American Association for Respiratory Care

Board of Directors Meeting

JW Marriott Tucson Star Pass Resort & Spa
Tucson, AZ

June 28-29, 2017

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive Committee Meeting – June 27, 2017
Finance Committee and Board of Directors Meeting – June 28-29, 2017

Tuesday, June 27

11:30am-1:30pm Executive Committee Meeting - Executive Boardroom 2

Wednesday, June 28

8:00-9:00am AARC Finance Committee Meeting – San Pedro 1-2

9:00am-5:00pm Board of Directors Meeting – San Pedro 1-2

9:00am Call to Order
Announcements/Introductions
Reminder to submit Disclosures/Conflict of Interest Statements
Approval of Minutes pg. 8

General Reports
Executive Director Report pg. 29 (R)

Standing Committee Reports
Bylaws Committee pg. 64 (R)
Program Committee pg. 70 (R)

11:00am John Hiser, Chair International Committee
International Committee pg. 95 (R)

12:00pm Lunch Break (Daedalus Board Meeting via phone)

1:30pm Joint Session

3:00pm Specialty Section Reports
Home Care pg. 83 (R)
Long Term Care pg.84 (R)
Management pg. 85 (R)

3:30 pm Strategic Workgroups meet

5:00 pm RECESS

Thursday, June 29

9:00am-3:00pm Board of Directors Meeting – San Pedro 1-2

9:00am Call to Order

Special Committee Reports
Position Statement Committee pg. 103 (R)

10:30am BREAK

Ad Hoc Committee Reports
Research Fund for Advancing Respiratory Care Profession pg. 163 (R)

12:00pm Lunch Break

1:30pm Reconvene

UNFINISHED BUSINESS
Policy Updates (from April 2017 meeting)
- RT.001 – Roundtables pg. 175

NEW BUSINESS
Policy Review
- CA.002 – Chartered Affiliate Requirements and Responsibilities pg. 180
- CA.003 – Chartered Affiliates Revenue Sharing Adjustments pg. 181
- FM.016 – Travel Expense Reimbursement pg. 182

3:00pm ANNOUNCEMENTS

TREASURER'S MOTION

ADJOURNMENT

(R) = Recommendation

Committee Chairs/Reps – 2017

Rec No.	*General Reports*	Rep	
1	Exec. Office/Consumer RT	T. Kallstrom	
2	Advocacy & Gov't Affairs	A. Hummel	
3	OPEN		
4	Presidents Report	B. Walsh	
5a	VP Internal Affairs	N. Napolitano	
5b	VP External Affairs	S. Tooley	
6	House of Delegates	T. Miller	
7	BOMA	R. Aranson	
8	Presidents Council	D. Lewis	
(I)	***STANDING COMMITTEES***	**Chair/Rep**	**Staff Liaison**
9	Bylaws	B. De Lorme	T. Myers
10	Election	M. Roth	T. Myers
11	Executive	B. Walsh	T. Kallstrom
12	Finance	B. Walsh	T. Lovio
13	Audit Subcommittee	T. Miller	T. Lovio
14	Judicial	A. Dewitt	T. Kallstrom
15	Program	T. Lamphere	D. Laher
15a	2017 Sputum Bowl	R. Wunderly	D. Laher
16	Strategic Planning	F. Salvatore	T. Kallstrom
(I)	***SPECIAL COMMITTEES***	**Chair/Rep**	**Staff Liaison**
17	Benchmark	C. Menders	T. Myers
18	Billing Codes	S. Rinaldo-Gallo	A. Hummel
19	Diversity	Dunlevy/Grimball	S. Strickland/D. Laher
20	Fellowship Cmte	P. Dunne	T. Kallstrom
21	Govt. Affairs	F. Salvatore (Fed) R. Pisani (State)	A. Hummel
22	OPEN		
23	Int'l Cmte	J. Hiser	S. Nelson
24	Membership	A. Richter	S. Strickland/A. Feil
25	PAC	G. Varcelotti	A. Hummel
26	Position Statement	P. Doorley	D. Laher
27	Virtual Museum	T. Watson	T. Kallstrom
(E)	***AD HOC COMMITTEES***	**Chair/Rep**	**Staff Liaison**
28	Career Pathways	E. Becker	S. Strickland
29	OPEN		
30	Research Fund for Advancing Resp Care Profession	L. Goodfellow	T. Myers/S. Strickland
31	Advanced RT Practices, Credentialing and Education	Wilgis/CoARC/NBRC	S. Strickland
32	OPEN		

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

(I)	*ROUNDTABLES*	Chair	Staff Liaison	BOD
37	Patient Safety	S. Sittig/K. McQueen	T. Myers	S. Tooley
38	Simulation	J. Perretta	S. Strickland	L. Trujillo
39	Disaster Response	C. Friderici	S. Strickland	J. Lindsey
40	Neurorespiratory	G. Faulkner	D. Laher	C. Hoerr
41	Tobacco Free Lifestyle	G. Sergakis	S. Strickland	N. Napolitano
42	Pulmonary Disease Mgt	M. DaSilva	T. Kallstrom	S. Tooley
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	B. Walsh
48	Geriatric	M. Hart	S. Nelson	T. Op't Holt
49	Palliative Care	H. Sorenson	S. Strickland	C. Hoerr
(E)	***SPECIALTY SECT***	**Chair**	**Staff Liaison**	**BOMA**
50	Adult Acute	K. Lamb	D. Laher	Papadakos
51	Cont Care Rehab	C. Kraddock	S. Strickland	Christopher
52	Diagnostics	K. Hynes	S. Nelson	**TBD**
53	Education	E. Becker	S. Strickland	Acevedo
54	Home Care	Z. Gantt	T. Kallstrom	Christopher
55	Management	C. Hoerr	D. Laher	Aranson
56	Neonatal/Pediatric	S. Sittig	T. Myers	Cheifetz
57	Long Term Care	G. Gantt	T. Kallstrom	Carey
58	Sleep	K. Turner	T. Myers	Selecky
59	Surf to Air	T. Dragonberry	S. Strickland	Aranson

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

	OTHER REPORTS	***Chair / President***
80	CoARC	Brad Leidich, MSEd, RRT, FAARC baleidic@gmail.com (Pres) Tom Smalling (Exec. Dir)
81	NBRC	Robert Joyner, PhD, RRT-ACCS, FAARC rljoyner@salisbury.edu (Pres) Gary Smith (Exec. Dir)
82	ARCF	Michael Amato (Chair)
83	Unfinished Business	
84	New Business	

Recommendations

(As of June 9, 2017)

AARC Board of Directors Meeting

June 28-29, 2017 • Tucson, AZ

Executive Office

Recommendation 17-2-1.1 "That the AARC Board of Directors accept the attached AARC Clinical Practice Guidelines Proposal to develop clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning."

Recommendation 17-2-1.2 "That the AARC Board of Directors allocate $75,000 for the completion of clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning; and that $20,000 be allocated in the remainder of 2017."

Recommendation 17-2-1.3 "That the AARC Board of Directors establishes an RFP through the Vision Grant in 2018 to determine the impact of previously published AARC Clinical Practice Guidelines on patient care."

Bylaws Committee

Recommendation 17-2-9.1 "That the AARC Board of Directors find that the Alabama Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "ASRC")

Recommendation 17-2-9.2 "That the AARC Board of Directors find that the Virginia Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "VSRC")

Recommendation 17-2-9.3 "That the AARC Board of Directors find that the New York State Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "NYSSRC")

Program Committee

Recommendation 17-2-15.1 "That the AARC Board of Directors approve Ft. Lauderdale, FL and the Marriott Harbor Beach Resort & Spa as the host city/hotel to the 2019 Summer Forum."

Recommendation 17-2-15.2 "That the AARC Board of Directors approve Bonita Springs, FL and the Hyatt Regency Coconut Pointe Resort & Spa as the host city/hotel to the 2020 Summer Forum."

Home Care Section

Recommendation 17-2-54.1 "That the sections be more included in AARC activities related to their specific expertise."

Long Term Care Section

Recommendation 17-2-57.1 "That the sections be included in the development of programs that specifically impact their arena of practice."

Management Section

Recommendation 17-2-55.1 "That the AARC continues its collaboration with CLIA to clarify the verbiage associated with the qualifications necessary to validate competency for blood gas analysis."

International Committee

Recommendation 17-2-23.1 "That the AARC BOD consider offering web-based international membership to those living outside of the United States at a rate that is based upon the income levels of the individual countries where potential members reside."

Recommendation 17-2-23.2 "That the AARC BOD consider offering a reduced rate for web-based membership to those living in countries that hold International Affiliate status and that the rate be lower than the rate before international affiliate status was initially granted."

Recommendation 17-2-23.3 "That the AARC BOD review the policy for adding and maintaining international affiliate status and consider how you wish to proceed with those countries whose AARC members has fallen below 20 members."

Position Statement Committee

Recommendation 17-2-26.1 "That the position statement entitled 'Hazardous Materials Exposure' (revised 11/2011) be retired."

Recommendation 17-2-26.2 "That the position statement entitled 'Verbal/Telephone Orders' (revised 07/2014) be retired."

Recommendation 17-2-26.3 "That the position statement entitled 'Guidance Document on Scope of Practice' (revised 11/2013) be retired."

Recommendation 17-2-26.4 "That the guidance document entitled 'Smallpox Guidance Document' be retired."

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Recommendation 17-2-30.1 **"**That AARC BOD approve the LOI to solicit proposals for Vision Grant: Educational level and the effects of quality and safety on patient care outcomes."

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

March 11, 2017 • Grapevine, TX

Minutes

Attendance

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

Consultants

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

Excused

Kerry McNiven, MS, RRT, HOD Secretary

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
Tony Lovio, CPA, Former Controller/Accounting Consultant
Dan Stoyak, Controller
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:00am CST. Secretary/Treasurer Karen Schell called the roll and declared a quorum.

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

CONFLICTS OF INTEREST

Update to Keith Siegel's previously submitted COI:

Add - Paid consulting relationship with COPD Foundation and the US COPD Coalition.

Remove - Kennebec Valley Community College Advisory Board.

President Walsh gave an overview of the role of the Board of Directors.

The Board of Directors observed a moment of silence in honor of John Walsh.

APPROVAL OF MINUTES
Natalie Napolitano moved to approve the minutes of the October 13, 2016 meeting of the AARC Board of Directors.
Motion carried

Natalie Napolitano moved to approve the minutes of the October 14, 2016 meeting of the AARC Board of Directors.
Motion carried

Frank Salvatore moved to approve the minutes of the October 18, 2016 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
President Walsh gave an overview of his written report. Several new members have been added to committees. He spoke of his travels, articles, letters submitted under his name, and conference calls since his presidency began in October 2016.

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

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

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

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

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

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

GENERAL REPORTS CONTINUED

Government and Regulatory Affairs
Cheryl West and Anne Marie Hummel provided an update on current state and federal issues impacting the respiratory therapy profession. West provided information on the efforts of several state societies to move licensure qualifications to the RRT credential level. An update was provided on the successful efforts by the Iowa State Society to defeat legislative efforts to repeal RT licensure in that state. Hummel provided a recap on the numerous comments and documents that the AARC has submitted to various federal agencies on behalf of the profession. Hummel also provided an update on Congressional telehealth legislation and the upcoming Hill Advocacy Day (April 4)

LOBBYISTS REPORT
AARC's contract lobbyists, CRD & Associates provided, via telephone, an update on the where the Congress at that moment stood regarding the ACA's repeal and replace efforts. More detailed information was provided regarding the status of the various telehealth legislation circulating on the Hill.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 11:56am CST.

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

GENERAL REPORTS CONTINUED

Executive Director (continued)
Tom Kallstrom spoke about the upcoming AARC 70th anniversary celebration at the Dittrick Museum in Ohio on April 22nd.

Associate Executive Directors gave updates in their respective areas. A discussion arose about the new database system. Tom Kallstrom asked the Board of Directors to provide to the Executive Office a list of priorities for the new system.

President Walsh asked Steve Nelson to submit a list of features and functions of the potential new system at the summer meeting so the Board can prioritize.

FM17-1-54.1 (from 16-3-54.1 in EO referrals) Natalie Napolitano moved to combine homecare, long term, and continuing care rehab sections into one section and defer to the Executive Office to coordinate and communicate the transition to take effect in January 2018.

John Wilgis moved to call the question.
Motion carried
Original motion carried

FM17-1-6.1 (from 67-16.4 in EO referrals) Frank Salvatore moved to leave the budget for the Delegate Assistance Program the same and allow the House of Delegates Delegate Assistance Program Committee to communicate the need for more money in 2017 if needed.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 3:30pm CST.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 3:40pm CST.

FM17-1-1.1 (from FM16-3-1.3) Frank Salvatore moved that the Board of Directors ratify the revised revenue sharing agreement and charge the Executive Office to revise the policy regarding implementation and execution of the document by April 3, 2017.
Motion carried
Cheryl Hoerr abstained.

House of Delegates
House Speaker Keith Siegel gave highlights of the written report he submitted.

Board of Medical Advisors (BOMA)
BOMA Chair Dr. Aranson reviewed his report. He will be attending the AARC Hill Day in April. He will be the first BOMA member to ever attend the annual Hill Day.

President Walsh and the Board of Directors congratulated Cheryl West on her retirement and thanked her for 29 years of service.

Karen Schell moved to accept the General Reports as presented.
Motion carried

RECESS
President Walsh called a recess of the AARC Board of Directors meeting at 4:00pm CST.

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

_____ _____

Karen Schell Date
AARC Secretary/Treasurer

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

March 12, 2017- Grapevine, TX

Minutes

Attendance

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

Consultants

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

Excused

Kerry McNiven, MS, RRT, HOD Secretary
Lisa Trujillo, DHSc, RRT

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 Brian Walsh called the meeting of the AARC Board of Directors to order at 9:00am CDT. Secretary-Treasurer Karen Schell called the roll and declared a quorum.

Workgroups met before the Board meeting.

STANDING COMMITTEES REPORTS

Audit Subcommittee

Natalie Napolitano moved to accept Recommendation 17-1-13.1 "That the Board of Directors accept the auditor's report as presented."

Motion carried

Bylaws Committee

Natalie Napolitano moved to accept Recommendation 17-1-9.1 "That the AARC Board of Directors find that the Illinois Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 17-1-9.2 "That the AARC Board of Directors find that the Nebraska Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 17-1-9.3 "That the AARC Board of Directors find that the Idaho Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Natalie Napolitano moved to accept Recommendation 17-1-9.4 " That the AARC Board of Directors find that the Kentucky Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."

Motion carried

Program Committee

Natalie Napolitano moved to accept Recommendation 17-1-15.1 "That the AARC Board of Directors approve the following members of the 2017 AARC Sputum Bowl Committee: Renee Wunderley – Committee Chair, Sherry Whiteman - Score Keeper, Rick Zahodnic - Practitioner Moderator, Angie Switzer - Student Moderator, Julie Boganwright – Timekeeper."

Motion carried

Strategic Planning Committee

Natalie Napolitano moved to accept Recommendation 17-1-16.1 "The strategic planning committee has reviewed the AARC Strategic Plan and requests after sufficient review by the board that they adopt the changes made to the attached document."

Motion carried

FM 17-1-16.2 Frank Salvatore moved to close out the membership and advocacy workgroups.

Motion carried

Sheri Tooley moved to accept the Standing Committee reports as presented.

Motion carried

SPECIALTY SECTION REPORTS

John Wilgis moved to accept the Specialty Section reports as presented.
Motion carried

SPECIAL COMMITTEE REPORTS

Membership Committee
Natalie Napolitano moved to accept Recommendation 17-1-24.1 "That the AARC eliminate the free student membership program with appropriate notification of students and schools currently utilizing the program."

Natalie Napolitano moved to amend the recommendation to take effect June 2018 and task the membership committee to work with the Executive Office on an execution plan.
Motion defeated

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

Position Statement/Issue Paper Committee
Natalie Napolitano moved to accept Recommendation 17-1-26.1 "That the AARC Board of Directors agree to suspend the "60-day comment period from AARC membership" required by AARC BOD Policy CT.008 for Position Statements and Issue Papers that are recommended for retirement during 2017."
Motion carried

State Government Affairs
FM17-1-21.1 Frank Salvatore moved that the Board approve the "State Affiliate Guidance Document Regarding RRT Entry to Licensure".

