet or accommodate the parameters now set by the SCOTUS ruling.

To recap: the case centered on the NC Dentist Board issuing a cease and desist order to teeth whitening technicians stating that the techs were performing dentistry as unlicensed personnel. In bare terms the SCOTUS ruling says that a professional licensing board comprised of members of a particular profession can only oversee members of its own profession and not “rule” on the actions of those from other professions or especially those who are non-licensed personnel. Any case that would involve an “infringement” of a scope of practice must be assessed and “ruled” on by an independent third party such as the State Attorney General office or the Court system but not by the Board for the profession in question.

Not surprisingly, the first fallout of the SCOTUS ruling has occurred in NC. One bill directed specifically at the RTs would have dismantled the independent RC Board and moved it under the Medical Board (which by the way didn’t want it). The provisions of that bill would have repealed

the RC Boards expansive array of position statements, declaratory rulings, and detailed regulations created over many years. Because of intense opposition there was no movement on this particular bill.

However another licensure board bill, covering multiple boards including RC, was introduced. This bill would permit licensure boards to maintain their current levels of oversight (licensure requirements, fees, renewals etc.) but any cases of infringement would be addressed by the NC Court system and not by the members of these licensure boards- clearly a more palatable bill when compared to the initial bill. Members of an array of NC licensure boards including RC spent considerable time “educating” legislators about the importance of and complexity of regulating health care professions. In early spring the NC legislative committee of jurisdiction decided to shelve any efforts regarding licensure board revisions until 2017.

The key take home point of this detailed discussion is that the SCOTUS ruling will inevitably guide the future structure of state licensure boards. While there has been no resolution in NC this year the issue will not go away for NC and as noted in the next paragraph other states are beginning to address this issue.

CT (enrolled) the title of this bill says it all “An Act Adopting the Requirements of NC State Board of Dental Examiners v. Federal Trade Commission and Revising Certain Boards and Commissions Statutes”. The provisions of this bill will place a number of boards such as the boards of architecture, engineering, plumbing, etc. (no health boards) under the umbrella of the Department of Consumer Protection. The concern is, of course that this concept will be expanded to encompass health profession boards.

MA a bill is similarly titled “An Act Relative to State Oversight of Professional Licensing Boards”. The sponsor of the bill says: “This legislation is required to bring the Commonwealth’s oversight of state-sponsored professional licensing boards into compliance with a recent decision of the US Supreme Court.” The bill will create a Commissioner of Public Health who will “supervise the work” of the various boards, including, physicians, nurses, and RTs (and many others).

LA has a House Concurrent Resolution (not the force of a bill) that would create a study group to determine if LA needs to establish “an independent health professions scope of practice review committee”. At this writing the bill has been “engrossed” that is, it is on its way to being enacted.

KS there is legislation that would create 3 oversight ‘Committees’ that would essentially act as licensure boards. Among the 3 newly created “Committees” is one that would cover current boards/councils/ that oversees and regulates disciplines that fall under the umbrella of “Health and Welfare”. The bill includes a long list of licensure boards and councils, including RT that will be assessed for efficacy and to include recommendations to improve efficiencies and possible consolidation where “reasonable” (not defined). This may be the forerunner of efforts to repeal independent boards.

Legislation of Interest

HI there is a bill that would require nurses to undergo a background check as part of licensure application

LA current law allows a fee on certain health care services to be levied when provided to patients, presumably included as part of charges sent to insurance payers. This bill would extend this same fee to a large swath of other health care providers or services including those provided by RTs

NJ has a bill that establishes a School Asthma Protocol Task Force. NJ also has a bill that would require School Board of Education to make their schools “asthma friendly” And another NJ bill that declared May Asthma Awareness Month

NY has a bill requiring certain respiratory diseases (and obesity) to be included in the disease management demonstration program and directing the Health Research Science Board to study respiratory diseases (and obesity)

Durable Medical Equipment

A number of states have legislation addressing the provision of DME in some manner.

AZ has a bill setting more stringent requirements for DME suppliers

GA has a bill that calls for a DME Study Group, which presumably sets in motion legislative actions to license state DME providers (an effort supported by the GA State Association of Medical Equipment Suppliers)

HI because of HI’s unique geographical location and thus the logistical difficulties in complying with Medicare’s DME Competitive Bid Program there has been a growing effort to remove HI from the Competitive Bidding Program. HI also has a bill that would require state licensure for DME suppliers

IN (enacted) out of state DMEs must either show they are licensed in the another state that does require DME licensure or if not from a state requiring DME licensure, meet additional Indiana requirements in order to provide equipment and supplies in Indiana

ID currently DMEs are regulated (registration) under the Pharmacy Bd. This bill would add further registration requirements

KY (enacted) under the current DME licensing law this bill would include additional disciplinary actions that would trigger sanctions

NH has a bill that clarifies what a DME may and may not do when delivering RT related equipment to a patient’s home

NJ has a bill that would require pharmacy’s that fill home O2 orders to have an emergency action plan

VA (enacted) DME suppliers who are located out of state but provide equipment to VA residents must register with the state

Telehealth Legislation

States interest in Medicaid telehealth legislation appears to be more robust than on a federal level. Perhaps that is simply because monitoring the use of telehealth services and providing incremental expansion on a state level is far easier than on the national Medicare level. Licensure issues for professionals and providers across state lines still seem to be a major stumbling block when dealing with telehealth issues when state borders are crossed.

States with bills that expand telehealth services under Medicaid

AK (only mental health services) **CT, HI, KY** several bills (one that focuses only on nurses), **MD, MI, MS, NJ, TN, UT, WA**

States with bills that expand telehealth services for specific Non Medicaid groups:

IA (for state employees), **NJ** (for state and school employees), **OK** (workman's comp), **VA** enacted (physicians)

*States with bills that appear to revise rules and laws that will make it easier to provide telehealth services **not** limited to Medicaid*

CA, FL (creates a telehealth Task Force) also another **FL** bill (enacted) to expand services), **ID, IN** (enacted- addresses telehealth and prescriptions), **KS**, (licensing requirements), **MS, NH** (several bills), **OK, RI, SC, TN, VT, WA** (enacted), **WV** (enacted)

States with bills that expand the providers and professionals who can provide telehealth services

CT (specifically includes RTs), **LA** (dietetics and nutrition only and another **LA** bill addresses telehealth and physician requirements), **MO** (bill includes home telemonitoring of asthma and COPD patients, includes any licensed health professional), **ND** (RNs and advanced practice nurses) **VT** (list of professionals), **NJ** (not specific on which health care practitioners) **VA** enacted (pilot project for nurses to reduce hospital re-admits), **WV** (lifts restrictions on physicians)

Tobacco Legislation

States continue to introduce legislation raising tobacco taxes, limiting where tobacco products can be consumed and enacting legislation that will include nicotine delivery devices under the umbrella of tobacco products, thus making these devices subject to the aforementioned higher taxes, and the venues where the devices may be used.

What is a new direction, not previously addressed by state lawmakers is legislation that will raise the age when individuals can purchase tobacco products, however those products might be defined. Following in the footsteps of Hawaii, the first state to raise the age to purchase tobacco products to 21, many states have jumped on the bandwagon and also have introduced the same or similar legislation. Note that in Washington State the legislation to raise the age to 21 was defeated. A comment from a WA State RT involved in the legislative process was that the defeat was based on the concern that the state would have lost revenue when younger smokers under the age of 21 would not be able to buy tobacco products.

The follow states have legislation to raise the age to purchase Tobacco Products (many states include vapor products as part of the tobacco category): **AK** (age 19), **CA** (enacted age 21) **IL** (age 21) **KY** (age 21) **MA** (age 21) **MD** (age 21), **MS** (age 21), **NJ** (age 19) **OK** (age 21 another bill age 19), **RI** (age 21), **VT** (age 21), **WA State** (age 21 defeated), **WV** (age 21)

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



Federal Government Affairs Activity Report Board of Directors/House of Delegates – June 2016

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

The Congress

The fact this is an election year means that members of Congress will be back home in their state or district more than they will be in Washington, D.C. For example, for 7 weeks beginning mid-July and returning the first week of September, Congress will be out of session and “back home”. This means there is a good chance that Members will be more accessible at public events and providing all the voters more opportunities to interact with their elected Congressional member. Also, be aware that there are several weeks of work time scheduled after the election; that is, during the “lame duck” session. If any legislation is going to pass, especially anything that might be controversial, it is during this time.

Legislation

HR 2948– Medicare Telehealth Parity Act

As you know, H.R. 2948, the Medicare Telehealth Parity, was the focus of the AARC Congressional advocacy effort that is our Hill Day. Among other things, the bill will expand access to telehealth services beyond rural areas, add respiratory therapists as telehealth practitioners, include respiratory services as a telehealth benefit, add an individual’s home as a telehealth site, and provide incremental coverage of remote patient monitoring for certain chronic conditions that include COPD.

New AARC DC Lobbyists

The AARC is pleased to have contracted the services of CRD Associates, a Washington, DC-based lobbying firm specializing in health care issues on the Hill as well as in the various federal agencies. AARC will be working closely with Katheryn Schubert and Erika Miller, two former Hill staffers who are now principles in the CRD firm. The CRD staff’s first order of business was to make follow-up office visits to key Congressional staff on the Senate Finance Committee and the House Ways and Means and Energy Commerce Committees since those members are instrumental in legislation moving forward. They also have planned visits with those Members who our PACT reps had indicated showed interest in supporting RTs in telehealth during our Hill Lobby Day. We have every reason to believe the respiratory therapy profession will be well represented on Capitol Hill.

Virtual Lobby Week 2016

Virtual Lobby Week has become an integral part of AARC’s Hill Day strategy. By requesting state societies and individual RT activists to coordinate an email campaign prior to the Hill Advocacy Day, we enhance the impact that RTs make on Congressional offices when Hill Day takes place. This year we were particularly impressed by the response that student RTs made by sending emails to their Congressional delegations using our Capitol Connection link. All told there were 41,476 emails sent to the Hill since March 1 which is a new record for us. Colorado and

Pennsylvania led the pack with 5,910 and 3,910 emails respectively. Texas came in third with 3,135 emails.

AARC Capitol Hill Advocacy Day

For the first time the Spring Board meeting was held in Washington, DC the weekend prior to Hill Day. The objective for this venue change was to provide both the Board members and House officers the opportunity to stay in DC and participate along with their state PACT reps in Hill Day meetings. Adding AARC leadership voices to those of our state PACT reps raised the impact of our message.

To recap we had 44 states and the District of Columbia sent representatives to Hill Day. We had nearly 170 participants including RTs and local area RT students, several patient advocates (sponsored by the Alpha One Foundation), and representatives from other patient advocacy groups including the Allergy and Asthma Network (ANN). There were over 320 scheduled Hill meetings.

Prior to our Hill Day, there were 30 co-sponsors for H.R. 2948 including Representative Mike Thompson who introduced the bill. Within 48 hours of Hill Day and coupled with all those emails from VL Week, we gained an additional 16 co-sponsors. As of May 24, 2016, we have **53 co-sponsors**, which is the largest number of co-sponsors than any of the other individual telehealth bills floating around Congress.

As part of our leave-with packet, we also provided a one-page summary of other bills the AARC supports, which include topics such as a school asthma management plan, airline access to emergency epinephrine, amending physician direct supervision requirements for pulmonary and cardiac rehab programs, and supporting reauthorization of the Children's Health Insurance Program (CHIP) to 2019.

Regulations and Other Issues of Interest

This is the time of year when CMS publishes its prospective payment system (PPS) updates. So far updates have been proposed for the inpatient acute care/long-term care hospitals, skilled nursing facilities, hospice services, and inpatient rehabilitation services. We expect the physician fee schedule update and the 2017 update for hospital outpatient PPS to be released soon and will give verbal updates at the summer meeting as applicable. Policies that may be of interest to the Board and House of Delegates are discussed below.

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

Changes to measures for pneumonia under the Hospital Readmissions Program could mean better access to respiratory therapists. Beginning October 1, 2016 (FY 2017) CMS will expand the cohort for pneumonia. This change was finalized in last year's update and a verbal update was given to the Board at that time. The cohort will include patients with a principal discharge diagnosis of pneumonia or aspiration pneumonia and patients with a principal discharge diagnosis of sepsis with a secondary diagnosis of pneumonia coded as "Pneumonia on Admission". It does not, however, include patients with a principal discharge diagnosis of sepsis if they are coded as having severe sepsis. CMS believes expansion of the principal discharge diagnosis would capture a better representation of patients who receive clinical management and treatment for pneumonia and ensure that the measure includes more complete and comparable populations across hospitals.

A new pneumonia measure, “Excess Days in Acute Care after Hospitalization for Pneumonia (PN Excess Days)” is proposed for FY 2019. CMS is adding this measure because the current 30-day All-Cause Risk-Standardized Remission Rate following Pneumonia Hospitalization does not capture the full range of unplanned readmissions, such as patients who end up in emergency departments (ED) or under observation status. According to CMS, ED visits represent a significant proportion of post-discharge acute care and use of observation days has rapidly increased three-fold between 2001- 2008. CMS also noted that limiting the current measure to inpatient utilization only exposes patients to additional risks of medical care and may be susceptible to gaming.

FDA Regulation of All Tobacco Products

It took just over two years, but FDA issued a final rule on May 5, 2016 that gives them authority to regulate all tobacco products. AARC, together with other members of the Tobacco Partners Coalition urged both FDA and the Administration to finalize this long overdue health initiative which is viewed as a significant step in protecting the public health. Key provisions include 1) prohibiting sales of e-cigarettes, cigars, hookah tobacco and other such products to persons under age 18, 2) requiring age verification by photo ID, 3) banning sales of covered tobacco products in vending machines (except in adult-only facilities, 4) not allowing distribution of free samples, and 5) requiring an addition warning labels on all tobacco products containing nicotine, plus specific warnings for cigars.

One disappointment in the final rule was FDA’s failure to ban flavors from e-cigarettes although they left the door open for future action. However, they did announce plans to extend the ban on flavors currently applicable to cigarettes to apply to cigars as well, but additional rulemaking is necessary to implement the policy.

New Payment Models for Part B Drugs

At the April Board meeting, members were briefed on CMS’ plans to test new payment models for Part B drugs as a way to change physician prescribing habits, to improve patient outcomes, and to ensure that patients get the drugs they need. At the outset, CMS would establish a demonstration project that would compare current pricing (average sales price plus 6%) to a lower percentage of the average sale price (2.5%) plus a flat rate per day per drug (\$16.80). Inhalation drugs would be covered as part of this new payment model. As expected, there is significant opposition from the pharmaceutical industry who lobbied Congress to also oppose implementation of the demonstration. Thus, it is unclear at this point whether CMS will be able to go forward with their plans once regulations have been finalized. AARC is a member of the National Health Council that submitted comments to CMS to ensure Medicare beneficiaries continue to have access to the most appropriate therapies that address their specific health care needs.

Proposed Rules to Implement the New Physician Payment Program

As discussed in previous reports and meetings, a new physician payment system – the Merit-based Incentive Payment System (MIPS) – was created when Congress passed legislation to repeal the sustainable growth rate. It goes into effect in 2019. There will be four components to the program that will factor into whether physicians receive an incentive payment or whether they will be

negatively impacted. The components include the following: quality, resource use, clinical practice improvement activities, and advancing care information (e.g., health technology and interoperability).

In the first two years, eligible clinicians include physicians, physician assistants, clinical specialists and certified registered nurse anesthetists. The Secretary may expand the list in year three in accordance with the statute. Clinicians have the flexibility to choose from a multitude of quality measures that best reflect their practice. There are over 20 measures in the respiratory field that can benefit respiratory patients so it is more likely that pulmonologists would choose among them as opposed to family medicine clinicians or internists. AARC plans to submit comments prior to the June 27, 2016 deadline.

Medicaid Managed Care Reform

CMS recently published final rules that address the first major reform to Medicaid Managed Care plans in decades. As noted in past reports or updates, AARC submitted comments highlighting the need for Medicaid managed care plans to have a sufficient number of licensed respiratory therapists on staff in order to meet the regulatory goals to ensure enrollees' access to ongoing care appropriate to their needs and to improve access to quality health care and services. The final rule includes improved care coordination activities and managed long-term care support and services (MLTSS) in which states are required to meet certain elements inherent to a successful program. CMS recognizes that MLTSS programs have grown significantly over the past decade and are expected to increase more in coming years. This action could improve access to RTs over time.

Adequacy of Payment Rates in Non-Competitive Bid Areas – Competitive Bidding Monitoring Data

Current law requires CMS to adjust DME fee schedule amounts in non-competitive bid areas, including rural areas, based on data from the competitive bidding program. The phase-in of new rates began on January 1, 2016 with a blend of 50% unadjusted fee schedule amounts and 50% adjusted fee schedule amounts as of that date. The transition to new rates will take full effect on July 1, 2017.

According to CMS, an indicator of whether payment rates are adequate is the number of suppliers accepting Medicare assignment, which means accepting the DME fee schedule amount as payment in full. Recent data released by CMS shows there was no change in the rate of assignment in the first 4 months of the transition, e.g., 99.88% in 2016 versus 99.87% in 2015. In addition, CMS collects data based on beneficiary access as well as clinical outcomes such as mortality, hospitalizations, and emergency room visits. Based on newly released monitoring data, CMS believes the adjusted fee schedule amounts implemented in January have not had a negative impact on beneficiary access to quality items and services.

Nevertheless, to address concerns from the homecare industry, Congress recently introduced bills in both the House and Senate titled the "Patient Access to Durable Medical Equipment Act of 2016". If enacted, the legislation will: 1) extend the current phase-in of the blended rates until October 1, 2017, which delays additional cuts in rural areas by 15 months, 2) require CMS to publish monthly monitoring reports on the impact of beneficiary access as a result of the reduced payment rates; and 3) require CMS to take into account unique aspects of providing services in

rural areas such as travel distance, cost associated with furnishing the services, and barriers to access. AARC has sent letters of support to both House and Senate co-sponsors of the bills.

Conclusion

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

HOD Report

Submitted by Jakki Grimball – Summer 2016

Recommendations

None

Report

Speakers Charges:

1. Appoint chairs and members of HOD standing and special committees: Completed
2. Appoint a parliamentarian: Completed
3. Preside at House of Delegates meetings: Ongoing
4. Prepare an agenda and submit to delegations: Ongoing
5. Act as an ex-officio member of all House Committees except the Election' Committee: Ongoing
6. Act as HOD liaison for selected House Committees: Ongoing
7. Identify special guests to participate in House activities: Ongoing
8. Serve as Chair of the House Executive Committee: Ongoing
9. Perform other duties as identified and/or assigned by the AARC President: Ongoing

2016 Speaker Goals:

1. Support the goals of the AARC President, Frank Salvatore, and the strategic goals of the AARC.
2. Continue working on any HOD goals from the previous year to completion by December 31, 2016.
3. Investigate combining the HOD Policy manual with the HOD Guide into one clear, concise document.
4. Promote student and professional engagement and mentoring
5. Develop innovative process to communicate the work of the HOD, AARC BOD and AARC Executive office to the AARC membership.
6. GET IT DONE WHILE HAVING FUN!

Report:

- Appointed committee chairs and members for 2016 HOD.
- Facilitated Monthly HOD Officer conference calls on the third Monday of every month to share information and in support of House objectives, goals, strategies and charges.
- Appointed an Ad Hoc Committee to assist the EO with projects to assist Speaker goal #1.1, investigate/develop initiatives or strategies to strengthen state affiliates.
- Participated in three 3P/3S conference calls with President Salvatore, Past-President Gaebler, President-Elect Brian Walsh, AARC leadership and liaisons to share information and collaborate on House activities and AARC Board actions and plans.

- Attended AARC Board of Directors and PACT meeting in Washington, D.C., April 8 – 13.
- Worked with the Executive Office, House Officers, House Committee Co-Chairs and Delegates to confirm committee rosters, objectives, goals, strategies and charges and committee calendar dates. Disseminated documents to the House via AARCConnect.
- Held quarterly conference calls with House Officers and Committee Co-Chairs to share information and in support of House objectives, goals, strategies and charges.
- Worked with Immediate Past Speaker Wilgis to confirm financial information sharing and audit sub-committee process and expectations provided to House Speaker-Elect Siegel and Treasurer Merriman.
- Appointed by President Salvatore to serve on the Committee of State Initiatives.
- Worked with President Salvatore, EO and HOD Officers to develop the agenda for the Summer HOD meeting in Ponte Vedra, Florida.
- Worked with the Executive Office, House Officers and the Student Mentoring Committee to define ways to improve the student mentoring program in a responsible, efficient and effective manner.
- Worked with President Salvatore, the Executive Office, House Officers and the AARC Bylaws Committee Co-Chairs to identify ways information from the AARC Bylaws Committee can be shared in a timely and effective manner as related to affiliate bylaws review and approval and AARC Bylaws amendment process.
- Advised and assisted the House Bylaws Committee on implementing proposed changes approved by the House to the AARC Bylaws.
- Serving as a work group member with AARC Board Members Diane Lewis, Bill Lamb and Garry Wickman to review AARC Strategic Goal # 8 “Assure the Association has the resources to meet the mission and strategic goals of the organization” and make recommendations to each strategy under the goal for effectiveness.
- Advised and assisted House Committees as requested.
- Provided quarterly progress reports to the House.

I would like to thank Asha Desai who makes the role of Speaker a lot easier in her ongoing assistance, access to resources and information, and her skillset at facilitating the many needs I have had since taking the gavel in December. I also owe a tremendous amount of thanks to Immediate Past Speaker Skees who is always there to offer sage advice and information that made my transition into the role of speaker much easier. Thank you to the Executive Office, Board of Directors and other House Officers who assisted me over the past several months. Their contributions are invaluable! Most of all – I thank all of the members of the House for the on-going support, cooperation, collaboration and teamwork that exemplifies this body of professionals. You all ROCK!

Board of Medical Advisors Report

Submitted by Dr. Terence Carey – Summer 2016

A verbal report will be provided by Dr. Carey. The minutes from the most recent BOMA conference call are below.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Medical Advisors Meeting

April 25, 2016 – Conference Call

Minutes

Attendance

Terence Carey, MD (ACAAI), Chair
Robert Aranson, MD, FACP, FCCP, FCCM (ACCP), Chair-elect
Steven Boas, MD, Past Chair (AAP)
Russell Acevedo, MD, FCCP (ACCP)
David Bowton, MD, FCCP (ACCP)
Janet Lioy, MD (AAP)
Kevin Murphy, MD (ACAAI)
Peter Papadacos, MD, FCCM, FAARC (SCCM)
Ravi Tripathi, MD (ASA)
George Gaebler, MEd, RRT, FAARC, AARC Past President

Excused

Neil MacIntyre, MD (ATS)
Harold Manning, MD, FCCP (ACCP)
Col. Michael Morris, MD, FACP, FCCP, USA RET
Paul Selecky, MD, FACP, FCCP, FAARC, FAASM (NAMDRS)
Kent Christopher, MD, RRT, FCCP (NAMDRS)
Lori Conklin, MD (ASA), Past Chair
Thomas Fuhrman, MD (ASA)
Robert Brown, MD (ATS)
Ira Cheifetz, MD, FCCM, FAARC (SCCM)
Allen Dozor, MD (ATS)
David Kelley, MD, RRT-NPS, CRT (ASA)

Guests

Frank Salvatore, Jr., RRT, MBA, FAARC, AARC President

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Shawna Strickland, PhD, RRT-NPS, RRT-ACCS, AE-C, FAARC, Associate Executive Director
Cheryl West, MPH, Director of Government Affairs
Anne Marie Hummel, Director Regulatory Affairs
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

Chairman Carey called the meeting to order at 6:00pm CDT.

INTRODUCTIONS

Chairman Carey asked members to introduce themselves asked members to disclose any conflicts of interest.

Dr. Russ Acevedo – Advisory Board of Sunovian
Dr. David Bowton – Consultant for Covidien and Pecura Pharmaceutical

APPROVAL OF MINUTES

Dr. Aranson moved to accept the minutes of the November 8th meeting of the AARC Board of Medical Advisors.