Susan Gallo moved to call the question.
Motion carried
Original motion carried

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

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

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 10:25am CDT.

Life Membership Nominee
Frank Salvatore moved to nominate Lynda Goodfellow– nominated by Dianne Lewis.
Motion carried

Honorary Member Nominee
Frank Salvatore moved to nominate Dr. Russ Acevedo – nominated by Sheri Tooley.
Motion carried

Legends of Respiratory Care Nominee
Frank Salvatore moved to nominate Dr. Albert Aranson - nominated by Dr. Robert Aranson
Motion carried

Frank Salvatore moved to nominate Margaret Traband - nominated by Sheri Tooley
Motion carried

Frank Salvatore moved to nominate Dr. Walter O'Donohue - nominated by Dianne Lewis
Motion carried

SPECIAL REPRESENTATIVES REPORTS

Chartered Affiliate Consultant
Sheri Tooley moved to accept Recommendation 17-1-67.1 "Expand the scope of services and financial support of the chartered affiliate consultant to support the chartered affiliates' business operations to ensure their continued viability."

Frank Salvatore moved to refer to the Executive Office.
Motion carried

Frank Salvatore moved to accept the Special Representatives reports as presented.
Motion carried

ROUNDTABLE REPORTS

The Roundtable policy will be reviewed under Unfinished Business.

Sheri Tooley moved to close out the Roundtable reports.
Motion carried

AD HOC COMMITTEE REPORTS

Research Fund for Advancing Respiratory Care Profession
Sheri Tooley moved to accept Recommendation 17-1-30.1 "That the AARC Board of Directors accept the renamed and revised research program guidelines so that the AARC sponsors research that examines relationships between clinical interventions by respiratory therapists and the

outcomes of care."
Motion carried

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

Other Reports

The ARCF, COARC, and NBRC reports were reviewed.

Sheri Tooley moved to accept the "Other" reports as presented.
Motion carried

UNFINISHED BUSINESS

- Floor motion from October 2016 Board meeting - **FM 16-3-26.1** – That the Position Statement/Issue Paper Committee develops a resource for best practices to include licensure requirements for practice of the respiratory therapist as an ECMO specialist.
    - Natalie Napolitano will contact Bradley Kuch for clarification - keep it tabled.

- Roundtable Policy Changes RT.001
    - Natalie Napolitano moved to accept the revised policy RT.001.

        - John Wilgis moved to call the question
          Motion carried
          Original Motion defeated

        - Frank Salvatore moved to refer to the Executive Office to work with the president and report back at summer 2017 meeting.
          Motion carried

NEW BUSINESS

- **Policy Review**

  Policy No. CA.002 – Chartered Affiliates – Chartered Affiliate Requirements and Responsibilities
  Executive Office (Tom Kallstrom) will speak with Garry Kauffman and provide revisions by April 3, 2017.

  Policy No. CA.003 – Chartered Affiliates – Chartered Affiliates Revenue Sharing Adjustments
  Executive Office (Tom Kallstrom) will speak with Garry Kauffman and provide revisions by April 3, 2017.

  Policy No. SS.003 – Specialty Sections - Leadership
  Natalie Napolitano moved to accept the four changes.
  Motion carried

(See Attachment "A" for revised policy.)

ARCF AWARD NOMINEES
The Board brought forth the following nominees for the ARCF Awards in 2017:

Mitch Barron Clinical Excellence in Aerosol and Airway Clearance Therapies
Frank Salvatore moved to nominate Joe Rau – nominated by Dr. Aranson.
Motion carried

Forrest M Bird Lifetime Scientific Achievement Award
Frank Salvatore moved to nominate Jim Fink – nominated by Natalie Napolitano
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 12:00pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 1:00pm CDT.

Charles H. Hudson Award for Cardiopulmonary Public Health
Frank Salvatore moved to nominate Congressman Greg Harper – nominated by Doug McIntyre.
Motion carried

Mike West, MBA, RRT Patient Education Award
Frank Salvatore moved to nominate Charity Clark – nominated by Karen Schell.
Motion carried

Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care
Frank Salvatore moved to nominate Kim Wiles – nominated by Sheri Tooley.
Motion carried

NEW BUSINESS CONTINUED

- Entry Level BSRT (Walsh)
  - President Walsh began a discussion regarding his recent editorial in RESPIRATORY CARE Journal and asked for the Board's input regarding Bachelor's Degree minimum for entry into respiratory care and when.
- AARC 70th Anniversary (Lewis)
  - Dianne Lewis gave an update of the involvement of the President's Council for the upcoming celebration.

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 2:30pm CDT.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 2:40pm CDT.

NEW BUSINESS CONTINUED

- Engaging Associate Degree Programs in Facilitating Career Paths (Becker)
    - **FM17-1-84.1** Ellen Becker moved that #3 and #4 (under "Related to AARC") and "Related to CoARC" and "Related to NN2/NN2RC" be referred to a Career Taskforce.
      Motion carried
    - **FM 17-1-84.2** Ellen Becker moved that #1 (under "Related to AARC") be referred to the Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession with a report due back at the Summer Forum 2017.
      Motion carried
    - **FM 17-1-84.3** Ellen Becker moved that #2 (under "Related to AARC") be referred to the Position Statement Committee.
      Motion withdrawn
    - **FM17-1-84.4** Ellen Becker moved that the Position Statement revise the position statement on Continuing Education.
      Motion withdrawn
- Adult Acute Care Section (Lamb)
    - **FM17-1-84.5** Keith Lamb moved that a plan be outlined to improve the relationship between the Society of Critical Care Medicine (SCCM) and the American Association for Respiratory Care (AARC).
        - Frank Salvatore moved to refer to the Executive Office
          Motion carried
- California and the Bylaws Question (Siegel)
    - **FM 17-1-84.6** Frank Salvatore moved that the AARC Board of Directors, on behalf of the House of Delegates, put forth a question to the AARC Bylaws Committee – Does a delegate need to be an "active" member of the state affiliate they represent?
        - Needs to be a hand vote, with 2/3 majority – 17 voted yes
          Motion carried

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 Walsh adjourned the meeting of the AARC Board of Directors at 4:00pm CDT

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

_____ _____

Karen Schell Date

AARC Secretary/Treasurer

Attachment “A”

Policy No. SS.003 – Specialty Sections - Leadership

American Association for Respiratory Care
Policy Statement

SECTION: Specialty Sections

SUBJECT: **Leadership**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: March 2017

DATE REVISED: March 2017

REFERENCES:

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

Policy Amplification:

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

2. The elected Chairperson of a Specialty Section shall not serve more than ~~one~~ two consecutive terms in the same office.

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

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

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

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

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

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

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

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

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

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

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

DEFINITIONS:

ATTACHMENTS:

General Reports

President Report

Submitted by Brian Walsh– Summer 2017

This past quarter has been very busy as I establish my goals while promoting, advocating and advancing the profession. Most of my time has been spent traveling this quarter. I have given a few comments according to my goals of quality, safety and value. I'm excited for the closeout of some strategic goals and the creation of new ones. We will discuss many of the opportunities to advance our great profession in the coming hours.

Quality:
I remain concerned about the quality of respiratory care given nationally. Like past presidents, I feel this poor quality might limit our value and lead to our elimination. Everyone knows what needs to be done, yet we have a culture of letting someone else do it for us. We don't share best practices and we are often not team players. If we shared information without any advances, we would be ahead. We need an injection of urgency into our mindset as straight forward things aren't being done.

- I'm excited to announce the launch of the APEX Recognition Program. This program will help us push evidence-based practices, quality and promote patient safety by providing access to respiratory therapist.

Safety:
Preventable harm is occurring and I see few solutions from the RT community. We lack personal responsibility. Everyone thinks it's someone else's job. We have pockets of folks doing great things that give me hope, but a culture of safety not pumping through our blood. Again, we need urgency and must be unwilling to postpone progress. We need to focus on prevention, research, knowledge sharing and supporting standardization.

- I have been in discussions with the Patient Safety Movement Organization to help develop a plan to tackle respiratory care related safety issues from two fronts. One on healthcare providers perspective and the other on the patient perspective. They have developed apps to help patients understand safety initiatives within hospitals by topic and for clinicians to have at their fingertips executive summaries of national safety issues and current thoughts on how to prevent them.

Value:
I believe simply, that if we show higher quality of respiratory care by delivering appropriate therapy better and safer than anyone else, we will be worth our weight in gold. I'm excited for the changes to the URM and Benchmarking as well as the Apex Program.

- "Funny how we don't have the time to improve, but we have plenty of time to perform work inefficiently and to resolve the same problems over and over again." Dr. Deming

Advocacy:
I could not do the advocacy without Anne Marie, Tom, Shawna, Tim and the whole Executive Office. Below and attached to this report is the letter sent out on behalf of our membership.

- In Support of HR 1662 – making VHA smoke-free
- Secretary Price – Deeming rule to include FDA oversight of e-cigarettes
- House/Senate Appropriations Committee – opposing the inclusion of two policy riders that would weaken the FDA's authority to oversee tobacco products
- CA AB 387 (Thurmond) – Opposing the effort to pay students for clinical rotations
- Dear Colleague letter – To sign on to a congressional letter to CMS on patient access to durable medical equipment and related services.

Appointments/Changes/Committee Personnel Changes:

- Dr. Aranson is the BOMA liaison to the Management Section
- Dr. Aranson replaces Dr. Cohn on the Membership Cmte
- Teresa Sabaka replaces Hanna Donato on the Membership Cmte

- The following Ad Hoc Cmtes have been dissolved:
  - Ad Hoc Cmte on Student Website Enhancement
  - Ad Hoc Cmte on State Initiatives

- The following Ad Hoc Cmte was created:
  - Ad Hoc Cmte on Career Pathways

Travel (Promoting):
Montana Society for Respiratory Care – April 5-7th
AARC State Leadership Meeting – April 7-9th
Utah Society for Respiratory Care – April 12-14th
Nebraska Society for Respiratory Care – April 26-28th
NBRC – April 28-30th
Connecticut Society for Respiratory Care – April 3rd
Canadian Society for Respiratory Care – May 11-13th
Maine Society for Respiratory Care – May 17-19th
American Thoracic Society – May 21-24th

Writing:
March – AARC Times – Volunteerism

Past President Report

Submitted by Frank Salvatore – Summer 2017

The following is an accounting of my activities done prior to and around the June 2017 Board meeting:

1. Participated in Bylaws and Elections Committees as per AARC Bylaws/Past President's role.
2. April 3-5, 2017 – AARC PACT Meeting – Washington, D.C.
3. April 5-7, 2017 – Spoke at Michigan Society for Respiratory Care Conference – Kalamazoo, MI
4. Participated in calls with President Walsh and Exec. Dir. Kallstrom weekly.

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

1. Nothing.

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

Executive Office

Submitted by Tom Kallstrom – Summer 2017

Recommendations

That the AARC Board of Directors accept the attached AARC Clinical Practice Guidelines Proposal to develop clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning.

That the AARC Board of Directors allocate $75,000 for the completion of clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning; and that $20,000 be allocated in the remainder of 2017.

That the AARC Board of Directors establishes an RFP through the Vision Grant in 2018 to determine the impact of previously published AARC Clinical Practice Guidelines on patient care.

Report

MEMBERSHIP

At the end of April 30, 2017, our membership numbers were 47,806. We will have a more current number to report at the board meeting in June. The retention rate through April was 79.0%. In 2017, we have had 2,938 new members join.

Early Student Renewals

We continue to focus on the early student renewal process. Outreach efforts have included contacting Program Directors, posting messages on AARConnect, and the automated early student renewal emails. Statistics from the large number of May graduates, as well as feedback on renewal rates for 2015 early student renewal participants, will be available at the board meeting in June.

Leadership Workshop

Nineteen state societies were represented at the 2017 Leadership Boot Camp the weekend of April 7-9, 2017. (Twenty-three were scheduled but weather and travel delays prevented some registrants from attending.) Twenty-seven state affiliate leaders participated in the event, which included round table discussions 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.

State Society Communities on AARConnect

In late May, we launched the first state society community on AARConnect. Colorado is helping us pilot this technology. We will be reaching out to four other states for beta testing in early June. Implementation takes approximately 2-3 weeks once the state has committed to participating in the community.

Specialty Sections
The membership department has been working with the specialty section chairs on way to engage their members. We have also created a community on AARConnect for specialty section chairs and chair-elects to communicate with each other and share ideas.

State Society Liaison
The AARC Board of Directors directed the Executive Office to proceed with the state society support pilot program. The purpose of the program is to provide contracted state affiliates with basic administrative assistance to improve their member communication, engagement, and retention. At this time, states that previously expressed interest have been contacted regarding continued interest in committing to the 1-year pilot. At this point, we have not received commitments from any previously interested state affiliate in implementing the program.

SPECIAL PROJECTS

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

CDC Tips from Former Smokers Campaign
The AARC continues to work with the Tips campaign through June 2017. The AARC's 2016 successes were highlighted in a January 2017 Tips from Former Smokers partner webinar and artifacts produced by the AARC's Marketing/Communication division continue to be shared by the Tips campaign leadership as best practices.

Student Engagement Book
Mentoring Excellence: AARC & Lifelong Learning is a collection of tips and ideas for incorporating AARC resources into the classroom and curriculum from respiratory care educators that was released in early fall 2016. The AARC will place a call for new ideas and tips on AARConnect in late spring to update the resource for 2017. Future editions of this book will be electronic only.

Clinical Practice Guidelines
See additional report from Dr. Strickland and Dr. Hess. (Attachment "AARC Clinical Practice Guidelines proposal".)

EDUCATION

NBRC Collaboration
The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. The NBRC has updated their database, which resulted in several errors that have since been resolved. The program has a different navigation pane and the education department is working on updating artifacts for assistance on the AARC website.

Recruiting for the Profession
The 2017 HOSA event will be held in Orlando, FL. Jamy Chulak has agreed to coordinate the event for this year. The next USA SEF event will be held in 2018 in Washington, D.C.

Respiratory Care Education Annual
The RCEA has reviewed the submissions for the 2017 issue and is working with authors on revisions. The 26th issue will be published in September 2017.

CDC Strategic National Stockpile Ventilator Workshops
The AARC has completed three of the five planned SNS workshops in 2017. The five sites are the Sunshine Seminar in Daytona Beach, FL (FSRC); the Respiratory Care Society of Washington Annual Conference in Seattle, WA; the Colorado Society for Respiratory Care Annual Conference in Vail, CO; AARC Congress 2017 in Indianapolis, IN; and the Massachusetts Society for Respiratory Care Annual Conference in Worcester, MA. Discussion for the 2018 budget is in progress.

Preceptor Recognition Program
The call for nominations for the preceptor recognition program was released in May and the nomination period will end on June 26.

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. The Respiratory Care Education Annual has accepted a manuscript from this study for the 2017 issue. This concludes the project.

Clinical PEP Update
The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 1,616 records for the Clinical PEP program (1,110 unique member records and 506 non-member records). In 2016, 136 subscriptions to the product were purchased.

- 2017: 238 CRCE YTD (5/23/17)
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

Additions to Education
The national and California ethics courses are currently in revision and will be released, pending approval from the Respiratory Care Board of California, in January 2018. Current educational sales are going well and, overall, are over budget. Collaboration in place with the Marketing department for targeted advertisements for those courses that are not performing at budgeted expectations.

2017 Educational Product Sales/Attendance Trends at a glance (as of 5/23/17)

	2017 YTD	2016	2015	2014	2013	Comments for 2017
Webcasts and JournalCasts	4,246 (425)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	Per session attendance in parentheses
Asthma Educator Prep Course	129	246	183	268	203	Above budget
COPD Educator Course	254	734	859	820	570	On budget
Ethics	1,762	4,242	1,928	1,757	2,361	Above budget
RT as the VAP Expert	20	53	63	115	81	Under budget
Alpha-1	29	75	74	125	98	Under budget
Exam Prep	12	189**	180*	39	40	*F&P grant (150) + 30 **F&P grant (150) + 39 Under budget
Leadership Institute	34	99	68	89		Under budget
Asthma & the RT	199	604	446	172		On budget
ACCS	70	164	121			Above budget
PFT: Spirometry	204	422	228			Above budget
PFT: Pediatrics	48	117	43			Under budget
PFT: Advanced Concepts	106	264	79			Under budget
Tobacco Training	83	259	85			Under budget
Congenital Heart Defects	27	122				Under budget
Pulmonary Disease Educator	164	32				Over budget
NPS	43					On budget

RESPIRATORY CARE Journal

Manuscript submissions of original research continue at a steady pace with an acceptance rate of around 29% after peer review.

One of the highlight Journal issues is the one with the proceedings from the annual Journal Conference. The 2017 Conference will be on *Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Application* to be held in June with publication in 2018. As it has been the case for many years now, 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 244 abstracts:

Category	
Aerosols/Drugs	17
Airways Care	15
Asthma/Pulmonary Disease	23
Case Reports	4
Diagnostics	7
Education	42
Home Care	0
Management	21
Monitoring/Equipment	11
Neonatal/Pediatric	34
O2 Therapy	17
Sleep/Pulmonary Rehab	12
Ventilation/Ventilators	41
Total	244

Authors of accepted abstracts will be notified July. 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.

Advertising and Marketing

Advertising

Print advertising is tracking along 2017 budget projections and we expect that both publications will finish ahead of budget for 2017. Respiratory Care is slightly ahead of budget with 2017 pending insertion orders and AARCTimes will likely get there with advertisements around AARC Congress and pending sales with a large pharma company in the 2nd half of 2017.

Digital advertising on aarc.org continues to strong through our partner, Multiview. All of aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2017 and Respiratory Care are close to being sold out for all of 2017 as well. We also started a new advertising campaign behind the scenes with aarc.org in late 2016 that has provided an additional boost in unbudgeted revenues. With the move of the RESPIRATORY CARE Journal to a new website platform, this platform was also added to that site as well.

We also introduced a new layout for AARC Respiratory Care Marketplace site in the last quarter of 2016. The new layout will serve to enhance advertising opportunities in addition to bringing a cleaner look to the sight. The revised platform also has brought us a revised royalty package and sales are starting to pick up as it is introduced to advertisers.

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

Business Development
We have also had recently meetings with companies about various sponsorships and opportunities. We are looking at co-marketing opportunities with a few groups on products that would be sold from the AARC on-line store.

We have also had good preliminary discussions with the Chest Foundation on reciprocity in CME credits and on-going collaborations with patient and clinician education ventures. Should this happen we could streamline CRCE and CME. The result should be easier access to CRCE for AARC members who attend CHEST and vice versa for CME for physicians who attend an AARC Congress. This could be a good incentive for exposing physicians to the AARC.

We also had meetings with Allergy and Asthma Network, COPD Foundation and Pulmonary Hypertension Association (with some new top leadership) at ATS has also lead to some potential opportunities in collaborations on education materials and future grants in 2017-18.

We will also be finalizing an agreement with Monaghan Medical to shift restricted monies from Peak Performance (which will be retired) toward a new Uniform Reporting and Value-based Care Manual to be released in 2018.

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. About 4 weeks ago, we introduced a new responsive design NewsNow that is more mobile friendly. We have seen an increase in opens and clicks since its implementation. If it proves to be a better platform, we will look to move other eNewsletters to the same template design. We have also added a Marketing Analytics module to our e-mail system to assist us in marketing ROI metrics.

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 have seen a boost in revenues from that program in 2016 and first quarter of 2017. We also added a Travel Discount program for members that offers discounts on hotels, flights and rental cars and provides a donation to the ARCF for each packaged booked. We have also been approach with 2-3 other affinity membership programs on items that people utilized in their every day 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 “relaunch” in July 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 2016 and realized a similar royalty to last year. We are in the final stages of selecting a slogan for 2017 and are completing logo design as well. We hope to be able to launch everything shortly around 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 similar interest in Sponsorships this year across most of our educational platforms as last year, which set a record for sponsorships.

Grants
AARC has been working with our contracted Grants Strategist for 18 months. We are starting to realize the benefits of this role and the relationships being developed. We have actualized grants/sponsorships for revisions to Aerosol Guides ($62,500, a new Pulmonary Hypertension Guide ($30,000), A brochure for Pulmonary Fibrosis patients that require oxygen (in collaboration with Pulmonary Fibrosis Foundation) ($32,500), and support of the 2nd Annual Patient Advocacy Summit in San Antonio prior to AARC Congress ($62,000). AARC Grant Strategist also acquired $28,500 for the ARCF for the June 2017 Journal Conference.

We are currently working on grants for alternative languages for the brochure for Pulmonary Fibrosis patients that require oxygen (in collaboration with Pulmonary Fibrosis Foundation) in Mandarin and Spanish. We are also working on grants/sponsorships for the 3rd Annual Patient Advocacy Summit for Indianapolis that total $40,000 to date and expected to increase.

AARC also has recently had productive discussions at ATS with Astra Zeneca, BI, Bayer, GSK, Mylan, Sunovion and Vertex about future grant opportunities in 2017 and 2018.

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

Benchmarking progressing well
There have been frequent calls with committee members. The report formats are getting finalized. It should be ready for limited release July 1.

Single Sign-on for access to RC Journal
We have finally gotten in contact with the right team at HighWire and are in the last bit of testing. They have been able to authenticate users with the API calls that we gave them to our database. The last piece with forgotten username and password was sent to them for testing at the end of May. It should be rolled out in early June. This will reduce the time for new members to have access to the journal from as much as 10 days, down to as little as hours. It should be reduced to nearly instantaneous with the new system. We expect this to be a more satisfying experience to the new member.

Secured the website
We completed the transition of the main website www.aarc.org to HTTPS protocol. This provides secure communication between our site and the member's devices. We are still in the process of changing/updating/deleting pages on the classic server c.aarc.org. Many of the pages there are

written with old technology and will not be able to get updated to the HTTPS protocol.

AMS replacement
We finished the last product presentations and demos and have made a final selection for the vendor. We are now negotiating details and price and expect a contract early June. Information gathering will begin immediately thereafter. All of the managers are in agreement as to the urgency of the project. The project will include weekly progress calls with the appropriate staff to make sure that we remain on schedule. We have reiterated that wherever possible, we will use the business processes provided within the program, even when it means a change for us. This will assure that we do not run into problems that we are currently experiencing with many custom modules that have inhibited/prohibited our ability to do upgrades.

Database Cleanup - Members
We completed the duplicate name record cleanup in early June. We have 330000 entries in our member table. We had ~35000 records that had no activity, and an additional ~35000 duplicates. Some members had created as many 6-8 duplicates. The business logic in the new system will make this harder to do.

Database Cleanup - Companies
The next phase is to cleanup company names. We currently have over 80000 distinct entities. There are over 600 variants of Saint John's Hospital/Medical Center/Clinic. It will be difficult as we go forward with this cleanup. We will continue to use temporary help as we did for the name cleanup in the process. We will try to assign affiliations where they are obvious, such as the St. Luke's Health System and its 11 variously named facilities in the Kansas City area. This will prepare us for this enhanced capability in the new AMS.

Here is an example of 3 hospitals in the Phoenix area with 42 entries
Honor Health
honor health
Honor health deer medical center
Honor Health Deer Valley
Honor Health Deer Valley Hospital
Honor health deer valley medical center
Honorhealth
HonorHealth Deer Valley
honorhealth deer valley medical center
HonorHealth John C Lincoln
HonorHeath John C .Lincoln Hospital
John C Lincoln
John C Lincoln - NM Hospital
John C Lincoln Deer Valley
John C Lincoln Deer Valley Hospital
john c lincoln dv
John C Lincoln Health Network
John C Lincoln Hlth Ntwrk
John C Lincoln Hosp
John C Lincoln Hosp.-Deer Valley
John C Lincoln Hospial

John C Lincoln Hospital
John C Lincoln Hospital (Bryans Rehab Center)
JOHN C LINCOLN HOSPITAL - NM
John C Lincoln Hospital Deer Valley
John C Lincoln Med Ctr
John C Lincoln North Mountain
John C Lincoln North Mountain Hospital
John C Lincoln- DV
John C Lincon Deer Valley Hospital
John C Loncoln Hospital
John C. Lincoln
John C. Lincoln Deer Valley
John C. Lincoln Deer Valley Hospital
John C. Lincoln Health Network
john c. lincoln hosp
John C. Lincoln Hospital
John C. Lincoln Hospital Deer Valley
John C. Lincoln Hospital-Deer Valley
John C. Lincoln North Mountain
John C. Lincoln North Mountain Hospital

AARC Congress 2017

Logistical planning for AARC Congress 2017 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 2017 will be hosted over 3 ½ days
- New in 2017…an additional 1 hour of unopposed exhibit hall hours (9 in total)
- At the time of this writing, we have 115 confirmed exhibitors (110 in 2016), which is currently ahead of budget for this time of year
- 128 presenters
- **45** first time presenters (29 in 2016). This equates to **35%** of presenters
- AARC Speaker Academy yielded 4 new, first time speakers by auditioning in front of experienced lecturers at last year's meeting in San Antonio.
- 206 unique presentations representing all specialty sections and roundtables.
- As in 2016, the Program Committee has opted to run fewer concurrent meeting rooms than in years past (8 vs. 10). 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 and to those sections representing the largest percentage of attendees. 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: 22.81
  - Management: 15.17
  - Neo/Peds: 16.42

- Sleep: 4.64
- Education: 10.44
- Clinical Practice: 33.89
- Pulmonary Function: 8.7
- Patient Safety: 4.06
- Bioterrorism/Emergency Preparedness: 0.58
- Ethics: 2.32

TOTAL CRCE offered for the entire meeting: 119.03 (not including Open Forum)

12 Open Forums in 3 unique formats:
Traditional Format: Poster discussion + 5-minute summary/Q&A from podium.
Poster Discussion Only: To be presented in designated space and at designated times in the exhibit hall. No summary, Q&A or podium presentation.
Editor's Choice: Best of the Best. Showcased as a stand-alone, high profile Open Forum presentation. Poster discussion + 5-minute slide presentation/summary + 5-minute Q&A.

Plenary Session Schedule:
Keynote (Oct. 4): TO BE DETERMINED
Thomas L. Petty Memorial Lecture (Oct. 5) Meeting the Challenge of COPD Care in the US **(Melain Han MD)**
Donald F. Egan Scientific Memorial Lecture (Oct. 6) Caring for the Mechanically Ventilated Patient – a Patient-Centered Approach **(Sangeeta Mehta MD)**
Phil Kittredge Memorial Lecture: Evaluating the Value of the Respiratory Therapist: Where is the Evidence? **(Marin Kollef MD)**
Closing Ceremony (Oct.7): To Be Determined
We're very proud that two of the above presenters are female.

Pre-Courses
2 Corporately Sponsored Pre-courses and 1 AARC Sponsored Pre-course:

- Arterial Fundamentals: Ultrasound Guided Arterial Catheter Insertion Part II (sponsored by Teleflex)
- RT Leaders' Workshop: Defining and Communicating The Value (sponsored by Monaghan)
- 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 2020
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 2020. At the writing of this report, a formal recommendation has not yet been made by the Program Committee for the 2020 host city, but there is strong reason to believe that a recommendation will be forthcoming in the form of an eVote prior to the Fall 2017 BOD meeting.

Human Resources
The AARC has contracted with G&A partners, a 3rd party HR consulting firm for ad-hoc services related to HR issues requiring high level expertise. Should it be determined that these services are useful, and financially beneficial, the AARC could engage G&A on a more permanent basis to

include but not limited to: payroll services, policy and procedure, HR legal consultation, on boarding etc.

AARC Times
In an effort to create a strategic pathway moving forward for the magazine (digital vs. paper) and the potential for a new digital platform, the AARC has partnered with NBRI (National Business Research Institute) to survey membership on the wants, needs and perceptions of the magazine as it currently is offered. We feel that before making major and impactful decisions affecting the future of the magazine, we first need to understand how the magazine is viewed by members. Subsequently, the AARC will take this information and use it to determine whether the magazine should become an all-digital publication, a hybrid (as it currently exists) and/or whether these is a need to improve the digital platform by which it currently is offered. The survey should be scheduled for release to members shortly after the conclusions of this meeting. Further and more detailed information on the AARC Times and the survey highlighted above will be reported to the Daedalus Board of Directors.

Building & Facilities
The damages caused by the ruptured fire suppression line earlier this spring have all been repaired. All expenses were submitted to our insurance company and reimbursed in the amount of $33,471.20 minus our deductible of $2,500 equaling **$30,971.20**.

Executive Office Referrals

(from March 2017 BOD meeting)

- ***FM17-1-1.1*** "That the Board of Directors ratify the revised revenue sharing agreement and charge the Executive Office to revise the policy regarding implementation and execution of the document by April 3, 2017." ***Carried***

Result: The agreement was revised and sent to all states on April 13, 2017. As of June 9, 2017 36 states have signed.

- ***FM17-1-54.1*** "To combine homecare, long term, and continuing care rehab sections into one section and defer to the Executive Office to coordinate and communicate the transition to take effect in January 2018." ***Carried***

Result: The AARC Executive Office has developed a plan for merging the three sections by the effective date and has engaged the three current chairs of Home Care, Long Term Care, and Continuing Care/Rehab in the preparations for merging members and content into the newly created section.

- ***Recommendation 17-1-67.1*** "Expand the scope of services and financial support of the chartered affiliate consultant to support the chartered affiliates' business operations to ensure their continued viability." ***Referred to the Executive Office***

Result: Tom Kallstrom spoke with Garry Kauffman and will provide a verbal update at the meeting.

- President Walsh asked Steve Nelson to submit a list of features and functions of the potential new system at the summer meeting so the Board can prioritize.

Result: Please see attachment "Order Form for AARC 5-31-2017".

- ***FM17-1-84.5*** "That a plan be outlined to improve the relationship between the Society of Critical Care Medicine (SCCM) and the American Association for Respiratory Care (AARC)." ***Referred to the Executive Office***

Result: Tom Kallstrom has been in discussion with the Chair of the Respiratory Committee of SCCM who has been in talks with the Executive Director of SCCM and they are aware that we are interested in more meaningful discussions to strengthen our relationship.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Summer 2017

Recommendations

None

Report

CONGRESSIONAL UPDATE

Congress is working on a number of contentious issues this year, including healthcare, tax reform, appropriations, and immigration. The House recently passed the American Healthcare Act (AHCA) as the first successful effort in this Congress to repeal and replace the Affordable Care Act (ACA). Republicans in the Senate have now taken up healthcare reform, though there seems to be a rift between the conservative and moderate wings of the party as they work to draft legislation that fits within the boundaries of the "reconciliation process," which Congress is using to repeal and replace the ACA. Some Senators have expressed a desire to vote on their healthcare package by the end of the summer.

Concurrently, Congress is now working to draft a budget for Fiscal Year 2018 (FY18) after passing a bipartisan omnibus appropriations bill for Fiscal Year 2017 (FY17). President Trump recently released the administration's FY18 budget, which is merely a proposal and not binding on Congress. It includes major cuts to non-defense discretionary spending. Many members of Congress from both sides of the aisle have called these major cuts "dead on arrival." As they work to draft a budget for FY18, a number of contentious spending priorities (including the border wall and major increases to the defense budget) may force Congress to pass a "continuing resolution," preventing a government shutdown and funding the government at FY17 levels once the new fiscal year begins October 1. The next top-line priorities for Congress after healthcare and the budget include raising the debt ceiling, tax reform and infrastructure.

Our lobbyists have met with a number of key Congressional offices, focusing on offices where staff expressed interest in telehealth and RTs during the PACT Hill Day and where members are on relevant committees. Key points of discussion have included the critical role of RTs in care delivery for patients, and the importance of including RTs in telehealth legislation. There are currently three telehealth bills which include coverage for RTs. Our lobbyists have met with offices working on all three bills and will continue to try to garner support for these and other telehealth vehicles which include RTs.