Motion carried

CHAIRMAN'S REPORT

Dr. Carey gave an update of AARC Board of Directors meeting he attended April 9-10 in Washington, D.C. It was also AARC Hill Day - there were over 301 meetings and 14 new co-sponsors and 44 states were represented. AARC is now using a lobby group called Cavarocchi, Ruscio, Dennis (CRD) Associates, LLC. Merrill Lynch gave a presentation and the AARC is in good standing. It has been determined that the number one reason for declining attendance at Congress (AARC meeting) is the increasing cost of travel expenses (hotel rooms, flights, etc.). The Association is considering possible regional meetings to decrease expenses.

AARC PRESIDENT'S REPORT

AARC President Salvatore gave highlights of his written report.

Objective #1 - Refine and expand the scope of practice for respiratory therapists in all care settings. An Ad Hoc Committee has been created that will do a needs assessment.

Objective #2 – Advance the knowledge base and educational preparation of respiratory therapists to ensure competent patient care and to foster patient safety initiatives. This objective refers to the strategic goal of respiratory therapists working towards bachelor's degree or higher.

EXECUTIVE DIRECTOR REPORT

Tom Kallstrom recently met with the CEO of the American Lung Association (ALA) in Chicago. ALA will support our telehealth bill and we will continue working on partnerships for our members and patients.

Tom also went to Beijing to visit hospitals and gave a talk at the Chinese Thoracic meeting. He spent time with Wang Chen and gathered that there is a great deal of interest in expanding the RT profession in China. The AARC is currently in discussions to have them visit hospitals in the United States and visit with RTs.

Now more so than ever, it is time to bring more therapists into the profession because a large percentage of RTs are nearing retirement age. One tool that will offer public awareness is the release of the new Life & Breath video for high schools in first quarter of next year. The AARC was contacted by the Leonard Nimoy family regarding a film on a COPD they are producing. Jeff Davis is the RT director at UCLA and is filming a spot about what RTs do.

In January 2016 AARC produced a tool kit that gives strategies of how RTs can market themselves to physician's offices. This toolkit can be found on our website.

MEDICAL ADVISOR REPORTS

AAP

Dr. Lioy commented on her written submitted report. She has written a book and RTs have been instrumental. Physicians need to be cognizant of RTs and their worth.

LEGISLATIVE AFFAIRS REPORT

Cheryl West and Anne Marie Hummel provided a verbal update to their written report. Ms. West noted that the Hawaii Society was able to have the state legislature pass legislation that will continue RT licensure into the future. Ms. Hummel brought to the members attention the CMS proposed pilot project that would significantly re organize how Medicare pays for Part B drugs.

SPECIALTY SECTION REPORTS

The Specialty Section Reports were reviewed.

OTHER REPORTS

Tom Kallstrom gave highlights of the submitted ARCF report. There are two new endowments for 2016:

1. NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement (achievement award)
2. Advanced Degree and Clinical Research Training Grant in Alpha-1 Antitrypsin Deficiency (research grant)

The RESPIRATORY CARE JOURNAL Conference in June will focus on Pediatric Respiratory Care. This Conference will take place in St. Petersburg, FL June 10-11, 2016.

The ARCF will hold its 4th annual fundraiser in San Antonio in the Grotto near the convention center. The goal is to raise \$50k.

UNFINISHED BUSINESS

AWARD NOMINATIONS

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

Dr. Carey asked BOMA to submit the names for the nominees by May 15th.

NEW BUSINESS

Advance Practice Respiratory Therapist Update (APRT)

A discussion ensued regarding the APRT credential. This will take time to get through the state licensing boards. There is a strong foundation but a long process.

Update Position Statements

At the recent AARC Board of Directors meeting, it was requested that BOMA review the following position statement - Administration of Sedative and Analgesic Medications by Respiratory Therapists.

Alliance for Patient Access (AfPA) White Paper

Tom Kallstrom invited BOMA to review this white paper that was included in the BOMA book.

The BOMA reception will take place on Saturday, October 15, 2016 and the BOMA meeting will take place on Sunday, October 16, 2016 in San Antonio, TX.

ADJOURNMENT

Dr. Boas adjourned the meeting of the AARC Board of Medical Advisors at 7:50pm CDT.

President`s Council

Submitted by Dianne Lewis – Summer 2016

Recommendations

None

Report

At this time nothing new to report. We are waiting for the nominations from the HOD for Life and Honorary membership.

*Standing
Committee
Reports*

Audit Sub-Committee

Submitted by Keith Siegel – Summer 2016

Recommendations

None

Report

No actions to report since the April Board of Directors meeting. The Audit Sub-Committee is prepared to assist the Finance Committee and BOD as needed.

Other

Members: Karen Schell (KS), Curt Merriman (MN), John Walton (IL) and Keith Siegel (ME)

Liaisons: Tony Lovio (TX).

Bylaws Committee

Submitted by Raymond Pisani – Summer 2016

Recommendations

That the AARC Board of Directors find that the Colorado Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Colorado Society for Respiratory Care”)

That the AARC Board of Directors find that the Delaware Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Delaware Society for Respiratory Care”)

That the AARC Board of Directors find that the Missouri Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Missouri Society for Respiratory Care”)

That the AARC Board of Directors find that the North Carolina Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “North Carolina Society for Respiratory Care”)

That the AARC Board of Directors find that the Ohio Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Ohio Society for Respiratory Care”)

That the AARC Board of Directors find that the Oklahoma Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Oklahoma Society for Respiratory Care”)

Report

The AARC Bylaws Committee has approved and submitted the following State Affiliate Bylaws: Colorado, Delaware, Missouri, North Carolina, Ohio, and Oklahoma Bylaws and their Amendments for review and approval by the AARC Board of Directors.

The Bylaws Committee rejected Illinois and New Mexico Affiliate Bylaws. There appears to be a Potential Conflict with the AARC Bylaws. The Affiliate Presidents have been notified via e-mail of the Committee’s findings.

According to the HOD Calendar, there are six (6) Chartered Affiliates remaining for review of their Bylaws in 2016. As Committee Chair, I have reached out a second time to all Affiliate Presidents. Those Affiliates include Hawaii, Kansas, Kentucky, Idaho, New Jersey, and Vermont-NH.

Elections Committee

Submitted by: Dan Rowley – Summer 2016

Recommendations

None

Report

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

All committee charges have been completed as scheduled to date. In collaboration with the EO, officers of the Board of Directors, House of Delegates, Specialty Section members, and Affiliate Presidents were invited via email correspondence to nominate individuals as follows:

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

- **House of Delegates** were invited to nominate for the following positions:
 - *Directors (3 seats)*

 - **Specialty Sections** were invited to nominate for the following positions:
 - *Adult Acute Care*
 - Chair-elect for 1-year and Chair for 3-years.
 - Board seat
 - *Diagnostics*
 - Chair-elect for 1-year and Chair for 3-years.
 - Does not meet specialty section membership numbers for a Board seat.
 - *Education*
 - Chair-elect for 1-year and Chair for 3-years.
 - Board seat
 - *Management*
 - Chair-elect for 1-year and Chair for 3-years.
 - Board seat
 - *Continuing Care / Rehab*
 - Chair for 4-years. We have an interim Chair, so no Chair-Elect year.
 - Does not meet specialty section membership numbers for a Board seat.

Prior to soliciting nominations for the above positions, the Nominations and Election Committee's calendar was edited to extend nomination deadline in response to unsolicited membership feedback. Nomination deadline was set at February 23rd, and then extended further to encourage specialty section nominations where appropriate.

The following two questions were submitted for nominees to answer:

- What AARC or Chartered Affiliate offices/positions have you held where you feel you made a significant contribution to our profession? What is the contribution and how will you apply it to your new position if elected?
- Please provide a personal reflection about the direction of the AARC's mission and vision and relate it to the position you have been nominated. Provide examples of how you will help to advance the AARC's mission and vision forward.

Election nominee profiles were posted on Nominations and Elections Committee AARC Connect communication platform on March 11th.

- Committee members reviewed nominations March 11th – March 22nd
- A conference call to discuss and make final selection of respective position nominees occurred on March 22nd.
- Final Ballot is follows:

Order to Appear on Ballot (Random selection)		
Ballot Position	First Candidate Listing	Second Candidate Listing
Specialty Sections		
Adult Acute Care	Carl Hinkson, MS, RRT-ACCS, NPS, FAARC (WA)	Maria Madden, BS. RRT-ACCS (MD)
Diagnostics	Ralph Stumbo, AAS, RRT, CPFT (WA)	Katrina Hynes, MHA, RRT, RPFT (MN)
Education Chair	Donna Gardner, DrPh(c), RRT-NPS, FAARC, FCCP (TX)	Georgianna Sergakis, PhD, RRT, CTTS (OH)
Management	Christy Clark, BSRT, RRT (FL)	Cherly Hoerr, MBA, BSRT, RRT, CPFT, FAARC (MO)
Board of Directors		
Secretary/Treasurer	Karen Schell, DHSc, RRT-NPS, SDS, RPFT, RPSGT, AE-C, CTTS (KS)	Cynthia White, MSc, RRT-NPS, ACCS, AE-C, FAARC (OH)
VP Internal Affairs	Natalie Napolitano, MPH, RRT-NPS, AE-C, FAARC (PA)	Lynda Goodfellow, EdD, RRT, AE-C (GA)
VP External Affairs	Doug McIntyre, BA, RRT (LA)	Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C (NY)
Director at Large 1	John Wilgis, MBA, RRT (FL)	

Director at Large 2	Felix Khusid, BSRT, RRT-ACCS, RPFT (NY)	
Director at Large 3	Raymond Pisani, BS, RRT-NPS, RRT-ACCS (LA)	
Director at Large 4	Susan Rinaldo Gallo, Med, RRT, FAARC, CTTS (NC)	

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

George Gaebler, MSED, RRT, FAARC

John Hiser, MED, RRT, FAARC

Jim Lanoha, RRT FAARC

Mary Roth, RRT

Executive Committee

Verbal report

Finance Committee Report

Verbal report

Judicial Committee

Submitted by Anthony DeWitt – Summer 2016

Recommendations

None

Report

All policy guidance documents have been submitted to AARC Leadership. The committee is awaiting any feedback.

No disciplinary matters have been reported, and none are pending.

Program Committee

Submitted by Ira Cheifetz – Summer 2016

Recommendations

None

Report

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

Status: The Summer Forum program has been published both in print and online. The Summer Forum will take place June 26-28, 2016 in Jacksonville, FL. A Pre-course and a Welcome Reception will take place on Saturday, June 25, 2016. The Welcome Reception will also serve as an opportunity to raise awareness about the ARCF. ARCF trustees will be on hand to answer questions and raffle tickets will be sold to raise money for the Foundation. AARC leadership and Corporate Partners will also be on hand to network and interact with attendees.

The 62nd AARC International Respiratory Convention & Exhibition Program is all but finalized. Information on early registration for the Congress has been published in the June issue of the AARC Times and the Advance Program has been posted to the AARC website. AARC Congress 2016 will take place Oct. 15-18, 2016, in San Antonio, TX. The Program Committee has opted to “shrink” the overall size of AARC Congress by reducing the number of concurrent meeting rooms, thus there will be approximately 200 sessions on current respiratory topics and 12 Open Forum symposia offered in 3 unique formats.

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

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

Status: Summer Forum – Destinations are secured through 2018

AARC Congress – Program Committee will soon be submitting recommendations for future venues.

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

Status: Proposals for the Summer Forum and the Congress were received from all Specialty Sections and Roundtables. Program Committee liaisons worked closely with Section Chairs to ensure well-rounded representation of specialty section interests is included in our programs. For further information on specialty section and roundtable representation, see “AARC Congress 2016” below under bullet point #4.

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

Status:

Summer Forum – After experimenting with differing start/end time for the Summer Forum

agenda, the Program Committee decided to revert to a more traditional start time between 7:30am – 8:00am, allow for a longer lunch break (1.5 hours) and adjourn a bit earlier in the day. These changes came as a result of feedback provided by 2014-2015 Summer Forum attendees. We've also tried to minimize as much session overlap as possible to facilitate movement of conference participants between specialty track sessions.

At the time of this writing, there are 338 registered attendees for the Summer Forum. With 3 weeks still yet to go until the meeting, this is an exceptional number (there were 333 total in 2015). Thus far we have already exceeded budget and have a chance to break the all-time SF attendance record of 388 attendees.

AARC Congress 2016 - Once again the Program Committee incorporated member feedback into the Congress by minimizing session start/stop time overlap to facilitate the earning of CRCEs. Membership feedback regarding consistent room assignments for specialty section lectures will continue to be incorporated into the Congress program. Each session will last 35 minutes in length (a 30-minute presentation and required 5-minute Q&A). In addition, each session will be identified by "Content Category", making it easier for CRCE reporting for membership.

A mobile event app will once again be used in 2016 with functionality to register attendance at specific lectures and upload CRCE. The Program will also feature extended, unopposed exhibit hall hours and an official closing ceremony. Pre- Congress sessions will be sponsored this year (one by Draeger, one by Teleflex) to meet broadening specialty education needs of therapists to include: **APRV and Mechanical Ventilation, and an Interactive Vascular Access Workshop.**

Attached is a listing of the number of CRCE offered by content category:

- Adult Acute Care: 27.26
- Management: 15.08
- Neo/Peds: 16.82
- Sleep: 6.38
- Education: 9.86
- Clinical Practice: 29.0
- Pulmonary Function: 7.54
- Patient Safety: 2.90
- BioTerrorism/Emergency Preparedness: 0
- Ethics: 1.16
- Maximum CRCE any one attendee can earn: 15.66
- TOTAL CRCE offered for the entire meeting: 116
- 12 Open Forums in 3 unique formats

Sputum Bowl Sub-Committee Report:

No report at this time. All committee members have been notified of their appointments and all have agreed to participate. Planning is currently underway for the event.

The committee has also been made aware of the passed BOD recommendations made at the 2016 Spring BOD meeting in Washington, DC. A communication strategy is being developed to communicate this change to general membership and existing SB competitors.

Strategic Planning Committee

Submitted by George Gaebler – Summer 2016

Report will be provided at the meeting.

Specialty Section Reports

Adult Acute Care Section

Submitted by Keith Lamb – Summer 2016

Recommendation

None

Report

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

Continue to produce a biannual bulletin and quarterly newsletters. We have planned our first virtual meeting to be held during the first week of May.

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

The section recently held its first on-line live section meeting with the help of Shawna, Reagan and Doug.

Continuing Care-Rehabilitation Section

Submitted by Trina Limberg – Summer 2016

Recommendation

None

Report

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

Diagnostics Section

Submitted by Katrina Hynes – Summer 2016

Recommendations

None

Report

Nothing to report.

Education Section

Submitted by Ellen Becker – Summer 2016

Recommendations

None

Report

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in Jan 2016.

Status: Completed

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

Status: An education section webcast was held on Thursday, March 31, 2016, that had 30 members participate. The Education Section Book Club discussed, *Getting Started with Team-Based Learning*. The ten chapters were discussed over 5 weeks and generated 53 messages.

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

Status: A membership subcommittee led by Karen Schell was established at the start of this year and five volunteers began a recruitment campaign in February. The team is addressing the educators in the six states where they reside to assess their AARC membership status as well as their education section status. After the Education Section Webcast, another two individuals representing the states of West Virginia and New York were added.

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

Status: Two nominations for the education chair-elect were selected. Each nominee has been scheduled to moderate a portion of the Summer Forum to help the section membership get to know each nominee.

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

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

6. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the April 2016 Board Report and update for each Board report.

Status: Reviews for the AARC Connect library have been completed. A folder structure for hospital, academic, and professional topics was established and existing files placed in the appropriate folder. Further, the project lead created a YouTube video to educate section members on how to file documents by folder to keep the current organizational structure tidy. The original goal was to also complete the section swap shop update by June 20, 2016. If the current work group is unable to establish a completion plan shortly, additional volunteers will be recruited during the Summer Forum.

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

Status: The current membership level is 1023, a continual decline. The progress of the membership subcommittee and fruitful approaches will be shared at the Summer Forum education section meeting. Leads for other states will be recruited.

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

Status: Educational topics that address practicing therapists and hospital-based educators were included in the programming for the International Congress, the meeting that attracts most members from this group. All communications and engagement programs such as the Book Club address topics relevant to this important target group. Although not a programming initiative, an inexpensive external recognition for individuals who complete the Clinical PEP program is under review by the AARC Executive staff. Recipients of this recognition would come predominantly from clinical environments.

Home Care Section

Submitted by Kim Wiles – Summer 2016

Recommendations

None

Report

CHARGES

- 1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members**
 - Completed prior to Spring BOD meeting
- 2. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April 2016 Board Report.**
 - Section Newsletter produced
 - Home Oxygen article in April AARC Times
- 3. Undertake efforts to demonstrate value of section membership, thus encouraging membership growth.**
 - Spoke at local respiratory conferences and discussed importance of being part of the home care section regardless of whether they were working in homecare.
 - Talked to students at local university to talk about homecare and the importance of becoming a member of specialty section.
- 4. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.**
 - Nominee accepted at Spring Board Meeting, CV obtained and forwarded
- 5. Identify, cultivate, and mentor new section leadership.**
 - I have been working closely with the incoming section chair, Zach Gantt. He and I have been working on a section survey addressing combining sections.
 - We have regular phone contact discussing various home care topics.

- 6. Enhance communication with and from section membership through the section list serve, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.**
 - Current information is up to date, but information is limited.

- 7. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the April 2016 Board Report and updated for each Board report.**
 - AARC Connect has been monitored and topics are relevant.
 - Review of library will be completed quarterly. Next review will be in June 2016

- 8. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.**
 - Membership continues to be a problem.
 - Continued discussions on combining the homecare section and the long term care section are taking place. Spoke to President Salvatore as how to proceed. The specialty sections will be surveyed pending approval of survey.

- 9. Assist Federal Government Affairs committee in passing legislation which will recognize respiratory therapists under the Medicare home health services benefit.**
 - Participated in PACT meeting (7 meetings, including one congressman)

Other

Worked with APRT group to incorporate home care competencies into the document.

Long Term Care

Submitted by: Gene Gantt– Summer 2016

No report submitted as of June 15, 2016.

Management Section

Submitted by: Cheryl Hoerr – Summer 2016

Recommendations

None

Report

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

Status: Members of the Management Specialty Section were provided with information regarding proposal submission for 2016 programs. 132 individual proposals were submitted under the management section. Section Chair collaborated with the Program Committee Liaison to review submitted proposals. Presentation slots for both the Summer Forum and the International Respiratory Congress and Exhibition have been populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.

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

Status: The spring 2016 Bulletin was published as scheduled in May. Articles zero in on value: Garry Kauffman discusses focusing on value, not activities; John Rinck explains ways to create value in tough times. Notes from the Chair reviews some of the many ways the AARC helps managers accomplish their goals. We continue to have difficulty recruiting authors and will re-visit the decision to continue the Bulletin at the end of 2016. A management specialty section meeting will be held on Tuesday, June 28 as part of the Summer Forum programming.

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

Status: Information on AARC membership numbers as well as management section membership is always shared during section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. Posts on the AARC management list serve emphasize the drastic changes affecting healthcare and encourage RT leaders to transform their practice to add value in the forming healthcare environment including: patient safety, CMS changes to PPS, patient access, competitive bidding, care transitions, etc. A management focused webcast was aired on March 29: Telehealth and the Respiratory Therapist was presented by Brooke Yeager. As part of the last two management section meetings each member was challenged to recruit just one new member.

4. Identify, cultivate, and mentor new section leadership

Status: Five section members expressed interest in becoming more involved and were recruited to help with the review of posted materials in the management section library.

These members were also encouraged to (1) attend the Summer Forum in order to meet other RC leaders, (2) join the Leadership Book Club to grow their skills, (3) to write an article for the section newsletter, and (4) to submit a proposal for the Summer Forum and/or International Convention.

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

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

- January – Pentamidine Treatments
- February – E_TCO_2 vs S_pO_2 Monitoring
- March – Quality Care Issues: Ventilator Orders and Common Canister Protocols
- April – CMS Changes to the MUE for Nebulizer Treatments
- May – Calculating Staff Assignments

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

Status: Five management section members have been recruited to help in reviewing and updating the reference materials that are currently posted on the management section web page. The first review of this dated material has begun and the plan is to finish this initial review by the end of September.

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

Status: There are currently 1,464 total management specialty section members. Membership continues to slowly decline; there are 58 fewer members than there were at the end of 2015, and 134 fewer members when compared to this time last year. Amanda Feil, AARC Membership Development Manager, is currently planning on surveying management section members during the Summer Forum to gather ideas about the value of membership, actions managers have used with success to recruit new members, and overall membership experience.

Neonatal-Pediatrics Section

Submitted by Natalie Napolitano – Summer 2016

Recommendations

None

Report

- Working with Shawna to finalize NeoPeds Prep Course
- Performed survey of section about journal club offerings and working with small group to reformat journal club from these survey results
- Virtual Section meeting in March, no new concerns from section. Next section meeting to be scheduled for July.
- Assisting with abstract reviews for open forum

Sleep Section

Marilyn Barclay - Summer 2016

Recommendations

None

Report

- Peter Allen will be installed as a member of the board of directors of The American Association of Sleep Technologists this summer.
- Several people have volunteered to work on the Sleep Section Mission and Vision Statement.
 - Hope to begin work in June 2016
 - Hope to have a final draft to share at the International Congress
- Three worthwhile articles were submitted for the Sleep Section Spring Bulletin.
- The review of the website library and AARConnect library continues and will be complete by September 2016.
- There are approximately 658 Sleep Section members.

Surface to Air Transport Section

Tabatha Dragonberry - Summer 2016

Recommendations

None

Report

- Transport Bulletin due sept 1
 - o Looking for different volunteers for the next bulletin so that that same volunteers do not get burdened
 - o It is still difficult to find people to contribute for bulletins

- Membership could be better for this section
 - o We had our first virtual meeting in May
 - Only two people attended
 - There were some issues with the link so I do not know if that was a factor even though I was informed over 20 people had registered
 - An email was sent prior to virtual meeting to update link info
 - May attempt again but if low attendance will not repeat
 - o Trying to think of ways that members feel they get value from being a section member
 - No information obtained from the members in attendance at virtual meeting

- Continue to solicit for nominations for SPOY

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

Special Committee Reports

Benchmarking

Submitted by Chuck Menders – Summer 2016

Recommendations

That the AARC Board of Directors charge the Executive Office with continuing to investigate hiring an internal IT resource to revise and update the Benchmarking System database and report back to the Board (and Committee) by the Summer Forum Board meeting.

Report

1. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
2. Established talking points for development of an upgraded Benchmarking System, including the limitations of the antiquated current platform and need for quality metrics to be incorporated into the new system.
3. Tim discussed the development of a new product with various AARC Corporate Partners to see if there would be interest in being a sponsor for funding of a new system.
4. AARC IT Department is currently looking to hire computer programmer. One project will be to scope out the project for building the next generation of the Benchmarking System based off the specifications that have been developed by the Benchmarking Committee.
5. New updated benchmarking advertisement developed and placed in AARC Times.
6. Membership in AARC Benchmarking has increased/decreased from 52 subscribers in February to 53 subscribers as of May 1, 2016.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Summer 2016

Recommendations

None

Report

Code restrictions on 94640- Pressurized or non-pressurized inhalation treatment continue to cause problems. You may remember, effective January 1, 2016, Medically Unlikely Edit (MUE) will allow only **2** units of service for 94640 **per encounter**. This applies to Part B services only, i.e. clinic and ED patients who are not admitted.

Medicare defines a hospital outpatient encounter as “a direct personal contact between a patient and a physician, or other person who is authorized by State licensure law and, if applicable, by hospital or CAH staff bylaws, to order or furnish hospital services for diagnosis or treatment of the patient.”