LEGISLATIVE INITIATIVES

Hill Advocacy Day and Virtual Lobby Week

We had an extremely successful day on the Hill this past April 4. Forty-one states were represented and over 300 meetings were scheduled. Based on the feedback from our PACT representatives, there was generally overwhelming support for inclusion of RTs in telehealth legislation and support for our requested report language as part of the Appropriations

process. Seven Congressional offices (King [R/IA], Lewis [D/GA], Womack [R/AK], DeLauro [D/CT], Jayapal [D/WA], Herrera-Beutler [R/WA], Warren [D/MA]) submitted or were going to submit a request to include our report language in the FY 2018 Labor-HHS Appropriations report. We won't know if the language was included until the report comes out along with the bill, but according to our lobbyists it bodes well to have had it submitted from so many offices. A number of Congressional leaders also asked to be notified when the Medicare Telehealth Parity Act was reintroduced and some even suggested they would co-sponsor. Based on feedback reports from our PACT representatives, our lobbyists are following up with those offices.

Virtual Lobby week this year ran from March 20 through April 4. As of April 5, 2017, we had an incredible 30,972 messages sent to Capitol Hill which is an impressive number considering we were not lobbying for a specific bill. As of May 7 an additional 1,423 had been sent.

The Medicare Telehealth Parity Act – H.R. 2550

Cong. Mike Thompson (D/CA) reintroduced the Medicare Telehealth Parity Act on May 19, along with Representatives Gregg Harper (R/MS), Diane Black (R/TN), and Peter Welch (D/VT). These are the same four Representatives who introduced the bill in 2016. While we had heard there was a possibility the bill would be broken up into smaller pieces, the language is identical to last year's bill. At the time this report is written, we are working with our lobbyists to develop a strategy moving forward taking into consideration the other telehealth bills at play. A verbal update will be provided at the June Board meeting

CONNECT For Health Act (Creating Opportunities Now for Necessary and Effective Care Technologies – S. 1016 and H.R. 2556

On the Senate side, the bill was reintroduced by Sen. Schatz (D/HI) plus five others on April 6. The House version of the bill was introduced by Diane Black (R/TN) plus five others on May 19. Both bills have bipartisan support. This bill only expands telehealth services in Medicare Advantage plans and alternative payment models such as Accountable Care Organizations and bundled payments. Although we lobbied strongly to add RTs to the language prior to reintroduction, only those professionals enrolled as a Medicare provider can furnish services.

There is some good news, however. The bill requires the Secretary to seek public comment no later than November 30, 2017, on additional telehealth benefits to be considered as part of Medicare Advantage plans. One criterion addresses whether other licensed health care professionals with specialized training should be considered as a provider. If and when we get to the point of soliciting public comment, this gives us an excellent opportunity to push for RTs to be included in the mix. We have Brooke Yeager, RRT from SC who is working with Sen. Schatz' office on pediatric issues unrelated to AARC to thank for convincing staff to add that language.

HEART Act of 2017 (Helping Expand Access to Rural Telemedicine) – H.R. 2291

This bill looks a lot like the Medicare Telehealth Parity Act except its focus is rural areas. It provides coverage for home-based monitoring for congestive heart failure and COPD. It includes RTs as well as PTs, OTs, speech pathologists and audiologists and the services related to their respective scopes of practice. It was introduced by Sean Duffy (R/WI) and there are no other co-sponsors.

Because this bill seemed to come out of left field, we asked our lobbyists to follow up with Cong. Duffy's office. His legislative staffer comes from a telemedicine background and believes that Republicans need to be able to deliver healthcare "wins" to rural America, and that telehealth is a potential way to do that. He's interested in further discussing potential Democratic leads/cosponsors. Our lobbyists will continue to work with his office.

CHRONIC (Creating High-Quality Results and Outcomes Necessary to Improve Chronic) Care Act of 2017 - S. 870

This bill was reintroduced by Senators Orin Hatch (R/UT) M) and 13 others on April 6. There are a number of similarities between the CONNECT for Health Act and this one, especially with respect to expanding telehealth in Medicare Advantage plans and alternative payment models such as Accountable Care organizations. Only physicians or other practitioners who are part of the ACO or within the MA network can furnish telehealth services.

Unlike other telehealth bills, this one has a CBO score. Although there are costs associated with certain parts of the bill (e.g., $180 million for telestroke, and $123 million related to special needs MA plans), the CBO scored the bill as budget neutral due to offsets of $370 million from the Medicare Improvement Fund which is often used by Congress to cover costs of added services.

Telehealth Options for Individuals in Public Housing (H.R. 766)

This bill, introduced by Nadia Velásquez (D/NY) on January 31, 2017, would expand telehealth options for Medicare beneficiaries residing in public housing located in health professional shortage areas under a 5-year pilot program. Like the Duffy bill noted above, it focuses on telehealth in rural areas. However, respiratory therapy services are covered in the context of what would otherwise be a face-to-face service and respiratory therapists, along with other outpatient therapists, are included as telehealth providers.

Telehealth Innovation and Improvement Act of 2017 (S. 787)

This bill was introduced right before our PACT Lobby Day. Like the CONNECT Act, it only deals with telehealth in alternative payment models such as ACOs and bundled payments and other care coordination models. It will test models for 5 years in order to compare beneficiaries who are in the models and getting telehealth services to those who don't have access to such services. The expanded services have to meet criteria that: 1) assists physicians to coordinate care; 2) enhances collaboration among providers; 3) improves quality; 4) reduces hospital admissions/readmissions/ and 5) reduces physician office visits/SNF utilization. COPD is a condition that would be covered.

A simplified chart comparing key provisions of each of the telehealth bills is attached separately to this report.

Coalition Support for RTs as Telehealth Providers

As discussed in previous meetings, the AARC is a member of a Telehealth Coalition comprised of over 90 organizations that span various healthcare and technology sectors. Connected Health Initiative is an offshoot of ACT | The APP Association, one of the key stakeholders in the Coalition. Members of Connected Health met recently with Secretary Price's staff to discuss how

the inclusion of telehealth and remote patient monitoring in various programs, particularly alternative payment models, could improve patient outcomes, enhance medical efficiency and improve the delivery of care while lowering cost. In their 22 page follow-up letter to the Secretary, one of their recommendations was to "optimize the ability of multiple provider types" (including respiratory therapists) to use telehealth services to effectively manage patients.

This is particularly encouraging as other stakeholders in the Coalition, including AARC, have submitted joint comments to CMS in the past requesting waivers to permit Accountable Care Organizations and Medicare Advantage plans to lift restrictions that would permit additional provider types to furnish telehealth. The more CMS hears a request to add RTs the better.

FEDERAL INITIATIVES

2018 Payment Updates for Various Regulations

Inpatient PPS Update

In the 2018 update, CMS proposes to add a quality measure effective for FY 2022 titled "Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia (PN Payment)." The measure was first adopted in FY 2015 and later modified in FY 2017. The new measure will be paired with the 30-day pneumonia mortality measure in the Value Based Purchasing model. CMS cites that payment measure results viewed in isolation are not necessarily an indication of quality and by examining payment and patient outcomes concurrently, it will create stronger incentives to reduce practice pattern variations and to achieve lower costs and improve care coordination.

CMS is also proposing for FY 2023, a modified version of the Patient Safety and Adverse Events measure in order to incentivize hospitals to ensure patients are not harmed by the medical care they receive which is a critical consideration in quality improvement. Last, survey-based measures regarding experience in long-term care facilities are being proposed. CMS is developing a survey that will go to LTCHs that can help inform future measures. AARC submitted comments earlier on the types of questions to be included regarding ventilator care.

SNF and Inpatient Rehabilitation PPS Updates

The IMPACT Act requires standardized assessment among post-acute care providers in five categories: 1) functional status; 2) cognitive function; 3) special services, treatment and interventions; 4) medical conditions and co-morbidities; and, 5) impairments. In both the SNF and IRF regulations, CMS notes that assessment of special services can have a major effect on a patient's health status. To that end, they are proposing 15 special services, one of which is a respiratory treatment grouping. That grouping includes: oxygen (continuous and intermittent), suctioning (scheduled as needed), trach care, non-invasive mechanical ventilation (CPAP, BiPAP) and invasive mechanical ventilation.

In a separate SNF regulation dealing with RUG-III case-mix classification methodology, CMS acknowledges that the PPS rates to cover costs of ancillary services such as drugs, lab services, respiratory therapy and medical supplies may be inadequate. In addition, prescription drugs or medication therapy have been noted as areas of concern due to the potentially high cost for particular individuals.

AARC has alerted the Long-Term Care section chief of these issues and asked for input in developing comments to CMS, which are due June 26. Because of concerns that CMS did not

consider changes to the RUG-III classifications and payment rates when they included respiratory therapy as part of specialized rehabilitation services earlier this year, this gives us an excellent chance to educate CMS on recognizing the importance of respiratory therapy and ensuring payment is adequate to cover the cost of care in these faclities.

DME Issues

Competitive Bidding Extends to Rural and Non-Bid Areas

There has been considerable concern over CMS' decision to move forward with adjusting fee schedule amounts for DME items in non-competitive bid areas which are based on a blend of 50% fee schedule/50% competitive bid rates. The 21st Century Cures Act provided immediate relief from the dramatic cuts but CMS chose to move forward nonetheless. Additional cuts were made that significantly impacted rural areas, specifically as it applies to oxygen concentrators. Homecare industry representatives have met with CMS in order to seek relief and a proposed letter to Secretary Price by several members of Congress urges the Secretary to make reforms in this area to protect beneficiary access to DME items and to reverse the decision that impacts rural areas.

Eliminating Audits for DME Items under Prior Authorization

Some time ago, CMS announced a Master List of DME items that met certain criteria and would be subject to a formal prior authorization process. That is, a determination would be made prior to payment that the item met the necessary medical coverage criteria and all the appropriate documentation was presented. Oxygen concentrators and CPAP items are on the list but CMS has only chosen to apply prior authorization to certain wheelchairs to date.

On May 16, Representative Marsha Blackburn (R/TN) introduced a bill known as the DATA Act of 2017 (DMEPOS Access and Transparency Act of 20107) that would prevent high-cost items that received approval through the PA process from being subject to further audits unless it is related to fraud and abuse. Oxygen concentrators have a high audit rate, so in the future if they become subject to the PA process, this could improve further audits that may result in overpayments.

Tobacco Issues

FDA Deeming Rule

On May 1, the Department of Justice (DOJ) asked for a 3-month extension to file motions for a summary judgment to dismiss various pending tobacco industry lawsuits challenging FDA's deeming rule. On the same day, FDA announced that it was deferring enforcement of all future compliance dates under the deeming rule for the same period of time. Both DOJ and FDA stated that these steps were needed to allow them to "more fully consider" the issues raised in these lawsuits. These developments are very concerning and strongly indicate that FDA may be taking steps toward a reconsideration of the deeming rule in whole or in part.

As part of the Tobacco Partners Coalition, AARC together with 50 other organizations signed on to a letter to HHS Secretary Price urging him to ensure that the deeming rule is implemented in accordance with its provisions, as well as to make certain that a strong defense of the rule is maintained against industry attack in court. All provisions with compliance dates that have already occurred – such as mandatory age and photo-ID checks to prevent illegal sales to minors – will remain in effect and FDA will continue to enforce them.

Smoking Ban in VA Hospitals
AARC along with 43 other organizations signed-on to a letter supporting H.R. 1662, which would make facilities of the Veterans Health Administration smoke-free. The bill would ban smoking inside VHA facilities within 90 days of enactment and outside VHA facilities by October 1, 2022. The bill defines "smoke" as including cigarettes, e-cigarettes, cigars, pipes, and any other combustible tobacco products. The support letter urges consideration of smokeless tobacco and shortening the 5-year implementation date regarding the ban outdoors in any VA facility.

Appropriation Riders to Exempt Cigars
The issue of riders that would undermine FDA's authority to regulate tobacco products has been discussed previously. The House policy riders to exempt so-called "large and premium cigars" from FDA oversight and to change the "grandfather date" in order to exempt e-cigarettes, cigars, and other tobacco products a FDA product review requirement were **NOT** included in the final FY17 appropriations bill. CDC's Office on Smoking and Health will be funded at $205 million for FY17 which is only a $5 million cut from FY16. This is great news considering the House initially proposed funding of only $100 million.

Government Accounting Office (GA) Report on Telehealth

In April, the GAO released a report on "Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs" that included Medicaid (review in six states), the Department of Defense and VA health programs. They also reviewed telehealth expansion in Medicare's alternative payment models. The report was basically a fact-finding mission and no specific recommendations were made. Several associations, including the American Association for Retired Persons, the American Hospital Association, the American Medical Association and the American Telemedicine Association and few others, cited the potential to improve or maintain quality of care as a significant factor encouraging the use of telehealth and remote patient monitoring in Medicare.

The barrier to telehealth expansion most often cited by the associations included concerns over payment and coverage restrictions. CMS noted eight models and demonstration projects in which certain Medicare waivers allow beneficiaries to access telehealth in urban areas or from their homes. It was also noted that the new physician payment system will allow some use of telehealth and remote patient monitoring to meet the program's performance criteria.

STATE INITIATIVES

RRT Entry Level Licensure

Guidance Document on RRT Entrance to Licensure
State societies are reminded that the AARC has developed a guidance document for states interested in pursuing the RRT entry-level requirement for licensure. Although it has been advertised in News Now and other AARC vehicles, it appears some society members may not be aware of its existence. The document offers a step-by-step approach to issues that need to be considered in order to have a successful outcome, including consideration of grandfathering CRTs or how to address CRTs from other states. Please review the document at:
https://www.aarc.org/wp-content/uploads/2017/03/rrt-entry-to-licensure.pdf

Georgia
Legislation is moving along to require that applicants pass both the Therapist Multiple-Choice Examination and the Clinical Simulation Examination given by the NBRC to be licensed in the state. The next step is a public hearing scheduled for June 9 to hear comments and testimony on the action. The GSRC has worked to push for this and helped craft the verbiage of the rules change. Recently, however, AARC was contacted for information on terms other states have used for RRT entry-level licensure in the event the society wants to suggest changes during the hearing. They are concerned that naming the specific titles of the exams could change in the future which would require amending the law. AARC provided language used by other states and also suggested adding "or its successor" as a way to address the problem.

Oregon
A bill to set the RRT credential as minimum entry level for licensure has passed both the House and Senate committees. The Chair of the House Committee is a co-sponsor of the bill. Current OR CRTs will not be affected by the change; however, there are no provisions to grandfather out-of-state CRTs.

Connecticut
The CTSRC is in the discussion phase at the board level with respect to RRT entry-level licensure requirements. As we understand it, licensed groups are allowed to petition the Department of Public Health (DPH) for a change in their scope of practice, eliminating the need to go the legislative route. Since the DPH only looks for a few requests each year, the CTSRC is hoping to bring the scope change forward to them once language is agreed upon.

North Carolina
A bill which would update and modernize the Respiratory Care Practice Act in North Carolina has passed the House and been referred to the Senate's Committee on Operations and Rules. In an earlier edition of the bill, it added the term "advanced practice" which was defined as "Procedures that require formal training by rules adopted pursuant to this Article". In the current and third reading that term was removed and replaced with "Endorsement", defined as a certificate issued by the Board that recognizes a licensee who has completed additional educational, training or credentialing requirements established by the Board in addition to requirement for licensure.

New Jersey
A bill to revise and update the NJ RT licensure scope of practice (including clearly defining RT protocols and adding disease management) was amended in mid-December to include the provision that future licenses would only be issued to those holding the RRT credential. As reported earlier, AARC suggested further consideration be given to address CRT licensure issues.

Other states that are considering RRT entry-level licensure include *Pennsylvania, Michigan, and Virginia.*

Licensure Boards

Kentucky
As you may recall from previous reports and updates, the Supreme Court found that the North Carolina State Board of Dental Examiners violated the federal antitrust laws by preventing non-

dentists from providing teeth whitening services in competition with the state's licensed dentists. We felt it was matter of time before other professional boards would feel the impact.