The regional CMS agencies, called Medicare Administrative Contractor (MAC) and the other insurance carriers are interpreting this change in many different ways which cause problems for RC services. Some consider an encounter as a “day” not as a defined above. Therefore, they allow for a maximum of 2 treatments to be coded per day, per out patient.

Hospital billing administrators are also interpreting this incorrectly or making their own unnecessary changes. One fairly large hospital in NC has decided that this limit of 2 treatments should be applied to inpatient billing as well.

Anne Marie has written CMS for more detailed information. We are currently waiting for a response.

Federal Government Affairs Committee

Submitted by John Lindsey – Summer 2016

Recommendations

None

Report

The AARC held its annual Capitol Hill Advocacy Day on April 12, 2016 and from all reports, the day was “AWESOME.” For the first time, the Spring AARC Board of Directors meeting was held the weekend prior to Hill Day. This allowed AARC Board member and House of Delegate members the opportunity to participate in Hill Day. We had RT representation from 44 states and the District of Columbia. We were represented by nearly 170 including local respiratory therapist and local respiratory students and several patient advocates also participated. There were over 320 Hill meetings scheduled.

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

As the time this Report is written there are currently **53** co-sponsors of HR 2948. This is largely due to the AARC’s participation in Hill Day and our Virtual Lobby Week.

Virtual Lobby Week was a **HUGE** success. Very impressive was the amount of contact that was made this year. As this report is written, there have been 41, 476 emails sent to the Hill. Kudos to all state, but, especially to Colorado, Pennsylvania, and Texas who led the way this year. We believe that our continuing efforts in sending as many messages to the Hill over a short span of time is in some part be responsible for getting an increase in the number of co-sponsors for HR 2948.

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

I apologize that I was not able to attend Hill Day this year. As many of you are aware, I was notified of a death in my family and had to leave early. However, I want to thank everyone for the absolutely outstanding job that you did this year!

Fellowship Committee

Submitted by: Patrick Dunne – Summer 2016

Recommendations

None

Report

The work of the Fellowship Selection Committee will begin in earnest during the first week of August 2016. Please note that the deadline for receipt of online nominations for 2016 Fellow is Monday, August 1st. After the close of nominations the Selection Committee will commence review of all nominations received by the established deadline. The selection process will be completed by the end of August with notification letters being sent shortly thereafter.

International Committee Report

Submitted by John Hiser – Summer 2016

Recommendations

None

Report

1. Administer the International Fellowship Program.

As of today, May 11, 2016 we have 3 applicants for International Fellows and 8 applicants for City Hosts. The deadline for applications to be received is June 1st. The committee will meet on Tuesday, June 28th during the Summer Forum. I'll be sharing the final selection of fellows and hosts with BOD and HOD at your June meetings.

We surveyed the Fellows and Hosts again this year. All of the comments were with minor exceptions, positive. The results of the surveys are being used to further improve the operations of the committee.

2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the International portion of the Congress.

The committee continues to work with the ICRC to help coordinate and help prepare presentations given by the fellows to the council.

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

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

The International Fellows List serve continues to show a considerable amount of activity and continues to be valued by our past fellows.

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

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

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

Respectfully submitted,

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

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

Vice Chairs

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

Committee members:

Michael Amato, MBA
Arzu Ari, PhD, RRT, FAARC
John Davies, RRT, MA, RRT, FAARC
ViJay Desphande, MS, RRT, FAARC
Hector Leon Garza, MD, FAARC
Derek Glinsman, RRT
Yvonne Lamme, MHA, RRT
Debra Lierl, MEd, RRT, FAARC
Camden McLaughlin, RRT, BS, FAARC
Natalie Napolitano, MPH, RRT-NPS, FAARC
Bruce Rubin, MD, FAARC
Michael Runge, BS, RRT
Jerome Sullivan, PhD, RRT, FAARC
Daniel Van Hise, RRT, NPS

Membership Committee

Submitted by Gary Wickman – Summer 2016

Recommendations

None

Report

We support the SG #8 idea of a Speaker's Bureau to market AARC Membership but do not have a specific recommendation on this issue at this time.

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

We had a productive meeting in May and each attendee shared what they learned from their inventory work. We learned that the Affiliates were actually doing some great things for their members. Highlights include:

1. All had student engagement as one of their top priorities
2. Scholarships were offered by all not just to AS candidates but many had degree completion and post graduate scholarships presented
3. Legislative work including refining CEU requirements, RRT as entry level for licensure, Position papers for staffing guidelines, hiring lobbyists, supporting Sunset reviews to ensure licensure was reenacted, and supporting PACT work.
4. Many states are working to promote AS programs converting to BS programs, Washington State is graduating their first entry level BS class in June and by the end of next year three of the four state schools will be BS level programs.
5. Recognition for outstanding Affiliate contributor and outstanding hospital department.
6. Promoting social media communication and interaction was a high priority.

We will now reach out to our assigned Affiliates and ask each of them to go through the same process. We will then compile the best efforts and publish on the Membership Tools website for use by all.

We discussed the Leadership Boot Camp work and found that the leaders who attended liked the new format and were energized and engaged in the work to support membership and engagement of their members. There were 39 attendees from 29 states. The format was new with roundtable work on seven different topics that included such things as student engagement, membership recruitment and retention, volunteers and member benefits, and social media.

We also reviewed the data since December 2015. The numbers have remained flat which is better than we have done in the past two years. March 2016 ended at 38,794 and December 2015 was 38,723 or an increase of 71 members in the first quarter. We have been strongly marketing the Alpha program and will see how well it works this June. Anecdotally, in Washington State, all but one person who attended our annual conference who were graduating had already took advantage

of the early bird program. We had about 100 students attend our student section. We are also seeing that we have about a 90% retention rate for renewing members over the first quarter and this is up as well. Once graduation occurs, we will take a deeper look at the data to see how many students actually converted to active members.

We have compiled our survey results from the Program Directors on how best to engage your students in the AARC. Thank you to Karen Schell and Sarah Varekojis for working with Asha Desai and me to get those results compiled. Asha is now working with a publisher to publish these results, you should be able to see a snapshot of this brochure which we will make available to all Programs. This will be a beautiful brochure that will market the AARC well. One thing to note is that some programs would not let committee members in to talk to their students about the AARC Membership but when approached as a Manager from a department that hires, they would. We will monitor this trend to see if it was a local issue or is more global.

Amanda has begun a revamp of the AARC Membership Tools website and asked all committee members to review and give suggestions. We will take on renewing the power points that we use on our visits to schools and hospitals to be more up to date.

Next Steps:

We are going to reach out to the Affiliate Membership Committee Chairs and ask them to work with their boards to perform the membership benefits inventory in the next month. We will reach out to our educational programs to meet with the students as an ongoing commitment. We will also work on the AARC Membership Tools website to bring it up to date. We will meet again at the end of June to monitor our progress with the Affiliates we support.

We still feel that students are our best potential to increase membership and will work to accomplish that. Again, we shared in the April Board Report that we currently have 7,795 student members. There are approximately 17,000 to 18,000 students enrolled. We continue to look at ways to incentivize students to join.

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

Position Statement Committee

Submitted by Colleen Schabacker – Summer 2016

Recommendations

Allow the committee to continue reviewing / revising Position Statements according to the three year schedule.

Justification: The committee understands the desire of the Board to make the Position Statements look more professional. But, until a plan is put in place as to how they should look and who all needs to be involved, we feel it is important to keep up with our reviews so our statements all remain pertinent and up-to-date.

Report:

Objectives:

Draft all proposed AARC position statements and submit them for approval to the Board of Directors. Solicit comments and suggestions from all communities of interest as appropriate.
No action at this time.

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

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

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

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

This schedule was presented at the April Board meeting.

Other

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

State Government Affairs Committee

Submitted by: Raymond Pisani - Summer 2016

Recommendations

None

Report

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

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

Several states are going through the process of RT Licensure Sunset. Hawaii enacted the permanent continuation of RT Licensure. Arizona and North Carolina working towards efforts for RRT Credential for Licensure. AARC Government Affairs continues to work with each State Society during the legislative process.

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

Virtual Museum

Submitted by: Trudy Watson - Summer 2016

Recommendations

None

Report

The Virtual Museum Committee members continue work on development of new galleries for the Virtual Museum. We plan to launch a minimum of three new galleries in 2016: Resuscitation Equipment, Diagnostics, and Adult ICU Ventilators (1980-1999). In addition several other galleries are in the early stages of development and may be ready later this year if additional content can be obtained. We also have been collecting images for a special gallery to highlight the AARC's upcoming 70th Anniversary (2017). We would welcome your suggestions for future galleries to be added to the virtual museum and would especially appreciate your assistance in obtaining images for new or existing galleries.

In February, Asha Desai was invited to deliver a presentation on the AARC's Virtual Museum to the respiratory care program faculty and clinical preceptors at Collin College. As you may recall, some of their respiratory care students have assisted with scanning some of the AARC's early serial publications and have been very interested in the virtual museum project.

Several requests have been received over the past year from agencies requesting permission to use images that appear in the Virtual Museum. As a result, the virtual museum photo release was revised to grant permission for third party requests to republish images from the virtual museum for educational purposes as long as the photo contributor and AARC Virtual Museum are identified in the credits.

In early March, the Chairs of the boards of the nominating agencies were invited to nominate up to five individuals for consideration as the 2016 Legends of Respiratory Care. A nominations form was distributed to the nominating agencies to summarize key information regarding each individual nominated for the Legends designation. We look forward to receiving and reviewing your nominations along with those from the NBRC, ARCF, and CoARC. The deadline for the return of the completed nomination forms to me is June 30, 2016.

The committee is appreciative of the support and guidance provided by the Executive Office staff.

*Special
Representatives
Reports*

Recommendations

None

Report

The results from the February meeting which were published after my last report are listed below.

1. Stress Testing Code Changes

There was a proposal presented that would separate the 6 minute walk from the Stress Test Simple code and better define this group of pulmonary codes. The resulting codes will be:

94060 Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration

94250 Expired gas collection, quantitative, single procedure (separate procedure)

New -946X2 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)

(94620 has been deleted. To report pulmonary stress testing, use 946X3)

New -946X3 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

94621 Cardiopulmonary exercise testing, complex (including measurements of minute ventilation, CO₂ production, O₂ uptake, and electrocardiographic recordings)

The above codes will appear in the 2018 CPT book. Hence, will be active January 1, 2018

2. Telehealth

The AMA CPT Panel accepted a request to add a modifier that will allow a mechanism for indicating Telehealth services rendered in real time for synchronous audio and video encounters. This Modifier will be included in the 2017 CPT code set.

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the provider or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and / or requirements of the same service when rendered via a face-to-face interaction.

There is a long list of CPT codes for services that are typically performed face-to-face but may be rendered via a real time (synchronous) interactive audio and video telecommunications system. This list will likely be frequently revised.

As you are aware, Respiratory Therapists are not generally considered “other qualified health care professionals”. Therefore we will not be able to use this modifier unless our Telehealth bill passes.

Topics of interest proposed at the May 2016 meeting are listed below. The final actions on these have not been published therefore I cannot disclose specifics at this time.

1. Some changes to bronchoscopy codes, basically to clean up and better define 31645 - 31646.
2. There was a proposal for Asynchronous telemedicine service (also termed "store and forward" encounter) which is defined as a non-real time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified health care professional.