Kentucky is one of several states changing the structure of its licensing boards to comply with the Supreme Court decision. The President of the KSRC attended a meeting at the invitation of the Secretary of the Public Protection Cabinet (PPC) to discuss the restructuring. Other boards impacted include physical therapy, occupational therapy, speech therapy, nutrition/dietetics, massage therapy and deaf/hearing impaired. In the restructuring, it appears each individual licensing board will maintain their identity by continuing to regulate and license their respective professions. Each board will have 5 members. However, oversight will be provided by an Executive Director appointed by the PPC and the Commissioner of the Department of Professional Licensure where the boards will be housed. We understand changes are scheduled to take place June 1, 2017.

Ohio

The Ohio House of Representatives recently passed a bill to abolish the Ohio Respiratory Care Board (ORCB), replacing it with an advisory council under the Ohio State Medical Board. In addition, the ORCA's funds were cut for both FY 2018 and 2019. If the bill passes, the OSRC is concerned the changes will diminish RT representation, put the profession at a disadvantage, and pose potential risks for public health and safety when cases are presented to a Board largely comprised of physicians and consumer members who are unfamiliar with the practice of respiratory care. An attempt to abolish the ORCB in addition to a number of other boards dates back to the previous legislature.

OSRC launched a concerted effort to defeat these actions to no avail. It is now imperative for any merger language passed by the House to be deleted from the Senate version and full funding for the ORCB restored. The ORCB has called on its members to immediately contact their State senators in an effort to educate them on the importance of keeping the ORCB independent in order to "provide meaningful regulation of respiratory care professionals and protection of the public."

Wisconsin

The Wisconsin 2017-19 state budget proposal includes two concerning proposals that directly impact respiratory therapists in the state. One proposal is to create a Medical Assistants Council that would eliminate 4 existing councils (perfusionists, physician assistants, anesthesiologist assistants and respiratory therapists) and merge the functions and duties of the four councils in one. Although representatives from each of the previous 4 councils would have 2 members each serving staggered 3-year terms, the action could directly impact future licensure as noted below.

The second proposal, which is even more detrimental to RTs, is the creation of an Occupational License Review council comprised of 13 members, the majority of which are appointed by the Governor. In essence, by December 31, 2018, the Council is required to submit a report with its recommendations as to which professions should be de-licensed, after which a bill with those recommendations would be introduced without change and to which the Legislature is prohibited from amending. Final action must be taken by July 1, 2019, at which time the Council will be repealed. The action appears unprecedented in that it takes away the ability of the Legislative body to make changes as it deems appropriate.

The WSRC put together a petition opposing these actions which was sent to Governor Walker, Senator Tammy Baldwin, Senator Ron Johnson and members of the Joint Finance Committee. AARC provided guidance documents to assist in arguing against de-licensure.

Nebraska
A bill titled the "Occupational Board Reform Act" has been introduced in Nebraska to reorganize numerous licensing boards (172 to be exact, including respiratory therapy) by creating a new oversight office. The intent of the legislation is to reduce barriers to achieving occupational licenses, including giving those with a criminal history a second chance at licensure, increasing competition among providers, and using the least restrictive regulation needed to protect public health and safety.

After discussions with a key Senator involved with the legislation, a possible amendment is being considered to essentially eliminate the committee's ability to make decisions to grant licenses to those who would otherwise not have been eligible or who could obtain an occupational license with a previous criminal background. If the amendment makes it into the language, it would eliminate the contentious part of the bill and remove barriers most object to. The NSRC is monitoring the actions closely.

Paying Students for Clinical Internships in California

California: A bill introduced by Assemblyman Tony Thurmond to pay "allied health professionals" (e.g., respiratory therapists) minimum wage for all clinical internship/training hours worked has created angst among the CRCS and the California Hospital Association, among others. The bill is sponsored by union leaders in the state and is designed to help low-income students and working adults and to increase diversity in the workforce. Currently an "employer" is one who directly or indirectly employs or exercises control over the wages, hours or working conditions of any person. The bill revises the definition to state: *"… including any person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional".*

The bill is in direct violation of CoARC guidelines which clearly state "Students shall not receive any form of remuneration in exchange for work performed during programmatic clinical coursework" and "Students must not complete clinical coursework while in an employee status at a clinical affiliate." In addition to the CRCS, AARC and CoARC sent letters opposing the bill. Despite opposing testimony from 40 speakers at the subcommittee hearing, the bill passed and was sent to the Appropriations committee. Subsequently, the CRCS conducted a phone call campaign to members of the committee in hopes to defeat the bill when it comes up for a floor vote.

Asthma Education Providers in California

AARC was contacted by a member of the CA Respiratory Care Board regarding a bill (AB 391) to establish asthma preventive services under Medi-Cal. The bill calls for at least two governmental or nongovernmental accrediting bodies with expertise in asthma to review and approve training curricula for qualified asthma preventive services providers that align with the NIH's national asthma guidelines. The Board is taking an "approve if amended" position and will be requesting licensed respiratory care practitioners receive an exemption from additional requirements. The Board asked AARC for advice as to whether to include AARC's Asthma Educator course as part of the "approved courses". Upon further review, the CA Department of Healthcare Services

requested specific courses not be included in the bill; however, they requested a copy of the existing course to ensure it would qualify for approval under the current bill.

Licensure in Alaska

We have been informed that the ASRC is interested in seeking licensure in their state in order to solidify the role of respiratory therapists and to push forward some projects regarding their standard scope of practice. This is great news, but they recognize it is no small task since there is no current regulatory licensure board although they do have a State Medical Board. AARC provided information and background materials to help in their endeavor and we wish them luck in pursing this important goal.

RTs as Telehealth Practitioners in Texas

A bill has been introduced in Texas by Senator Uresti that would allow physicians or health care facilities to be reimbursed under Medicaid for telemedicine medical services, telehealth services, and home telemonitoring services provided by a respiratory care practitioner. The bill was referred to the Senate Committee on Health and Human Services in late March with the TSRC encouraging members to contact their local Texas representative and senator and each individual on the committee in support of the bill.

Although not naming respiratory care practitioners specifically, a similar bill, S.B 1107, now enrolled, would revise the definition of telemedicine to mean "a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license…" The bill also calls for rules to ensure adequate supervision on non-physician health professionals who provide telemedicine and to establish a maximum number of such non-physician health professionals the physician may supervise through a telemedicine medical service. The bill would open the door for RTs to furnish telehealth services other than under Medicaid.

Polysomnography in Louisiana

It's been a while since we've heard about polysomnography, but a bill (H.B. 404) has popped up in Louisiana giving students enrolled in certain accredited education programs the ability to practice polysomnography in addition to those who are already licensed. The LSRC quickly learned that the Polysomnography Society in LA was not behind the bill and they, in addition to their Advisory Committee were opposed to it. All groups are working together to defeat the bill. The LSRC initiated a grassroots action alert urging their members to contact the LA Health & Welfare Committee to oppose the bill, noting that it would repeal the carefully constructed compromise the LSRC agreed to years ago on the issue of polysomnography licensure and certification.

RT Expertise in Neonatal ICUs in Massachusetts

Massachusetts recently adopted an emergency rule that sets out requirements regarding licensure and operation of hospitals in the Commonwealth with a focus on Maternal and Newborn Services, Special Nursery Care, transfers, and NICUs, among other things. The rule recognizes the role of respiratory therapists by requiring RTs with pediatric experience trained in neonatal transition and disease pathology to be present in-house to provide consultation on oxygen therapy and equipment maintenance. In certain circumstances, RTs must be available on-call 24 hours a day, remain at the infant's bedside at all times, and provide RT services in-house 24 hours a day.

Defunding State Grants to Private For-Profit Schools in California

The CSRC has had some thorny issues to deal with this year. In addition to the student wage issue noted above, they are dealing with a budget action that could significantly impact students and educators in respiratory therapy programs at private colleges. Most recently, staff of the Assembly Budget Subcommittee overseeing Higher Education has recommended eliminating state educational grants for private, for-profit institutions, citing "historically poor outcomes and high costs associated with this sector." The grant money instead would be used to increase awards to community college students.

The CSRC notes that 38 RT schools in California are private colleges, half of which include respiratory programs. In a surprise action, the Assembly voted to pass the bill prior to what was expected to be a June 15 vote. At this writing CSRC is drafting a letter urging the Senate to defeat the budget proposal.

Raising the Age to 21 to Purchase Tobacco

State legislatures continue to introduce bills establishing the legal age to purchase tobacco products at age 21 in order to minimize the continuing growth in use of these products among vulnerable youth. The following states have legislation in play this year: **AZ**, **DC, CT, FL, IN, ME, MS**, **NE**, **OK, RI, VT, and WA.** The NE bill goes one step further and would prohibit the *use and consumption* of tobacco products until age 21. **LA** has a resolution (engrossed) to request the Department of Health to study the feasibility of increasing the minimum age to purchase tobacco products to 21.

EMT Compact Licensure Recognition

States continue to introduce legislation to recognize/ratify the EMT Licensure Interstate Compact which has accelerated over the past three years. Similar to the Nurse Licensure Compact, these new laws when passed (and the majority are not enacted) revise licensure laws to make it easier for EMS personnel (sometimes only paramedics, sometimes only EMTs and most of the time both classifications: EMS personnel) to cross state lines without obtaining another license. This year we are aware of the following states with compact licensure legislation: **AL, AK, DE, GA, MN, MI, MS, NV, OR, NY and WV.**

Federal Government Affairs Committee

Submitted by Frank Salvatore – Summer 2017

Recommendations

None

Report

1. Find ways to gain support for the Telehealth bill. **(Ongoing)**
   - Now that HR 2550 the Telehealth Parity Act has been reintroduced and HR 766 and HR 2291 were introduced to include language about RTs, we're working on a planned virtual lobby week to occur about 7/7/17 through 7/14/17. More information will be forthcoming and we will ramp up while in Tucson.
2. Investigate ways for Respiratory Therapist to be recognized as professionals by the government. (Department of Labor, Department of Defense, etc.) **(Ongoing)**
   - President Walsh has been working with Anne Marie Hummel to work on putting together a letter to try to get the DOL to review and render an opinion based on the current state of the profession.
3. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to states that begin moving toward RRT and/or BS entry for those seeking new license. **(Ongoing)**
   - Committee leadership is working on a document to provide to states who are looking into moving to RRT Entry Licensure. Will provide copy once completed for the board to review.
4. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care. **(Ongoing)**
5. Oversee the virtual lobby week and/or any calls to action that come up over the year. **(Ongoing)**
   - As per Objective 1, a second virtual lobby week is in the planning stages.
6. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods. **(Completed)**
   - The committee members have been assigned states and will be the primary liaison to those states for both federal and state issues.
7. Assist in coordination of consumer supporters. **(Ongoing)**

Measures of success:

- 20% increase in the number of co-signers of the Telehealth bill.
- Produce 10% more emails sent to Capitol Hill this virtual lobbying week.

State Government Affairs Committee

Submitted by: Raymond Pisani - Summer 2017

Recommendations

None

Report

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

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

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

HOD Report

Submitted by Keith Siegel/Teri Miller – Summer 2017

Recommendations

None

Report

- Appointed committee chairs and members for 2017 HOD (Complete)
- Worked with Jakki Grimball, the Immediate Past Speaker, to assist with our transition to Speaker and Acting Speaker. (Ongoing)
- 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. (Ongoing)
- Appointed an Ad Hoc HOD Bylaws Committee to assist the completion of outstanding Bylaws changes from the HOD in 2014 and the request for an interpretation of the current AARC Bylaws by the AARC Bylaws Committee regarding voting. (Miller)
- Participated in 2P/2S conference calls with President Walsh, Past-President Salvatore, AARC leadership and liaisons to share information and collaborate regarding House activity with AARC and AARC Board actions and plans. (Ongoing)
- 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 AARConnect. (Ongoing)
- Held quarterly conference calls with House Officers and Committee Co-Chairs to share information and in support of House objectives, goals, strategies and charges. (Ongoing)
- Participated in a conference call with the Delegate Assistance Committee to discuss updating DA policies (Siegel/Miller).
- Attended AARC Board of Directors meeting in Dallas in March (Siegel/Miller)
- Worked with President Walsh, EO and HOD Officers to develop the agenda for the Summer HOD meeting in Tucson, AZ. (Complete)

We would like to thank Asha Desai who makes the role of Speaker a lot easier in her ongoing assistance and anticipation of our needs. We would also like to thank Jakki Grimball, Immediate Past Speaker, who is always there to provide guidance and valuable advice which has made our transition into the role of speaker a much smoother process. Many thanks to the Executive Office, Board of Directors and other House Officers and members who assisted us over the past several months. Most of all we thank the members of the House and committee chairs for their on-going support and collaboration as we work together to advance our profession.

Note from Speaker Siegel: I want to express my heartfelt thanks to my fellow HOD Officers, the AARC Board of Directors, the Executive Office my friends and colleagues in the House of Delegates for your understanding, support and prayers as I have been dealing with my wife's ongoing serious health issues. Special thanks to Acting Speaker Miller for so willingly and competently stepping in for me in my absence. This is truly a special organization!

House of Delegates Resolution: 67-17-1

Resolution Author:
Brian Cayko

E-mail:
brian.cayko@gfcmsu.edu

Phone Number:
4067714359

Author's State:
Montana

Co-Sponsors and Their States:
Minnesota, Colorado, Utah, North Dakota, Virginia, Missouri

Resolution:
Resolved that the AARC create an incentive benefit for RC programs that reward for achieving (50%) AARC membership of their graduates 1 month post-graduation.

Executive Summary:
Apathy plagues our profession. It is evident in every generation of therapist and is passed down from generation to generation. New blooded optimistic students and graduates become anesthetized with the “what does the AARC do for me” party line.

This resolution would propose to create an incentives program rewarding faculty of RC programs who achieve a threshold standard for AARC membership among their graduating classes.

Creating an incentive for program faculty would motivate program faculty to increase the depth of which they promote professionalism and encourage the AARC’s existing campus to career model of membership discounts.

Rationale:

* Outcome:
  The AARC to investigate and implement if profitable to reward programs that improve AARC membership.

* Strengths:
  Membership, early activeness of new therapists.

* Weaknesses:
  programs cannot make graduates join, it will be difficult to track graduates who leave the state.

* Opportunities:
  increased membership

* Potential Barriers:
  tracking, apathetic faculty.

Impact of Resolution:
General Membership

Implementation Cost: $200-1200 per eligible program

Ongoing Cost:
   * Resources Required: AARC membership tracking
   * AARC Resource in time, dollars (if applicable): personnel to track, cost of memberships or registrations as incentive.
   * Volunteer Resources in time: membership tracking

Relationship to AARC Strategic Plan:
Increase membership

Board of Medical Advisors Report

Submitted by Dr. Rob Aranson – Summer 2017

As the Chair of the Board of Medical Advisors (BOMA) to the AARC, I am pleased to present the following report.

I. BOMA Membership

A. The American College of Chest Physicians will need to appoint a replacement representative to BOMA due to the resignation of Dr. Hal Manning.
B. The American Thoracic Society will need to appoint a replacement representative to BOMA due to the resignation of Dr. Allen Dozor.

II. BOMA Medical Advisors to Specialty Sections

A. Only one specialty section, Diagnostics, does not have a BOMA medical advisor. Dr. Aranson filled the medical advisor opening for the Management section.

III. Membership Committee Opening

A. Dr. Aranson has joined the Membership Committee.

IV. BOMA made 2 nominations for the following ARCF awards:

1. Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol & Airway Clearance Therapies
2. Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement Award

Several BOMA members expressed that their ability to select candidates for the ARCF awards is somewhat hampered by their unfamiliarity with notable RTs. For example, a medical director of a hospital RT department or of an academic school of RT might better know such RTs, whereas physicians who are not involved in RT departments might not be as familiar with them.

V. BOMA Exposure

A. There was a suggestion from a BOMA member about publicizing BOMA's role in the AARC. Toward this end, Mr. Kallstrom recommended having BOMA representatives in attendance at the AARC booth at the Congress convention.

VI. AARC Patient Advocacy Day

A. Dr. Aranson, the BOMA Chair, attended the annual AARC Patient Advocacy Day in Washington, DC in April, which was felt to be time well spent in support of the RT profession and our patients. He encouraged BOMA members to participate in future AARC Hill days.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Medical Advisors Meeting

April 6, 2017 – Conference Call

Minutes

Attendance
Robert Aranson, MD, FACP, FCCP, FCCM (ACCP), Chair
Terence Carey, MD (ACAAI), Immediate Past Chair
Steven Boas, MD, (AAP)
David Bowton, MD, FCCP (ACCP)
Russell Acevedo, MD, FCCP (ACCP)
Janet Lioy, MD (AAP)
Kevin Murphy, MD (ACAAI)
Peter Papadakos, MD, FCCM, FAARC (SCCM)
Kent Christopher, MD, RRT, FCCP (NAMDRC)
Lori Conklin, MD (ASA)
Loreta Grecu, MD (ASA)
Ira Cheifetz, MD, FCCM, FAARC (SCCM)
Ravi Tripathi, MD (ASA)
Col. Michael Morris, MD, FACP, FCCP, USA RET
Frank Salvatore, Jr., RRT, MBA, FAARC, AARC Past President

Excused
Neil MacIntyre, MD (ATS)
Harold Manning, MD, FCCP (ACCP)
David Kelley, MD, RRT-NPS, CRT (ASA)
Paul Selecky, MD, FACP, FCCP, FAARC, FAASM (NAMDRC)
Robert Brown, MD (ATS)

Guests
Erika Day, Lobbyist from CRD and Associates, LLC

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, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER
Chairman Aranson called the meeting to order at 6:05pm CDT.

Dr. Aranson asked members to disclose any conflicts of interest. There was none.

APPROVAL OF MINUTES
Dr. Conklin moved to accept the minutes of the October 16, 2016 meeting of the AARC Board of Medical Advisors.

Motion carried

Shawna Strickland, AARC Associate Executive Director Member Services, provided the following updates:

- Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education:
  - Literature Review Committee nearing completion. Dr. Kelley joined committee to represent BOMA. Working on needs assessment with vendor and should have data for the Board by the October 2017 meeting.
- Pulmonary disease educator course has been well received and is exceeding registration expectations.
- Neonatal-pediatric specialist course was released in January 2017 to which Dr. Lioy contributed.

CHAIRMAN'S REPORT

Dr. Aranson gave highlights of his submitted, written report. He also mentioned that he was part of the AARC Hill Day in Washington, D.C. He commented that there was an impressive turnout and over 300 visits to senators and congressmen relating to telehealth medicine.

The CoARC and NBRC reports were reviewed.

AARC PRESIDENT'S REPORT

AARC Past President Frank Salvatore informed BOMA that 7,704 letters, including 111 from physicians, were sent to politicians nationwide during Virtual Lobby Week. Dr. Aranson mentioned that attending Hill Day was both effective and worthwhile. He encouraged BOMA members to attend future lobbying events.

CRD Associates, LLC

Erika Miller, AARC's lobbyist, provided information about the current activities on the Hill regarding appropriations bills. She indicated that AARC was successful in getting several members to request language in the 2018 Labor-HHS report that would task CMS to do a claims analysis showing the value of respiratory therapists. She also gave an overview of the replace- and-repeal activities regarding the Affordable Care Act and provided information on the status of telehealth with predictions as to when some of the bills from last year would be reintroduced, including the Medicare Telehealth Parity Act. She also noted that there was support for including RTs in telehealth bills from the reports that have come in so far from our Hill Advocacy Day.

LEGISLATIVE AFFAIRS REPORT

Anne Marie Hummel gave updates on issues involving pulmonary rehabilitation payment rates and respiratory therapy as part of specialized rehabilitative services in long-term care facilities. She also gave an overview of a value-based payment model for patients with COPD that AARC is working on with AAHomecare to improve access to RTs in the home setting.

EXECUTIVE DIRECTOR REPORT

Tom Kallstrom reviewed his submitted, written report. He had a call with ACCP recently about collaborating with AARC on a CPG on tracheostomy. ACCP is excited to be part of this endeavor and talks are ongoing.

MEDICAL ADVISOR REPORTS
Some BOMA members gave updates on their respective organizations.

SPECIALTY SECTION REPORTS
The Specialty Section Reports were reviewed. Dr. Aranson will ask for BOMA volunteers for liaisons that have open positions.

OTHER REPORTS – ARCF and International Committee
The ARCF and International Committee reports were reviewed.

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

Dr. Aranson asked BOMA members to submit names for nominees by April 20th.

NEW BUSINESS
Dr. Lioy requested better exposure of BOMA at Congress. Suggestions included a table at the BOMA reception for a meet-and-greet or a picture in the final program. Tom Kallstrom recommended having BOMA at the AARC booth.

ADJOURNMENT
Dr. Aranson adjourned the meeting of the AARC Board of Medical Advisors at 7:25pm CDT.

President`s Council

Submitted by Dianne Lewis – Summer 2017

Recommendations

None

Report

We were all saddened at the passing of Paul Matthews, AARC President 1989. The Council will remember him at our meeting in Indianapolis.

The Council is waiting for the nominees for Life and Honorary membership from the HOD. The Council will vote shortly there afterwards and announce the winners.

Standing Committee Reports

Audit Sub-Committee

Submitted by Teri Miller – Summer 2017

Recommendations

None

Report

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

Bylaws Committee

Submitted by Bob DeLorme – Summer 2017

Recommendations

That the AARC Board of Directors find that the Alabama Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "ASRC")

That the AARC Board of Directors find that the Virginia Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "VSRC")

That the AARC Board of Directors find that the New York State Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "NYSSRC")

Report

AARC Bylaws Committee has 3 State Bylaws for approval. Please see recommendations and attached Bylaws.

The Committee has also sent one AARC Bylaw forward to both the BOD and HOD for a first read. Article X Chartered Affiliates, Section 4 Duties is recommended for deletion. The President and Speaker of the House were both sent the proposed change on 4/20/2017 meeting the 60 day requirement prior to the first read.

There are two issue the Committee was asked to review. The first is a request from the HOD for a Bylaws interpretation for *Article VII, Section 6(a) of the AARC Bylaws. Article VII, Section 6(a) states:*

"Each delegation shall have one (1) vote for each Active Member within their Chartered Affiliate as submitted by the Executive Office and certified by the House of Delegates Credentials Committee."

The question being posed by the HOD to the Bylaws Committee for interpretation is in regards to how the House of Delegates traditionally conducts its votes, and whether that is a violation of the Bylaws as currently written. As you know, most votes in the House are done by voice vote. When the outcome is in question, any Delegate or House officer can ask for a placard vote or a poll vote. The question has been raised whether every vote, whether significant or routine, must be done by a poll vote, whereby we individually poll each affiliate and award one vote for each member of that affiliate?

In researching the issue Immediate Past President Salvatore asked if there had been a require 2/3 vote approval by the HOD for the request. This is required under the AARC Bylaws. The question was asked of the Speaker of the House if there was a 2/3 vote. The HOD has not been able to determine if there was a record of a 2/3 vote and will take appropriate actions during the summer meeting if the HOD wishes to ask the Committee for an interpretation.

The second issue dealt with a request from the BOD. **FM 17-1-84.6** Frank Salvatore moved that the AARC Board of Directors, on behalf of the House of Delegates, put forth a question to the AARC Bylaws

Committee – "Does a delegate need to be an 'active' member of the state affiliate they represent?" The required 2/3 vote approval was documented

The AARC Bylaws Committee upon review of the question put forth by the AARC BOD FM 17-1-84.6 finds that a delegate must be an active AARC member of the state affiliate they represent. The Committee's vote was unanimous.
Both the President and the Speaker of the House were notified of the decision.
One other item the committee briefly discussed was an outstanding HOD Bylaws proposal concerning Article VII. Section 6. Voting. In the initial stages of researching the request by the HOD for an interpretation of this article it was noted that there had been an official proposal by the HOD for a Bylaws change for Article VII. Section 6. Voting. The initial request was sent to the AARC Bylaws Committee in 2015. The Committee did not vote to move the HOD's proposal forward for a First Read. Under AARC's Bylaws Article XII Committees, Section 1. Standing Committees, Section 2a2 the following is the process we are to follow: *2. Proposed amendments to the Bylaws may be originated by the Bylaws Committee or submitted to the Bylaws Committee only by the Board of Directors, House of Delegates, or Chartered Affiliates. The committee shall review the amendments proposed by any of the foregoing bodies and shall submit its recommendations to the proponent. Upon receipt of such recommendations, the proponent may, but shall not be obliged to, with-draw the proposed amendments from further consideration. Any proposed amendments that are not withdrawn by the proponent and any proposed amendments which are originated by the Bylaws Committee shall be delivered to the House of Delegates and the Board of Directors, with the committee's recommendations for same, at least sixty (60) calendar days prior to the date on which voting begins.*

There has been no formal request from the HOD to withdraw the proposed Bylaws change. Under the above Bylaws "*Any proposed amendments that are not withdrawn by the proponent and any proposed amendments which are originated by the Bylaws Committee….*" should move forward for a first read unless the HOD formally withdraws the proposal. Please note under the Bylaws the original AARC Bylaws recommendation would also be presented along with the proposal during the First read. The Committee has asked the Speaker of the House for a formal request to withdraw the proposal or confirm its wishes to proceed forward with the proposal. The HOD should be considering this during the summer meeting. The AARC Bylaws Committee awaits the HODs decision.

Elections Committee

Submitted by: Mary Roth – Summer 2017

Recommendations

None

Report

After having difficulty getting section chair nominees for Continuing care-rehab., the committee was informed that the Board of Directors was consolidating 3 sections, Home care/long-term care/Continuing care-rehab. We had a good list of candidates for the director at large position, with two openings and four candidates on the ballot, three candidates for the president elect position, with two on the ballot, and two candidates for the transport section. So the number of available positions was smaller this year. Letters were sent out to all candidates informing them if they would be on the ballot, with a call made to the two the nominees for long-term care section chair that they would not be on the ballot due to section consolidation.

Candidates in randomly selected order to appear on ballot:

President Elect: 1. Lynda Goodfellow 2. Karen Schell

Director at Large: 1. Gary Wickman 2. Timothy Op't Holt 3. Raymond Pisani 4. Lisa Trujillo

Transport Section Chair: 1. Jon Inkrott 2. Olivia Jenkins

Other

I would like to thank the committee members for their time commitment and guidance, Jim Lanoha, Ed J. Borza, Patti Steffens and Frank Salvatore, along with Tim Myers.

Executive Committee

Submitted by Brian Walsh – Summer 2017

Verbal report

Finance Committee Report

Submitted by Brian Walsh – Summer 2017

Verbal report

Judicial Committee

Submitted by Anthony DeWitt – Summer 2017

Recommendations

None

Report

The judiciary committee chair has received one confidential request for information on the process of filing a complaint. In order not to recuse himself from further consideration of any matter ultimately submitted, he referred the requestor to the policy and procedure manuals regarding complaints. At present no complaints have been filed and the Board has requested the committee give no input on any matters of policy.

Program Committee

Submitted by Tom Lamphere – Summer 2017

Recommendations

That the AARC Board of Directors approve Ft. Lauderdale, FL and the Marriott Harbor Beach Resort & Spa as the host city/hotel to the 2019 Summer Forum.

Justification:
The AARC Summer Forum has always enjoyed strong attendance in tropical, southern, beach destinations (i.e. Marco Island, Jacksonville). In fact, the 2016 Summer Forum in Jacksonville broke an all-time attendance record of 400 attendees. The Marriott Harbor Beach property is located directly on the Atlantic coastline (beach) and is very similar to the Marco Island property. There is a dedicated "convention center" connected to the hotel, but separate from common areas and sleeping rooms. In addition, the hotel is ¼ mile away from a marina that includes boat tours and boat rentals for fishing expeditions. Approximately a ½ mile away is the Ft. Lauderdale "strip". Shops, boutiques, and restaurants are all within easy walking distance. As an incentive, the Ft. Lauderdale CVB has also offered a one-night shuttle service for conference attendees to another popular tourist area of Ft. Lauderdale.

That the AARC Board of Directors approve Bonita Springs, FL and the Hyatt Regency Coconut Pointe Resort & Spa as the host city/hotel to the 2020 Summer Forum.

Justification:
The AARC Summer Forum has always enjoyed strong attendance in tropical, southern, beach destinations (i.e. Marco Island, Jacksonville). In fact, the 2016 Summer Forum in Jacksonville broke an all-time attendance record of 400 attendees. The Hyatt Coconut Pointe property is NOT located directly on the Gulf Coast; however it resides directly on Estero Bay. The bay, is an inlet of the Gulf of Mexico, is long and very shallow, and covers about 15 square miles. There is a marina on-site that rents paddleboards, personal sail boats, pontoon boats, jet skis etc. **Every 30 minutes, there is a pontoon boat that shuttles hotel guests to a private beachside island directly on the gulf coast.** In addition, the hotel owns a Pete Dye, 18-hole golf course in which hotel guests may play. There are 3 swimming pools and a waterslide park for young children. Approximately 1.5 miles away, there is an entertainment and restaurant complex offering more than 100 shops and restaurants making it very convenient for attendees to traverse off-site for entertainment and dining. There is amply meeting space at the property. Bonita Springs/Coconut Points is but 15 minutes south of the Ft. Myers International Airport.

Report

1. Prepare the AARC Congress Program, Summer Forum, and other approved seminars and conferences.
Status:
The Summer Forum has been published both in print and online and will take place on June 25-27, 2017 in Tucson, AZ. On Saturday, June 24, 2017, a pre-course focusing entitled "Laying the Foundation" that focuses on developing graduates that are prepared to deliver evidence-based care and adapt to changing professional needs will be offered. Following the pre-course, a Welcome Reception will once again be held. AARC leadership and representatives from Corporate Partners will also be attending the reception to network and interact with attendees.

The 63rd AARC International Respiratory Convention & Exhibition will take place Oct. 4-7, 2017, in Indianapolis, IN. The Program Committee met in January and reviewed submitted proposals for this year's program. While the total number of submissions declined slightly from 2016, the quality of the proposals overall was high. The final program is nearly complete and the last few speaker confirmations are being finalized. Information on early registration has been posted to the AARC website with the final program soon to follow.

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 – 2018 destination has been approved by the BOD (San Antonio, TX). See recommendations for 2019 and 2020.
Congress - 2018 and 2019 destinations have been approved by the BOD (Las Vegas, NV and New Orleans, respectively). A recommendation for the 2020 Congress will be brought to the BOD as an eVOTE in the near future.

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

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

4. Develop and design the program for AARC Congress to address the needs of the membership regardless of area of practice or location.
Status: The committee worked hard to ensure that all specialty areas are addressed in the 2017 Summer Forum & 2017 Congress. The Summer Forum will offer attendees an opportunity to earn over 17 hours of CRCE during the event primarily the education and management areas. An additional 3.5 hours can be earned by those who attend the "Laying the Foundation" pre-course. Congress will offer a total of 140 hours of CRCE. The main program (not including Open Forum) will offer 119 hours in the following content areas:

Adult Critical Care	22.8 hrs
Neonatal / Pediatrics	16.4 hrs
Pulmonary Diagnostics	8.7 hrs
Bioterrorism/Emergency Preparedness	0.6 hrs
Ethics	2.3 hrs
Education	10.4 hrs
Management	15.2 hrs
Sleep Disorders	4.6 hrs
Clinical Practice	33.9 hrs
Patient Safety	4.1 hrs

Included in the topics above are 4.1 hrs in topics related to Asthma. Open Forum will add another 21.2 hrs of CRCE and will cover many specialties as well.