Am Assn of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Summer 2016

Recommendations

None

Report

1. AACVPR MAC 11 Reimb. Committee member, Pulmonary Rehabilitation audits continue in MAC M – Virginia, West Virginia, North Carolina and South Carolina

- a. I have reached out to MAC M medical director – Dr. Feliciano for a conference call with our committee and a date is pending

- b. monthly committee conf. calls and will assess the status of the Veteran's Administration problems with pulmonary rehabilitation referrals in Virginia, North Carolina and South Carolina

2. VACVPR, affiliate of AACVPR May state Meeting lectured on:

- a. Pulmonary Rehab Best Practice and Reimbursement update

3. AACVPR Pulmonary Expert Committee member, this committee is chaired by Trina Limberg

- a. Involved on working group with AACVPR about collaboration with AARC for a Pulmonary Rehabilitation Staff Certification using the template of the AARC Chronic Disease Certification developed by AARC

- b. current NOMINATIONS for AACVPR BOD have two strong pulmonary specialists on the National BOD vote: our very own/talented, Trina Limberg and a Pulmonary MD – Dr. Charlotte Teneback, a PR medical director from Vermont

- c. I have recommended Dr. James Lamberti, my currently Pulmonary Rehab. Medical Director who is active on NAMDRC, NBRC and received the ATS Clinical Award 2015 to be on the next AACVPR Pulmonary Rehab Writing Committee

3. Pulmonary Hypertension Association, as a member of the PHPN PRACTICE COMMITTEE have connected Shawna Strickland with Lori Oppenheimer, PHA Medical Services Program Manager results:

- a. Chronic Disease Course - Pulmonary Hypertension Lecture will be recorded for the AARC Chronic Dz Course by Martha Kingman, a National PHA Expert
- b. Shawna Strickland will also be speaking in June at the International Pulmonary Hypertension Association on Exercise/Oxygen – held in TX
- c. Collaboration between PHA and AARC will benefit AARC members and PHA members and patients

American Heart Association

Submitted by Keith Lamb – Summer 2016

Recommendations

None

Report

Please see attached Spring 2016 Meeting Information – “ECC Spring 2016 meeting”

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Summer 2016

Recommendations

None

Report

I have remained in contact with and support those chartered affiliates with whom I have worked over the past 7 years to provide ongoing assistance to their business planning and operations. These include New York, Pennsylvania, Virginia, West Virginia, Kansas, Indiana, George, Iowa, New Jersey, Washington State, and Utah.

There were no new chartered affiliate consulting engagements this quarter.

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

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Summer 2016

Recommendations

None

Report

The CAMTS BOD met in Denver April 7-9th for the spring meeting. Thirty program deliberations were completed along with other organization business. Discussion also was focused in the possible formation of a CAMTS EU (Europe) which would be a separate board made up of European transport professionals. This is still in the formative stages and would not have any implications for the AARC. The summer meeting will be held in Zurich July 13th to the 16th. Work also continues on the levels of care which will be an addendum to the recently released 10th edition CAMTS Standards.

Extracorporeal Life Support Organization

Donna Taylor - Summer 2016

Recommendations

None

Report

Our institution's ECMO course in April was attended and evaluated by an ELSO education committee member as was reported in the spring report. We are awaiting information as to whether or not we will receive ELSO endorsement and therefore be allowed to use this designation in following courses to be recognized as a center for extracorporeal life support training. ELSO is now receiving other requests from ELSO centers for the ability to apply for this designation. Centers receiving ELSO endorsement will ensure that the educational information and simulation training is in line with ELSO guidelines to provide consistent education in the management of these complex patients.

ELSO is working to establish itself as the authority for ELSO training and management among the other critical care organizations, especially in light of the growth of this therapy into the adult population. The ECLS courses have sold out when offered at the last two Society for Critical Care Medicine meetings. The ELSO organization is seeking to engage with the Society for Critical Care Medicine and American Thoracic Society for their support of the ELSO guidelines as the standard for ECLS management.

ECLS therapy continues to grow in critical care with many more indications for its use, providing an added avenue for respiratory therapists to utilize their expertise and knowledge.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Summer 2016

Recommendations

None

Report

I. Effect of Proposed New International Standards for Small-Bore Connectors on R T and Oxygen Devices & Accessory Connectors

A major effort has been underway for some time to establish new international standards for medical equipment used worldwide to connect various vascular, respiratory, medical gas tubing, enteral and epidural devices and their accessories to patients. This initiative is driven by the underestimated and underreported number of cases in which care givers mistakenly connect the wrong tubing or catheter and deliver substances through the wrong route. These misconnection errors represent a critical patient safety hazard resulting in injury and in some cases death. The Association for the Advancement of Medical Instrumentation (AAMI) <http://www.aami.org> serves as the Secretariat for a joint international working group developing the new small-bore connectors' standards within the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC). The working group is developing a series of standards for small-bore (ID < 8.5 mm) connectors which will ultimately make it impossible for misconnection errors. This will be accomplished by designing a line of connectors specific to their application, thereby, eliminating the "universal" design.

II. Seattle Respiratory Therapist Joins Team to Improve Care in Fortaleza, Brazil Several months ago **Dave Crotwell RRT-NPS, FAARC, Director, Respiratory Care Services, Seattle Children's Hospital** was asked by Susanne Matthews a Seattle Children's (SCH) Cardiac Intensive Care Unit (CICU) charge nurse to accompany her and Titus Chan a SCH CICU attending to take part in a medical volunteer trip through Children's HeartLink to Fortaleza Brazil in April 2016. Susanne had been to Fortaleza three times prior and felt having a respiratory therapist on this trip would be beneficial to the respiratory physiotherapists at the partner hospital. Founded in 1969, Children's HeartLink (Minneapolis, MN) trains doctors and nurses in underserved parts of the world using medical volunteer teams. They arrived in Fortaleza Brazil April 13th and after a brief rest the team met with the Children's HeartLink staff and traveled to meet the partner hospital's pediatric cardiac team. The partner hospital in Fortaleza is Hospital de Messejana (Hospital Dr. Carlos Alberto Studart Gomes) a tertiary hospital specializing in the diagnosis and treatment of heart and lung disease. Messejana's team was comprised of pediatric cardiac intensivists, cardiologists, nurses, and respiratory physiotherapists. Dave's assignment while in Brazil was to speak at the Brazilian Society of Cardiac Surgery Congress on the role of the respiratory therapist in the cardiac intensive care unit, and provide teaching related to respiratory therapy practice at Hospital de Messejana. Besides speaking at the congress Susanne, he spent the next five days rounding with the team to learn their work flow/practice and gave several daily classroom lectures on nursing and respiratory related topics such as; Ventilator Associated Pneumonia prevention, Capnography during mechanical ventilation, Non Invasive Ventilation (NIV), Airway Clearance Therapy (ACT) techniques, Extubation Readiness Testing (ERT), and ventilator graphics interpretation.

II. Chinese Thoracic Society Invites AARC Executive Director to Annual Meeting

The Executive Director and Chief Executive Officer of the American Association for Respiratory Care (AARC), Thomas Kallstrom, MBA, RRT, FAARC accepted the invitation of Professor and Chairman, Dr. Chen Wang, MD, PhD, FCCP to participate in the Chinese Thoracic Society (CTS) Respiratory and Critical Care Annual Forum. The CTS Forum was held in Changsha, China February 26-27, 2016 where Director Kallstrom delivered his presentation on “Ventilator Associated Pneumonia” to the prestigious assembly. This was a unique visit to China as both Dr. Wang and Director Kallstrom hope to strengthen the connection between AARC and CTS, and to promote the development of respiratory therapy in China and around the world. In this regard Mr. Kallstrom made rounds and presented lectures in a number of hospitals in Beijing, China prior to his participation in the CTS Annual Meeting. He visited Xi Yuan Hospital, and China-Japan Friendship Hospital (CJFH) where he toured ICU wards and presented lectures to ICU physicians and directors on “Respiratory Therapy in the USA: Past, Present, & Future”. In his presentations he also highlighted the AARC’s international affiliations with countries around the world. Mr. Kallstrom made similar presentations at Peking University International Hospital and Peking University People’s Hospital where he also made rounds in the ICU wards and visited the hospital History Museum.

III. Early Months of 2016 Witness a Busy Time for Respiratory Therapy Faculty at Manipal University Karnataka, India

The faculty and students of Manipal University, School of Allied Health Sciences, Department of Respiratory Care were very busy in the months of February and March of 2016, not only attending to their RT Program, but also attending seminars, providing community outreach training programs in Basic Life Support (BLS), Pulmonary Function, and a Leadership Training Program. March 16-19, 2016: Faculty from the Department of Respiratory Therapy, and RT Bridge program students attended and participated in a training program on basic and advanced pulmonary function testing at The Chest Research Foundation, Pune, Maharashtra, India. February 16-18 & 23-24, 2016: The Department of Respiratory Therapy conducted Basic Life Support (BLS) refresher program for 300 nurses of Kasturba Hospital, in Manipal, Karnataka. February 18-20, 2016: Professor, Vijay Deshpande, MEd, RRT FAARC, Governor for India to the International Council for Respiratory Care (ICRC) visited the Manipal Campus and interacted with RT students and faculty. He presented a lecture to the students and met with faculty to discuss the future plans of the Indian Association of Respiratory Care (IARC). Prof. Deshpande also met Dr. Anitha Shenoy, President of the IARC, and discussed the future directions of IARC and Indian Journal of Respiratory Care.

IV. Prince Sultan Military College of Health Sciences 3rd Respiratory Care Student’s Symposium, AlKhobar, Saudi Arabia

On 14th of April, 2016 Prince Sultan Military College of Health Sciences (PSMCHS) held the 3rd Respiratory Care Student’s Symposium continuing the success of the previous two symposiums. All of the Annual Symposiums have been organized and conducted by RC students. Importantly this gives students the opportunity to organize, chair, and present scientific lectures and workshops to the profession. This year, the symposium received national attention of respiratory colleges all over Saudi Arabia. A total of five different universities and colleges participated in the event and led to have the largest number of attendees ever. They also conducted the 3rd RC Student’s Competition Award among five RC schools similar to the AARC Sputum Bowl. This competition was prepared and run by the leading RC departments from different hospitals which form the Executive Committee. It was an exciting event for all the attendees. Eight groups from four different RC schools were represented in this year’s competition. In addition, the 1st Respiratory Care Educational Video Award was presented. This award

encourages students to innovate new methods of public education by creating short videos targeting the community to educate them about respiratory care topics such as Asthma and Smoking. More than a dozen videos were submitted and the winning educational video was from PSMCHS students. Actually there was no loser that day and all of the teams were winners by being involved in such an amazing scientific event.

V. Mustafa Kemal University Sponsors IERS Approved Seminar in Turkey

May 28-29, 2016 Hatay, Turkey served as the site of an International Education System (IERS) Approved Level I Seminar which emphasized respiratory assessment and therapeutic procedures. Mustafa Kemal University sponsored the seminar entitled “Patient Assessment and Clinical Applications in Respiratory Therapy Education Program”. Hassan Hallaceli, PhD, PT served as the Program Coordinator/Administrator and was joined on the faculty by Arzu Ari, PhD, RRT, PT, CPFT, FAARC from Georgia State University, Department of Respiratory Therapy, Atlanta, Georgia, USA. Dr. Ari serves as the Governor for Turkey to the International Council for Respiratory Care (ICRC) and over the last three years has been instrumental in organizing and gaining IERS Approval for four separate, high quality seminars on contemporary respiratory therapy offered in Turkey. The most recent Seminar sponsored by Mustafa Kemal University continued this high quality tradition and offered a two-day education program with a total of 14 hours of educational activities including lectures, live demonstrations, case studies and interactive workshops.

Joint Commission - Ambulatory PTAC

David Bunting - Summer 2016

No report submitted as of June 15, 2016.

Joint Commission - Home Care PTAC

Submitted by Kimberly Wiles – Summer 2016

Recommendations

None

Report

Nothing to report-The quarterly meeting was not held by the Joint Commission.

Joint Commission - Lab PTAC

Darnetta Clinkscale - Summer 2016

Recommendations

None

Report

There is nothing to report. Met only once with nothing significant for AARC.

National Asthma Education & Prevention Program

Submitted by Natalie Napolitano – Summer 2016

Recommendations

None

Report

No meetings/activity since last BOD meeting.

Submitted information to Frank for resubmission for acceptance to NAEPP new steering committee. As in last report, submitted the restructuring plan for NAEPP and new member selection is occurring following a new process.

Neonatal Resuscitation Program

Submitted by John Gallagher – Summer 2016

Recommendations

None

Report

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

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

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

Roundtable Reports

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

*Ad Hoc
Committee
Reports*

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

Submitted by John Wilgis – Summer 2016

Recommendations

None

Report

Charges

1. Create the framework for the needs assessment, retain a third party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to determine appropriate next steps.
2. General - Licensure - identify states where passage of APRT licensure or certification would have the greatest chance of success.
3. General - Identify at least one educational institution to offer an educational pilot program(s) for APRT.
 - a. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).
4. AARC - Reimbursement issues - Clearly define the pros and cons of both an “incident to” and “independent practice” approach related to APRT reimbursement and provide information that assists in determining the best approach to establish for future use.
 - a. Include information related to direct billing versus salaried positions from a physician or hospital/ facility and level of supervision.
5. Align work of the committee with the Taskforce on Competencies for Entry into Respiratory Care Professional Practice, the Ad Hoc Committee on AARC Research Fund for Advancing the Respiratory Care Profession, the Ad Hoc Committee on Respiratory Therapists and Disease Management, and with the work of specific AARC Goals Committees.
6. NBRC – Upon formal request from the AARC, develop the credential for the APRT.

Report

- The committee continues to meet regularly via conference call and web meeting to conduct its work.

- Following the spring 2016 Board meeting, the committee met to discuss the outcomes of the recommendations that were made, and accepted; and, the group discussed how these actions impacted the scope of work charged to the committee.
- There were underlying themes discussed involving ownership, timelines, resource needs, sub-committee work, and meeting at Summer Forum in June to work in a live environment. Each of these themes is discussed below:
 - Ownership – There was discussion about the AARC’s role and responsibility for the needs assessment process, including the costs associated.
 - Timelines – Given the amount of research many of the committee members are doing, there was a significant amount of discussion around what can realistically be accomplished in 2016 with regards to the amount of literature currently being reviewed; and, the continued development of a needs assessment resource tool for the AARC’s use in implementing an assessment process. This discussion also included a need for the communication of expectations to / from the AARC Board.
 - Resource needs – It was communicated that the Board was interested in specific resource needs of the committee to assist in completing tasks related to individual charges. There was discussion about the AARC Board’s offer to assist with manpower to help complete tasks. The group determined to wait to request or accept any offers of resource assistance until the committee is at a point when the resource(s) will assist in completing the desired goal to expedite the process.
 - Sub-committee work – One committee sub-group has done a lion’s share of work on conducting an abstract review process with: inclusion and exclusion criteria for full text review of over 2,000 abstracts and titles; doing a data extraction of final papers and summarizing the data; and, grading the evidence and evaluating the risk of bias within the literature. This work will help determine the development and implementation of a needs assessment and add to the conversation about the relevance of advancing the profession.
 - Meeting in Summer Forum – the committee was able to secure a room, thanks in large part to Shawna Strickland, to meet face-to-face and continue their work in a live format. This meeting will take place prior to the AARC Board Meeting in Ponte Vedra, Florida.
- The committee also began exploring and working on how to complete other charges assigned, apart from the development and implementation of a needs assessment.

Other

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

Committee members include:

AARC Representatives: Dr. Ellen Becker, Chuck Menders, John Wilgis (Co-Chair), and Dr. Shawna Strickland (Executive Office Liaison).

CoARC Representatives: Dr. Kevin O'Neil, Dr. Shane Keene (Co-Chair), Dr. George Burton, and Dr. Tom Smalling (CoARC Executive Office Liaison).

NBRC Representatives: Dr. Robert Balk, Kerry George, Dr. Robert Joyner, Carl Haas, and Gary Smith (NBRC Executive Office Liaison).

Respectfully submitted – John Wilgis and Dr. Shane Keene.

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Submitted by Frank Salvatore – Summer 2016

Verbal report

Ad Hoc Committee on RTs and Disease Management

Submitted by Becky Anderson/Claire Aloan – Summer 2016

Recommendations

None

Report

Nothing to report at this time.

Ad Hoc Committee on State Initiatives

Submitted by John Wilgis – Summer 2016

Recommendations

None

Report

Committee Objectives

1. Research possible initiatives that can be put into a format to deliver to state affiliates in order to create better access to RTs by patients who are on state services such as Medicaid.
2. Act as a subject matter expert/resource to the state affiliates who need guidance and support as they put forth the initiatives created by the committee.”

Report

- Following the Board’s ratification of the Ad Hoc Committee and approval of its initial members in April 2016, the Board’s actions were shared with the committee’s membership.
- The committee met via conference call to begin work for 2016.
 - Information discussed included: additional committee members; electing a co-chair; implementing an evaluation methodology to assist with the review of prior and new state initiatives evaluated as part of the committee’s objectives; sharing AARC Board information and report; follow-up and conducting state initiatives and program evaluation; and, promoting the work of the committee with respected bodies (e.g., AARC Board, House of Delegates, AARC Chartered Affiliates and members, etc.) by submitting articles to *AARCTimes* and various AARC Specialty Sections and Roundtables as related to various topics.
- The group discussed identifying subject matter experts to help Chartered Affiliates to develop, support, implement, and / or expand programs with all respected parties.
- The group discussed establishing a standing date / time for consistent conference calls.

On behalf of the committee’s members, I wish to express our gratitude to the AARC Board of Directors for providing an opportunity to report on our progress, as well as, continue the important work of providing options for integrating Respiratory Therapists in the care of patients suffering from pulmonary disease and struggling with issues like access to care,

affordability, and engaging in program support and management for the care and maintenance of their disease.

Committee members include:

Kenneth Alexander, M.S., RRT, Vice President, Louisiana Hospital Association; Jan Fields, Ed.D., Ph.D., RRT, AE-C, PMP, National Asthma Control Program, Centers for Disease Control and Prevention; Gene Gantt, B.S., RRT, President / CEO, Eventa; Joseph Goss, M.S.J., RRT-NPS, AE-C, Assistant Professor, Bergen Community College; Jacklyn Grimbball, M.A., RRT, AE-C, PAHM, Disease Management Supervisor, BlueChoice Health Plan – South Carolina; Thomas Kallstrom, M.B.A., RRT, FAARC, Executive Director / Chief Executive Officer, American Association for Respiratory Care; Steven Sittig, RRT-NPS, FAARC, Pediatric Transport Clinical Specialist, Sanford Health; Cheryl West, M.H.A., Director of Government Affairs, American Association for Respiratory Care; Sam Giordano, M.B.A., RRT, FAARC. Former Executive Director, American Association for Respiratory Care (Retired); and, John Wilgis, M.B.A., RRT, Director of Emergency Management Services, Florida Hospital Association.

Ad Hoc Committee on Student Website Enhancement

Submitted by Thomas Lamphere – Summer 2016

Recommendations

None

Report

Slow quarter for the committee as committee members, many of whom are educators, got tied up with school work commitments. However, the committee successfully completed the creation of a student survey which has been submitted for approval and dissemination.

The committee is now reviewing the updated student webpages on the AARC website. Many of these pages have been enhanced and/or updated since late last year and it's important that the committee is familiar with the current status of the website before moving forward with recommendations for further enhancement and/or changes.

Charges

1. Review the AARC “student” website pages for current content.
- Was completed but given new updates, this is now "In Process”
2. Review other student web resources to see what’s available outside the AARC
- In Process
3. Survey students to solicit ideas what they believe would make the AARC website the #1 resource for students to visit.
- In Process
4. Solicit ideas for site enhancement among committee members
- In Process. Ideas already solicited may change given updates already completed on the website.
5. Develop list of changes and additions for the website.
- Not Started. Charges #3 & #4 must be completed first.
6. Work with the Executive Office Staff to evaluate new content
- Not Started. Charges #3, #4 and #5 must be completed first.
7. Create a sustainability model to ensure that content remains current
- Not Started. All other charges must be completed first.

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Summer 2016

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

International Fellow and City Host Applications

- 3 Fellow applications received
- 8 City Host applications received
- The deadline for applications is June 1, 2016. Which at that time the information will be sent to the International Committee and placed in the International Committee community on AARConnect.
- The International Committee will decide on winners during the SF2016 Int. Comm. Meeting, held June 28, 2016 from 1:00 pm – 5:00 pm in Ponte Vedra Beach, FL.

Summer Forum 2016 Fundraiser

- ARCF / AARC Welcome Reception
Saturday, June 25, 2016
5:00 pm – 6:30 pm
Sawgrass Marriott Golf Resort & Spa
Ponte Vedra Beach, FL

At the reception we will be selling raffle tickets that from individual donations from all members of the ARCF Fundraiser subcommittee as well as others collected from the Marriott, AARC, NBRC, and local establishments. All ARCF trustees will be at the reception. This allows for the rank and file to learn more about the ARCF and what it does to give back to the profession.

Congress 2016 ARCF Fundraiser

- Vapotherm sponsorship in the amount of \$40,000.
- Fundraiser ticket sale site is scheduled to open by June 1, 2016.
- Ticket prices:
 - \$150 per person if purchased by September 14 (includes access to event, meal and one entry for grand prize)
 - \$175 per person if purchased between September 15 and day before event (includes access to event, meal and one entry for grand prize)
 - Additional tickets for grand prize: 1 for \$25 or 5 for \$100
 - NO SELLING TICKETS AT THE DOOR

List of Awards for this year (Winners are TBD)

- Research Fellowship Awards
 - Charles W. Serby COPD Research Fellowship Award
 - Monaghan/Trudell Fellowship for Aerosol Technique Development
 - Philips Respironics Fellowship in Non-Invasive Respiratory Care

- Philips Respironics Fellowship in Mechanical Ventilation
- CareFusion Fellowship for Neonatal and Pediatric Therapists
- Jeri Eiserman, RRT Professional Education Research Fellowship
- Literary Awards
 - Mallinckrodt Literary Award
 - Draeger Literary Award
- Achievement Awards
 - Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement
 - Hector Leon Garza, MD, International Achievement Award
 - Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
 - Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
 - NBRC/AMP Gary A. Smith Educational Award for Innovation in Education Achievement
 - Mike West, MBA, RRT, Patient Education Achievement Award
- 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
 - Advance Degree and Clinical Research Training Grant in Alpha-1 Antitrypsin Deficiency
 - Parker B. Francis Respiratory Research Grant
 - Jerome M. Sullivan Research Fund

Respiratory Care Journal

The just published June issue of the Journal contains the proceedings from last year's Journal Conference on *Respiratory Care Controversies III*. The Conference was presented under the auspices of the American Respiratory Care Foundation and the articles provide evidence-based information about the many aerosol medications now in use and under development with an emphasis on novel medications and the role of the Respiratory Therapist in drug delivery and assessment. The papers also review the many aerosol devices in clinical use today, provide insight into new devices being developed and discuss how these can be evaluated, including the best evidence for the effectiveness of patient and provider education, and improving adherence. In June the Journal will hold this year's Conference on *Pediatric Respiratory Care*. This journal conference will focus on recent findings and practice changes within the pediatric respiratory care community. We will also provide best evidence for the effectiveness of patient and provider education, and improving adherence.

AARC Times

In the July issue of the AARC Times there were two featured articles about the strong relationship of the ARCF and AARC as told through an interview with president Frank Salvatore. The other article featured past respiratory therapists awardees. This is attached to this report.

Summary

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

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

CoARC Report

Submitted by Tom Smalling – Summer 2016

See Attachment:

“CoARC Update June 2016”



Date: June 1, 2016

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

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

Subject: NBRC Report

I appreciate the opportunity to provide you an update on activities of the NBRC. Since my last report, the Board of Trustees met in April to conduct examination development work and to discuss business related items pertinent to the credentialing system. The following information summarizes the current status of major activities in which the Board and staff are currently involved.

Recertification Commission Convened

As previously reported, in September 2015, the NBRC convened a Recertification Commission to take an in-depth look at the NBRC's current Continuing Competency Program (CCP). Much is changing in the world of continuing competence verification. To ensure our program meets the intentions of our accreditation with the National Commission for Certifying Agencies (NCCA), we felt it was time to review our program that has now been in place for 13+ years. Stakeholders from related organizations (AARC, BOMA, CoARC, state licensure agencies and two volunteer practitioners) along with select members of the NBRC Board of Trustees participated in this day long discussion.

Ideas and recommendations from this group were reviewed and considered by the Board's Continuing Competency Committee in April, along with information regarding another model for assessing continuing competence. The Continuing Competency Committee directed that the Recertification Commission be reconvened to learn more and consider the merits of two possible alternatives to the current NBRC Continuing Competency Program. The Recertification Commission will meet again in August.