Strategic Planning Committee

Submitted by Frank Salvatore – Summer 2017

Recommendations

None

Report

1. In light of Presidential goals, review the Strategic Plan of the Association and make recommendations to the Board for revisions or adjustments in the plan at the spring 2017 Board of Directors Meeting. **(Ongoing)**

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

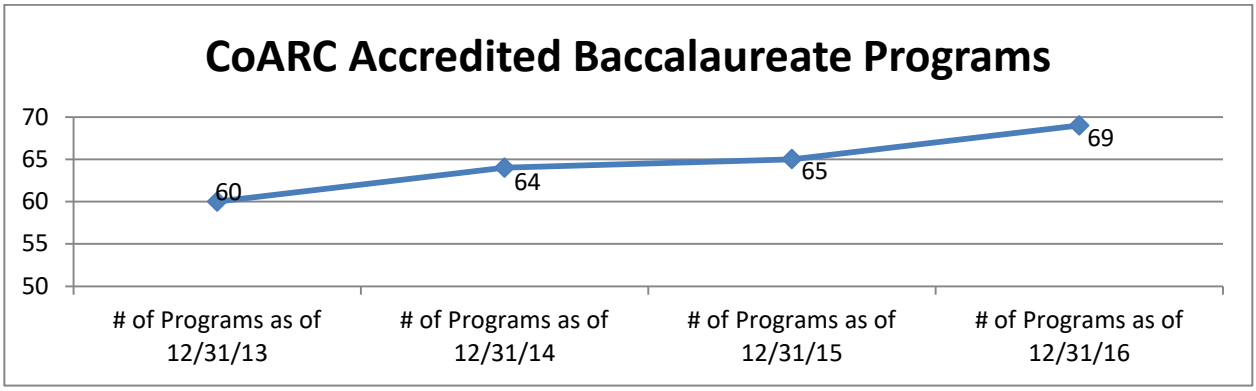
3. Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care. **(Ongoing)**

   Measures of success:

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

The committee continues its work and will be working to ensure the presidential goals and strategic plan have a linkage noted for our members. We're also trying to work on creating a true dashboard of where we stand on the strategic plan objectives.

Examples of a dashboard we're working on to meet objective 2:



Specialty Section Reports

Adult Acute Care Section

Submitted by Keith Lamb – Summer 2017

Recommendation

None

Report

- 1,725 active members
- Monthly case report discussions
- Held virtual section meeting in February

Continuing Care-Rehabilitation Section

Submitted by Krystal Craddock – Summer 2017

Recommendation

None

Report

Activities to date:

- Engaging members by posting journal discussion from RCJ publication "The Future of Respiratory Care: Results of a New York State Survey of Respiratory Therapists".
- Posted/encouraged members to submit abstracts to be presented at the AARC congress.
- Continually responding to posts and/or connecting members with others as needed.

Other

- A notion was brought to the AARC board to combine Continuing Care/Pulmonary Rehabilitation, Home Care, and Long-Term Care. In March 2017, the board reviewed the Executive Office's report on and moved to merge the Continuing Care/Rehab, Long-Term Care, and Home Care sections into one section. As CC/PR section chair, I was unaware that this notion was being brought forth until after the vote had been made, therefore I reached out to President Brian Walsh to discuss appeals options. He shared that this merger had been discussed with the BOD at length, after a survey was given to section members regarding the proposed merger approximately 2 years ago and memberships of said sections were declining. President Walsh also shared that this huge decision had been in talks for a lengthy period of time with all the proper steps taken to move the vote forward. CC/PR membership rates over the past 18 months were reviewed by myself, and had not shown decrease. The concern of combining CC/PR with Long-Term and Home Care include the loss of Pulmonary Rehab and Continuing Care topics at future AARC Congress' and Pulmonary Rehab and Continuing Care therapists not being as well-represented as we currently are, even without a board seat. These concerns were voiced by myself representing the CC/PR section, and heard.
- Members of Continuing Care / Pulmonary Rehabilitation section have voiced they would like to recommend renaming the future "Post-Acute Care" section, which is the combined section of CC/PR, Home Care, and Long-Term Care. Recommended names included "Pulmonary Disease Management", "Chronic Pulmonary Disease Management", and "Chronic Pulmonary Disease Care".

Goals moving forward:

- Will work with the AARC leadership, BOD, Long-Term Care and Home Care section chair's and members to assist in making a smooth transition in combining these sections.
- Would like to engage and encourage member's participation more. Seems they respond to posts that are questions and very willing to help others but would like to see if / how we

can get more involvement via case studies or journal discussions. This has already improved from the previous board report.

- Need to recruit members to write for the fall bulletin early and with new and interesting topics for our section.

Diagnostics Section

Submitted by Katrina Hynes – Summer 2017

Recommendations

None

Report

2017 Diagnostic Section Charges

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline Friday, January 6, 2017.
    a. *Charge met. All proposals were reviewed by the Chair and feedback provided to Thomas Lamphere for consideration by the program committee for the 2017 International Respiratory Congress.*
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 Board Report.
    a. *Biannual virtual Respiratory Diagnostic Specialty Section Meetings have been identified. Virtual Section meeting scheduled for Wednesday, June 21, 2017 at 1 p.m. CST.*
    b. *January 2017 the ERS-ATS published the new Technical Standards on Diffusing Capacity of the Lungs.* This *information was communicated to the Section Members via the AARConnect List Serve.*
    c. *May 1, 2017 the "ERS technical standard on bronchial challenge testing: general considerations and performance of methacholine challenge tests" was published in ERJ and disseminated to the Diagnostic Section membership via AARConnect List Serve.*
3. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
    a. *AARConnect communication was disseminated on 5/31/2017 to the Section informing them that nominations are open. A link was attached directing members to the form.*
4. Identify, cultivate, and mentor new section leadership.
    a. *Mr. Jeffrey Haynes will be stepping down as the current Section Bulletin Editor. Mentoring of Ms. Jennie Weltz-Horpedahl BSRT, RRT, NPS, AE-C, RPFT from Kadlec Regional Medical Center, WA is in process to assume this role.*
    b. *Professional growth and development is a high priority of the Diagnostic Section. Motivated and driven members are identified via electronic or interpersonal interactions within professional settings. As the Chair, I meet with individuals to discuss their professional experience and aspirations and establish goals to aid them in becoming more active within the AARC organization and/or Diagnostic Section; getting their name out there into the Respiratory Care community and sharing their knowledge.*

    c. *Contribution to the Section Bulletin is strongly encouraged by all members and mentorship is provided by the Chair and Bulletin Editor as support.*
    d. *It is important to the Diagnostic Section to have a strong presence at the Annual International Congress, therefore up-and-coming leaders in the field are sought out and encouraged to submit RFPs. As the Chair, I give guidance on potential lecture topics, how to compose a lecture PowerPoint and encouragement to inexperienced speakers who aspire to stand at the podium.*
5. Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.
    a. *Professional communication and follow-up is ongoing via e-mail, AARConnect, conference call, etc.*
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 Board Report and updated for each Board report.
    a. *The Diagnostic Section library and swap shop materials will be reviewed annually.*
    b. *A taskforce has been created, consisting of 6 section member volunteers, to review and reorganize the Diagnostic Section Library, as well as update the resource contact list. Project planning meeting scheduled for Wednesday, June 14, 2017 at 12 p.m. CST.*
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 recommendations as to what should be done with that section.
    a. *No recommendations at this time are being made.*

Other

Diagnostic Professional Representation:

1. The Respiratory Care Society of Washington's annual Pacific Northwest Region meeting held their Diagnostic Section forum. Diagnostic Section Program Co-Chair, Ralph Stumbo via vendor support, gave away 25 Respiratory Diagnostic Section memberships.
2. The following Respiratory Diagnostic Section members have been invited to contribute to the Springer textbook "Pulmonary Function Testing – Principles and Practice" supported by the American Thoracic Society: Susan Blonshine, Katrina Hynes, Jeffrey Haynes and Jack Wanger.
3. The following Respiratory Diagnostic Section members had representation on the ATS PFL Accreditation Committee Meeting held at the ATS International Conference on May 21, 2017: Carl Mottram, Susan Blonshine, Jack Wanger, Kevin McCarthy and Gregg Ruppel.
4. Mrs. Katrina Hynes and Mrs. Susan Blonshine co-authored the article titled *CPET: Quality Assurance* pending publication in the AARC Times.
5. Ruppel's Manual of Pulmonary Function Testing, 11th Ed. by Carl Mottram published February 2017.
    a. Mrs. Katrina Hynes contributed chapters 8 and 10
    b. Mrs. Susan Blonshine contributed chapter 12

6. Mrs. Katrina Hynes and Mr. Carl Mottram co-authors Chapter 5, Pulmonary Function Testing, in Neonatal and Pediatric Respiratory Care, 5th Ed. by Brian Walsh pending publication.
7. Mrs. Katrina Hynes was elected 2017 AARC Respiratory Diagnostic Section Chair for a second term.
8. Jason Blonshine elected 2017 Michigan State Society, Diagnostic Section Chair-Elect.

Education Section

Submitted by Ellen Becker – Summer 2017

Recommendations

None

Report

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

Status: Continuing to work on engaging associate degree programs (the largest proportion of section members) to facilitate a strong career pathway for their graduates to earn a baccalaureate degree.

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

Goals:

1. Achieve a section membership of 1100 members by September 30, 2017
   Status: Achieved at the end of April!

2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree.
   Status: Presented at a meeting of NN2RC (now NA2RC) in March 2017. Reached out to the NN2 president and newest NA2RC president to further career pathway discussions.

3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.

   Status: Pending the next Scholarship of Teaching and Learning discussion.

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

Status: Collaborated with the education representative to the program committee and AARC liaison to outline the Summer Forum pre-course, Summer Forum, and International Congress programs.

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

Status: The Scholarship of Teaching and Learning discussion of an article from the 2016 Respiratory Care Education Annual will be addressed during the second quarter of the year.

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

Status: An article in the February issue of AARC Times was also written to promote the education career pathway for RTs in clinical settings to pursue future teaching positions. The AARC Clinical Preceptor Education Recognition program is another method of guiding future educators towards resources that will develop their careers. A messages to promote the Fall Student webcast (October 2017) was shared to help educators plan ahead with their curricula.

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

Status: The request for nominations for this award along with the scoring rubric used to evaluate candidates has been posted on the Education Specialty Section webpage. Volunteers to score the candidates are presently being solicited.

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

Status: I continue to copy the chair-elect on section business to provide an orientation. Also, I have increased the number of younger educators that I reach out to further professional development amongst colleagues.

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

Status: There is regular weekly communication on the Education section in Connect. Responses to section members' requests have been provided within 48 hours.

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

Status: Tabatha Dragonberry has been posting around once/month with information from the Mentoring Excellence resource. Tim O'pt Holt will be promoting ideas to recruit future respiratory care educators.

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

Status: In-person contact with membership at the Summer Forum will be used to recruit a team of volunteers to review the materials in the Swap Shop. The Connect library is up-to-date.

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

Status: This past year the method of reporting section membership was shifted from a random date to the last date of the most recent month. This process reflects a more accurate method of tracking membership variation.

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

Status: Membership increased this quarter and as of April 30, 2017, is 1168. One of the factors that may have helped is the AARC Office intervention of automatically populating the online renewal form with specialty section memberships. In the past, specialty section membership renewals were not automatically populated and some interested section members did not know that they dropped their membership during the online renewal process.

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

Status: The programming for Summer Forum and the International Congress has been developed with clinical educators in mind. All section initiatives include the hospital educators. A February AARCTimes article highlighted steps that hospital-based therapists can take for an education career pathway. The AARC Clinical Preceptor Education Recognition Program was launched to both guide and recognize those clinical preceptors who embrace an education career pathway.

Home Care Section

Submitted by Zach Gantt – Summer 2017

Recommendation

That the sections be more included in AARC activities related to their specific expertise.

Report

Section Merger
Our goal of merging the sections has become a reality and we will be discussing the process on June7th. The three sections that make up the newly formed Post-acute section will be in attendance on the call. I feel this will strengthen the section but will be challenging to find someone who has the broad spectrum of skills to be the chair. Post-Acute care needs more of a presence in the AARC's activities and more seats at the table to make decisions that focus on post-acute care.

Membership:
I have been working with ResMed and one other manufacture who would like to purchase a bundle of membership memberships for the section. I now need to work through this process with AARC office.

Activities:
Attending and speaking about the value of RT's and ways to get paid for RT's at several regional and national conferences. Next week I will present at the VGM meeting in Waterloo Iowa. VGM is the largest Member Services Organization/GPO in the homecare industry.

Social Media Goal:
I have been more active on AARC connect and plan to continue to improve the participation on connect.

Long Term Care

Submitted by: Gene Gantt– Summer 2017

Recommendation

That the sections be included in the development of programs that specifically impact their arena of practice.

Report

Apex recognition:

The AARC Executive Office has revamped the Quality Respiratory Care Recognition program (now Apex). Unfortunately the Section Chairs of Long Term Care and Home Care were not made aware of this until after the "final version" was completed.

On 4-17-17 the chairs received a "final version" of the updated QRCR- now APEX - for our comments. This was the first time we had knowledge of the revamping. We submitted comments as requested and pointed out that the new requirements would eliminate 90% of all long term care facilities and DMEs in the country. While we understand and agree that the program needed revision it would have been great if the Chairs had been notified and the section would have been involved in the process. A step wise approach would have been preferred which would add additional requirements now and a target date for other requirements. Additionally we would like to have seen clinical components added to the Apex requirements.

On 6-1-17 the new program was released on the AARC website with 3 categories of participation. **The categories in the initial release were terribly flawed and have since been corrected. I**nput from the sections with expertise in the arena would have prevented the issue. In addition to mislabeling the categories the next problem is that the requirements are so stringent that 90% of the LTACHs and SNFs across the country will not be eligible for the recognition at this point in time. None of the comments made by the Chairs seemed to have made any difference. While we are supportive of the move to BS degree credentials we feel that the Apex demands too much too soon.

Summary: While it is agreed that the QRCR program needed to be redesigned and improved it would have been better to have the input of the Section Chairs before the new program was released. This has been pointed out to the AARC and we hope that going forward there will be more discussion with the section leadership prior to release of new program rules.

Section Merger:

The goal of merging the Long Term Care, Home Care, and Continuing Care Rehabilitation has become reality. Our merger call is to be held June 7th. We feel that this will strengthen the Post Acute Care role of Respiratory Care in the future.

Management Section

Submitted by: Cheryl Hoerr – Summer 2017

Recommendations

That the AARC continues its collaboration with CLIA to clarify the verbiage associated with the qualifications necessary to validate competency for blood gas analysis.

Report

1. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in January.
   Status: 105 individual proposals were submitted under the management section. Section Chair collaborated with the Program Committee Liaison to review submitted proposals. Presentation slots for both the Summer Forum and the International Respiratory Congress and Exhibition were populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.

2. Arrange or lead a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April Board Report.
   Status: With the retirement of our editor, Roger Berg, and the difficulty in recruiting authors, the decision was made to terminate the management section bulletin. No comments have been received from the membership regarding the bulletin's absence. A management section mixer is planned for the end of the first day of the Summer Forum, June 25th. A management specialty section meeting will be held on Tuesday, June 27th. The membership was also solicited for feedback on several AARC position statements.

3. Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
   Status: Information on AARC membership numbers as well as management section membership is always shared during section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. Posts on the AARC management list serve emphasize the drastic changes affecting healthcare and encourage RT leaders to transform their practice to add value in the forming healthcare environment. Managers are encouraged to join the Leadership Book Club community on Connect and contribute to the discussions. The programing for the management section at the Summer Forum highlights topics that are critically important to keeping RT relevant and growing.

4. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serves one term.
   Status: On an ongoing basis section members are encouraged to (1) contribute content to the management section list serve, (2) attend the Summer Forum in order to meet other RC leaders, (3) join the Leadership Book Club to grow their skills, and (4) to submit a proposal for the Summer Forum and/or International Congress and Exhibition.

5. Enhance communication with and from section membership through the section AARConnect, review and refine information for section web page, provide timely responses to requests for information from AARC members. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserve that promotes the art and skill of respiratory care.
   Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads are started each month. Many topics are requests for technical information on "how others do things" such as (1) confronting physicians who make unauthorized vent changes, (2) pay and job duties for CRT vs. RRT, (3) staffing and productivity issues. Many of these topics have been discussed multiples times and appear with regular frequency. New topics that generated much interest included: (1) RTs as Case Managers for COPD and pneumonia patients to reduce readmissions, (2) correct handling and reprocessing of items marked as "single patient use", and (3) educational requirements necessary to validate competency for ABG analysis. The section membership remains very active and engaged.