Advanced Practice Respiratory Therapist/Competency Ad Hoc Committees

Collaboratively with the AARC and CoARC, the NBRC has appointed four representatives to serve on an Ad Hoc Committee on the Advanced Practice RT to work on issues related to the education, credentialing, and practice of these therapists. In anticipation of an eventual credentialing examination for these therapists, the NBRC is working with trademark counsel to protect, through intent to use, the terms APRT and RRT-AP. In an unrelated initiative, four representatives of the NBRC are also participating on the Competency Ad Hoc Committee along with the CoARC and AARC to develop competencies for entry into practice.

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

In April 2016, the NBRC began the process of conducting job analysis studies for both the Adult Critical Care and Neonatal/Pediatric specialty examinations. At the request of the NBRC, AARC President Frank Salvatore appointed an AARC representative to serve on each of these Job Analysis Committees. New test specifications for these examination programs will be introduced in 2018.

2016 Examination and Annual Renewal Participation

Through May 15, 2016, over 8,000 examinations across all programs had been administered. Active status renewal notices for 2016 were mailed on October 1, 2015 and follow up notices were mailed on February 1, 2016. To date, 50,253 credentialed practitioners have renewed their active status for 2016. For 2017 annual renewal, the NBRC Board voted to offer a \$5 discount for those individuals who renew online.

Examination Statistics – January 1 –May 15, 2016

Examination

Pass Rate

Therapist Multiple-Choice Examination –3,548 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 68.7% |
| | Exceed Low Cut-Score – 78.6% |
| • Repeat Candidates | Exceed High Cut-Score – 27.3% |
| | Exceed Low Cut-Score – 46.3% |

Clinical Simulation Examination –3,588 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 57.1% |
| • Repeat Candidates | 41.8% |

Adult Critical Care Examination – 282 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 74.6% |
| • Repeat Candidates | 58.7% |

Neonatal/Pediatric Examination – 445 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 75.3% |
| • Repeat Candidates | 40.3% |

Sleep Disorders Specialty Examination – 39 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 85.3% |
| • Repeat Candidates | 50.0% |

PFT Examination – 149 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 34.6% |
| | Exceed Low Cut-Score – 74.0% |
| • Repeat Candidates | Exceed High Cut-Score – 17.8% |
| | Exceed Low Cut-Score - 57.8% |

Your Questions Invited

I am honored to be serving as President of the NBRC in 2016 and look forward to working with all of you to move the profession of respiratory care forward. If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and each of the sponsoring organizations of the NBRC, as well as the CoARC. We continue to have significant issues to consider in the future, and I am confident that by working together and promoting understanding of the topics under discussion we will continue to advance the profession and ensure the integrity of the credentialing process.

Unfinished Business

- **Strategic Workgroup Updates**
- **Policy Updates**
 - ✓ Policy BOD.002 – Board of Directors – Liaisons to Committees, Taskforces, Focus Groups, Panels, and Special Representatives

“Referred to VP of Internal Affairs to make changes and report back in June 2016.”

(see attachment “Revisions Policy BOD 002_May 2016” for recommended changes.)
 - ✓ New Policy – Position Statements and White Papers (see below)
- **Taskforce on Competencies for Entry into Respiratory Therapy Practice**

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.

SECTION:

SUBJECT: **Position Statements and White Papers**

EFFECTIVE DATE:

DATE REVIEWED:

DATE REVISED:

Definition of Position Statement: A position statement is an explanation, justification or a recommendation that reflects the AARC's stance on an issue. As the name implies its intention is to provide comprehensive reasoning regarding the rationale behind the position set forth and will cite references as necessary.

Definition of White Paper: A white paper is an authoritative report or guide that informs readers concisely about an issue and to present the AARC's philosophy or recommendations on how to resolve. It will cite references as necessary.

The Position Statement and White Paper Committee referred to as the "Committee" for the remainder of the document, will be tasked by the AARC Board of Directors (BOD) to develop or review position statements or white papers. This development, renewal or retirement involves a group of content experts selected by the Committee. A completed new, renewal or retirement draft of the statement or paper will be posted on the AARC web site for a 60-day comment period from AARC membership. Following the comment period, the statement will be revised if necessary and sent to the BOD with recommendations of approval, renewal or retire.

Policy Amplification:

1. The BOD may initiate a new or renewal of position statement or white paper at any time.
2. AARC House of Delegates or AARC Board of Medical Advisors may recommend to the BOD to create a new or revise a position statement or white paper.

3. The Committee shall consist of 6 active and practicing members from a diverse practice background (i.e. management, adult acute care, sleep, neonatal/pediatrics, homecare, education, etc.) appointed by the President.
4. On an ongoing basis the Committee will recommend to the BOD the need to review, revise or retire as appropriate.
5. Each Position Statement or White Paper will be reviewed/revise at least every 5 years and shall be presented with a recommendation to the BOD for approval.
6. Each Statement or Paper will be dated upon BOD action and posted publicly on the AARC web site and grouped in categories such ethics & human rights, disease, consumer advocacy, practice, quality or safety.
7. The following definitions will be used when writing Position Statements or White Papers:
 - a. **Respiratory Care:** umbrella term that identifies a distinct subject area and healthcare profession; a subject area in healthcare that includes all aspects of the care of patients; used to identify the services provided by Respiratory Therapists and other healthcare practitioners such as physicians, nurses, physical therapists, managers, educators, etc.
 - b. **Respiratory Therapy:** term that describes specific therapies related to the area of healthcare known as respiratory care; typically used to refer to the procedures, treatments and technology-based interventions to improve cardiopulmonary health.
 - c. **Respiratory Therapists:** term that identifies the professional practitioners who are credentialed as Registered and/or Certified Respiratory Therapists and who practice in the area of healthcare known as respiratory care.
8. Position Statements and White Papers adopted by the AARC will be available to the public in electronic form.
9. References will be formatted according to the Respiratory Care Journal standards.
10. The Position Statement or White Paper will be organized according to the AARC approved format.

DEFINITIONS: Position Statement, White Paper, Respiratory Care, Respiratory Therapy, Respiratory Therapist

Taskforce on Competencies for Entry into Respiratory Therapy Practice

Recommendation

That the BOD accept the Taskforce on Competencies for Entry into Respiratory Care Professional Practice report

Report

See attachment “Taskforce on Competencies_06022016”.

This taskforce made up of representatives from the AARC, CoARC and the NBRC have completed a comprehensive review of competencies identified through the 2015 and Beyond conferences. The taskforce has agreed to the competencies that graduates of an accredited respiratory therapy program should be proficient at entry into practice; and those competencies that practicing respiratory therapists should be proficient post-entry into the profession.

New Business

Policy Review

- BOD.023 – Board of Directors – Board of Directors Listserv
- CT.001 – Committees – Committee Charges
- CT.009 – Committees – AARC Fellowship Selection Committee

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: BOD.023

SECTION: Board of Directors
SUBJECT: **Board of Directors Listserv**
EFFECTIVE DATE: February 1, 2004
DATE REVIEWED: December, 2010
DATE REVISED: December, 2010

REFERENCES: AARC Bylaws

Policy Statement:

1. The BOD and Executive Committee will conduct business on a Listserv 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 Listserv should not be forwarded to non-Board members.
3. Humor and personal messages should be marked "Not Business" or "NB" in the subject line.
4. All voting completed on the Listserv must be ratified at the following BOD meeting.
5. The Secretary/Treasurer is responsible for managing the e-voting procedure.

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

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 Listserv) to have the motion recognized.
2. The President will then contact one Board member (off the Listserv) to get a second.
3. Once the motion is recognized by the President and seconded by a member (off the Listserv) it will be introduced to the Listserv 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 Listserv at any time.
8. The Secretary/Treasurer will report the results via the Listserv. 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.

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: CT.001

SECTION: Committees
SUBJECT: **Committee Charges**
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: April 24, 2010
DATE REVISED: April 24, 2010

REFERENCES:

Policy Statement:

Each committee of the Association shall comply with charges in accordance with the Bylaws and as identified by the President.

Policy Amplification:

1. All committee reports shall arrive in the Executive Office by a deadline established by the President prior to the Board of Directors' meetings.
 - A. Committee reports which arrive after the due date shall be transmitted for consideration through electronic means as an addendum to the Board and House of Delegates agenda books.
 - B. Late committee reports shall be available for Board and House members not receiving electronic transmissions of late reports.
2. The committee chair shall be encouraged to acknowledge the contributions of their committee members. This may be accomplished through references added to the committee reports or directly through letters to the committee members.
3. The Judicial Committee shall be required to submit no later than 30 days prior to the Association's annual meeting to the Executive Office the complete set of committee records and files for the current year's activities.

- A. Required files shall include originals of all incoming and copies of all outgoing correspondence and memoranda arranged on a case by case or project by project basis.
 - B. Should the Executive Office not receive the required files within the required time, the President shall be notified, who shall then directly notify the Chair and request their transferal to the Executive Office.
4. All Committees shall be responsible to review policies and procedures related to their committee activities and report proposed changes to the President for revision of the policy and procedure manual.
- A. All policies, procedures and proposed changes shall be in standard format.
5. The committee chair shall perform duties specified by the President and the Board of Directors to carry out the objectives of the Association.
- A. The chair of each committee shall confer promptly with the members of that committee on work assignments.
 - B. In the event of committee vacancies occurring in any committee, the President may appoint members to fill such vacancies, subject to the approval of the Board of Directors.
6. Committee members of any member class, as well as non-members may be appointed as consultants to committees.
- A. The President shall request recommendations regarding physician consultants from the Chair of the Board of Medical Advisors.
7. The Vice President of Internal Affairs will be the liaison to the BOD committees.

American Association for Respiratory Care Policy Statement

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Policy No.: CT.009

SECTION: **Committees**

SUBJECT: **AARC Fellowship Selection Committee**

EFFECTIVE DATE: January 1, 2011

DATE REVIEWED: December 2014

DATE REVISED: December 2014

REFERENCES:

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

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

Eligibility:

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

Criteria:

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

Rules:

- All nominations for Fellow, and associated supporting documents, must be submitted online through the AARC website.
- Upon receipt of a nomination, the Executive Office will confirm that each nominee satisfies the minimum criteria for 10 consecutive years of AARC membership, and that each nominator continues to maintain eligibility to submit nominations for Fellow.
- For those nominees not meeting the 10-year requirement, the nominator will be so informed and the nomination not accepted. Nominators not eligible to submit nominations will likewise be notified.
- Deadline for receipt of nominations and all supporting documentation will be the last working day of August of the calendar year in which the nomination is to be considered. Nominations not received by the established date will not be accepted.
- The Fellowship Selection Committee, consisting of a Chair and four current Fellows appointed by the AARC President, will evaluate nominations annually.
- During the first week of September, Selection Committee members will be provided an electronic folder containing all accepted nominations and supporting documents in alphabetical order. Committee members will also receive a ballot to indicate which nominees they consider worthy of induction as a Fellow. Completed ballots will be returned to the Chair for final tabulation.
- Committee members are expected to evaluate each nominee independently and make their determination based upon the contributions of the respective nominee to the profession, and most importantly, to the AARC. Committee members are discouraged from collaborating with one another during the selection process.
- Nominees receiving an affirmative vote from all five committee members will be inducted as a Fellow of the AARC.
- Nominees selected for induction will be formally notified upon completion of the selection process, with their nominators receiving a blind copy of the congratulatory letter.
- An overriding goal of the Selection Committee is to minimize any embarrassment or discomfort to members not selected for induction. Therefore, for those nominees not selected, a letter so stating will only be sent to the nominators.

- Once the final tabulation is completed, the results of the balloting for induction shall remain confidential and will not be subject to outside review or discussion.
- New Fellows will be inducted during the Awards Ceremony held in conjunction with the annual AARC International Respiratory Congress.
- Newly inducted Fellows will receive a pin, a certificate suitable for framing and will have their names added to the list of Fellows on the AARC website.
- Upon induction, Fellows are expected to maintain their AARC membership in good standing.