6. Review all materials posted in the AARC Connect library for their continued relevance. Provide a calendar of when the reviews will occur and updated for each Board Report.
   Status: Five management section members have been recruited to help in reviewing and updating the reference materials that are currently posted on the management section web page. No work has been able to be accomplished on this project due to competing priorities.

7. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section please make recommendation as to what should be done with that section.
   Status: There are currently 1,531 total management specialty section members. Amanda Feil, AARC Membership Development Manager, has been planning a survey of management section members to gather ideas about the value of membership, actions managers have used with success to recruit new members, and overall membership experience.

8. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
   Status: There are currently 1,531 total management specialty section members. Amanda Feil, AARC Membership Development Manager, has been planning a survey of management section members to gather ideas about the value of membership, actions managers have used with success to recruit new members, and overall membership experience.

9. Create section specific measures of success and present to the board at least once a year.
   Status: Ideas will be solicited from the membership during the specialty section meeting at the Summer Forum.

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Summer 2017

Recommendations

None

Report

The Neonatal Pediatric Section continues to be very active with posting on the list serve with focused content.

Lecture submissions have been forwarded to the AARC Program committee for evaluation for the 2017 AARC Congress. As of the time of this report I have not been apprised of submissions.

Membership remains strong and as a section we look for ways to improves value to the membership.

Recommendations

None

Report

There is nothing to report.

Surface to Air Transport Section

Tabatha Dragonberry - Summer 2017

Recommendations

None

Report

Request has been made for SPOTY nominations. J. Inkrott has sent out an engagement survey to assist in gathering information on what membership is interested in.

Special Committee Reports

Benchmarking

Submitted by Chuck Menders – Summer 2017

Recommendations

None

Report

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

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

3. Work continues on developing AARC Benchmarking 2.0. Mike Dennis was brought on board to complete the development of the internal Benchmarking application that will facilitate having the creation, updates and maintenance in complete control of the AARC.

4. A working version of the legacy Devore application was developed as a template for future development and enhancements. Rick Ford was instrumental in working with Mike to create new forms and reports that will meet the specific needs of our subscribers

5. Tremendous strides have been made in developing the new system. Rick and Mike have spent a considerable time and effort on the data entry and reports features. Access was provided to committee members to view progress and make recommendations. The new version has been designed with a new look and feel that is intuitive and user-friendly.

6. Along with enhanced data entry features and report/graph options, new metrics, including outcome metrics will be available. A streamlined facility profile will allow for quicker and easier start-up for new clients.

7. A conference call was held in April to discuss progress made and future plans. The committee is providing testing and feedback as it is requested. Rick Ford, Cheryl Hoerr, Tom Berlin and Chuck Menders continue to serve as the Project Advisors.

8. We hope to have our new Benchmarking 2.0 system ready for final testing in the near future and deployed soon after.

9. Membership in AARC Benchmarking has increased from 56 subscribers on February 9, 2017 to approximately 63 at last count in May (Manual count- no user report currently available). Once the new system is launched, we will reach out to previous subscribers about Benchmarking 2.0 and an opportunity to re-subscribe.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Summer 2017

Recommendations

None

Report

- There has not been much activity or controversy on the list serve.
- We continue to receive e mail and phone inquiries.
- With Anne Marie's assistance we are keeping the AARC Coding Guidelines current.

Diversity Committee

Submitted by Crystal Dunlevy/Jakki Grimball – Summer 2017

Recommendation

None

Report

Web page:

a. Jakki is continuing to collect input from committee members about improvements and edits that need to be made to the current web page. (http://www.aarc.org/resources/professional-documents/cultural-diversity-resources/).

Diversity video series

b. Crystal is collecting suggestions for both topics and speakers.

There are currently no CRCE offerings that are related to diversity.

c. Washington, D.C. requires that 2 CRCEs be dedicated to LGBTQ sensitivity. State boards will likely follow suit.
d. To that end, the committee voted unanimously to develop one 2 CRCE offering or two 1 CRCE offerings on LGBTQ healthcare issues.
e. Crystal will complete an outline for a two-hour CRCE by August 1.

Fellowship Committee

Submitted by: Patrick Dunne – Summer 2017

Recommendations

None

Report

The work of the Fellowship Selection Committee will begin in earnest during the first weeks of July 2017. Since the 2017 AARC Congress is in early October this year, please note that the deadline for receipt of online nominations for 2017 Fellow is July 1st. After the close of nominations, the Selection Committee will commence review of all qualified nominations received by the established deadline. The selection process will be completed by the end of July, with notification letters being sent shortly thereafter.

International Committee Report

Submitted by John Hiser – Summer 2017

Recommendations

1. That the AARC BOD consider offering web-based international membership to those living outside of the United States at a rate that is based upon the income levels of the individual countries where potential members reside.

Justification:

International Membership has been falling dramatically over the last few years. Today it stands at 310 members. This is significantly lower that it was a few years ago President Walsh has asked that our committee work to increase international membership. We feel that the most significant barrier to international membership is the cost. We are planning to survey international members in the near future to determine what aspects of AARC membership they value.

2. That the AARC BOD consider offering a reduced rate for web-based membership to those living in countries that hold International Affiliate status and that the rate be lower than the rate before international affiliate status was initially granted.

Justification:

We feel that this might offer an additional incentive for foreign members to join and also to establish international affiliate status.

3. That the AARC BOD review the policy for adding and maintaining international affiliate status and consider how you wish to proceed with those countries whose AARC members has fallen below 20 members.

Justification:

We are also concerned that the number of AARC members in three of our four international affiliates has fallen below the number required for international affiliate status. Please consider how you wish to proceed.

Current AARC International Affiliates

Italy 5 / Mexico 9 / Saudi Arabia 42 / United Arab Emirates 8

Country	Number
Argentina	5
Australia	2
Austria	1
Bahamas	2
Bahrain	1
Belgium	4
Bermuda	1
Brazil	1
Canada	48
Chile	1
China	6
Colombia	6

Costa Rica	1
Croatia	3
Cyprus	1
Czech Republic	1
Dominican Republic	2
Egypt	1
France	2
Germany	5
Ghana	1
Greece	1
Hong Kong	1
India	4
Ireland	1
Israel	1
Italy	5
Japan	54
Korea	2
Mauritius	1
Mexico	9
Netherlands	2
New Zealand	3
Norway	1
Oman	1
Pakistan	1
Panama	3
Philippines	4
Qatar	5
Saudi Arabia	42
Singapore	23
South Korea	3
Spain	3
Sweden	2
Switzerland	2
Taiwan	17
Turkey	1
United Arab Emirates	8
United Kingdom	7
Grand Total	302

Year	June Foreign Membership
2013	642
2014	457
2015	578
2016 To date	452 310

How does your country become an international affiliate of the AARC?

AARC Vision/Mission Statement

The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.

In order to help fulfill our mission the AARC is actively recruiting other countries to become international affiliates of the AARC. To become an international affiliate your organization will have to include at least 20 foreign members of the AARC, have at least one medical advisor and submit a formal application which consists of a list of officers, membership, the minutes of the organizational meeting, the Bylaws, and a letter requesting approval of the proposed medical advisor or advisors.

Petitions for international affiliation should be emailed to Kris Kuykendall at kuykendall@aarc.org . Please copy the petition to Tom Kallstrom, AARC Executive Director at kallstrom@aarc.org and to John Hiser, Chair AARC International Committee at john.hiser@sbcglobal.net .

The Criteria for establishing an international affiliate of the AARC, the international affiliate petition and the section of the AARC Bylaws relating to international affiliates is presented below.

For additional information please contact the AARC International Committee Chair, John D. Hiser, MEd, RRT, FAARC at john.hiser@sbcglobal.net .

To Join or Renew AARC membership go to:
https://secure.aarc.org/membership/aarc_dues_system.asp
Group rates are available.

Criteria for Establishing an International Affiliate in the American Association for Respiratory Care

Your group must submit the **International Affiliate Petition** signed by at least twenty (20) associate-foreign members of this Association and your appropriate officers. The Petition is to be submitted to the Chartered Affiliates Committee in care of the Executive Office, along with the following documents:

1. An International Affiliate Bylaws compatible with the Association's objectives and format.
2. A map outlining the proposed International Affiliate boundaries.
3. A written statement from any and all chartered societies or chapters agreeing to relinquish your proposed territory, if applicable.
4. A copy of your minutes from the organizational meetings.
5. A list of your Officers, Board Members, and Medical Advisor or Advisors, with addresses.
6. A Medical Advisor Petition with curriculum vitae and list of publications for each International Affiliate Medical Advisor.
7. A list of your members in good standing of the American Association for Respiratory Care.

If you need further assistance, please contact the AARC Executive Office.

American Association for Respiratory Care

Petition for International Affiliate

Date _____

We, the undersigned Associate-foreign members of the American Association for Respiratory Care in good standing, hereby petition the AARC Board of Directors to approve an International Affiliate in the name of:

_____

We further petition that the territorial jurisdiction of the newly organized group, if granted International Affiliate status, be approved as encompassing the entire country of:

_____

Copies of the following documents are also submitted as required: statement from existing affiliate relinquishing proposed territory (if applicable), proposed Bylaws for approval or recommendations, a list of officers, board members, etc., with addresses, a list of the members employed within the proposed territory, petition(s) for the medical advisor(s) for approval, minutes of the organizational meetings, and a map outlining the proposed affiliate boundaries with the proposed districts.

Petition Signatures

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Attest: Submitted By:

_____ _____
(medical advisor) (secretary)

_____ _____
(affiliate president) (date)

AARC Bylaws relating to International Affiliates

ARTICLE XI – INTERNATIONAL AFFILIATES
SECTION 1. REQUIREMENTS
Twenty (20) or more Foreign Members in good standing of the Association meeting the requirements for affiliation may become an International Affiliate of the Association upon the affirmative recommendation of the Chartered Affiliates Committee, and approval by the Board of Directors of the Association.

SECTION 2. INTERNATIONAL AFFILIATE ADMISSION PROCEDURE

The formal application for International Affiliate status shall be sent to the Executive Office of the Association and shall consist of a list of officers, membership, minutes of the organizational meeting, the Bylaws, and a letter requesting approval of the proposed medical advisor or advisors.

SECTION 3. INTERNATIONAL AFFILIATE MEDICAL ADVISOR

Each International Affiliate shall have one (1) or more medical advisors whose name(s) shall be submitted to the Board of Medical Advisors.

SECTION 4. INTERNATIONAL AFFILIATE DUTIES

A copy of the minutes of every meeting of the governing body and other business meetings of the International Affiliate shall be sent to the Executive Office of the Association within thirty (30) calendar days following the meeting.

SECTION 5. SUSPENSION OR REVOCATION OF INTERNATIONAL AFFILIATE STATUS

a. The Board of Directors of the Association may suspend or revoke the International Affiliate status with due and sufficient cause or upon the failure of an affiliate to maintain a membership of at least twenty (20) Foreign Members.
b. Action for the suspension or revocation of International Affiliate status shall follow approved Association policy and procedure.

Report

1. Administer the International Fellowship Program.

   As of today, May 12, 2017 we have 5 applicants for International Fellows and 5 applicants for City Hosts. The committee will meet on Tuesday June 27 during the Summer Forum. I will 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.

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

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

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

I want to thank Crystal Maldonado for 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
Ed Coombs, MA, RRT, NPS, 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
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 Amanda Richter – Summer 2017

Recommendations

None

Report

The membership committee is currently working with the executive office to develop a plan to operationalize the removal of the free student membership program. Discussions are still underway. Our goal is to ensure positive communication regarding this action and to promote value within the paid student membership. We expect to have an outlined plan on our next report.

- Completed and Pending Tasks and Progress
    - Looking at ways to bridge the gap between student and RT. We tend to lose new grad members as the focus seems to be on passing tests and getting job. Currently we are discussing ways to improve the paid student program by adding special benefits (checklists, mentors, resume reviews, etc.) and possibly developing a new grad/early career program to assist through the transition.
    - Better coordination with chartered affiliates: Planning a meet and greet for state leaders during summer forum; Electronic Toolkit provided to state leaders from marketing department (*Complete*); Currently reviewing the Connect Communities. Currently we have a HOD/Pres. and state membership chairs. Discussing creation of an affiliate leader community with all affiliate roster members included to increase audience size and drive increased participation within the community.
    - Medical Directors: Will be revisiting this with new physician representative
    - Foreign members vs. foreign students: There has been some confusion surrounding student membership vs. foreign membership. Additional questions have surfaced regarding the wording of "foreign" member and recommendation to change this to "international" member. Additionally, the current rate for a foreign member digital membership is higher. These items will be referred to the bylaws committee.
    - CRCE pricing on AARC.org is non-member pricing, even when logged in (*Complete. Now shows both rates*)
    - Continue to work on ideas to demonstrate and communicate membership value

Other

I would like to thank committee members for their continued engagement and participation. I would like to thank the Amanda F., Shawna, and the executive office team for all of their assistance and hard work.

Position Statement Committee

Submitted by Pat Doorley – Summer 2017

Recommendations

1. That the position statement entitled "Hazardous Materials Exposure" (revised 11/2011) be retired.

   Rationale: The Committee requested the review of this statement by members of the Acute Care and Management Sections as well as Cheryl West and Anne Marie Hummel. The document was also reviewed by Emergency Preparedness experts at Colorado Children's Hospital and UVA Health System. The consensus of the Committee and the stakeholders providing feedback is that this topic is best addressed at the institutional level by required (local, state, and federal) disaster response plans/policies that are inclusive of all personnel.

2. That the position statement entitled "Verbal/Telephone Orders" (revised 07/2014) be retired.

   Rationale: The Committee requested the review of this statement by members of the Management and Educations Sections as well as Anne Marie Hummel. The consensus of the Committee and the stakeholders providing feedback is that this positon statement is no longer needed as institutional policies and state licensure laws clearly articulate who is able to place and receive a verbal or telephone order. Additionally the CMS Conditions of Participation and Interpretive Guidelines are very specific regarding the use of and authentication of these orders.

3. That the position statement entitled "Guidance Document on Scope of Practice" (revised 11/2013) be retired.

   Rationale: There is a guidance document entitled "Guidance Document on Scope of Practice" (revised 05/2003) that contains essentially the same content that is presented in this position statement. Merging the more recent position statement (2013) of the same name with the guidance document (2003) would eliminate duplicative documents on this topic. The information provided is an elaboration of information addressed in the position statement entitled "Respiratory Care Scope of Practice" (revised 07/2013) and so it is best presented as a guidance document.

4. That the guidance document entitled "Smallpox Guidance Document" be retired.
   NOTE: This document was identified as an Issue Paper when the Committee began its work in February 2017. At some point, without the knowledge of the Committee, this Issue Paper was reclassified as a Guidance Document on the AARC's website so the review of this document is technically no longer the responsibility of the Committee and this recommendation may be out of order.

   Rationale: The Committee completed a comprehensive review of the document (prior to its reclassification) and determined that the information provided in this document is not current as it was most recently updated in March 2003. The CDC's smallpox website (https://www.cdc.gov/smallpox/) is very robust and regularly reviewed/updated (most recently September 2016). The Committee believes this website is a much better resource

for AARC members and that the outdated information in this guidance document should be retired and removed from the AARC's Resource list.

Report

Objectives:

1. Present a plan to the BOD to have all position statements and issue papers updated to meet the BOD Policy CT .008 (Position Statements and Issue Papers) requirements.
   - Please find attached (Appendix A) an updated list of the 28 current AARC Position Statements and 8 current AARC Issue Papers with their last date of review/revision if known identified.
   - The documents have been reviewed by members of the Committee and placed on a 5 year review/revision calendar based on their most recent review/revision as required in item # 5 of BOD Policy CT .008. This calendar may be revised during the course of the year in order to more evenly distribute the number of documents that require review annually. An update will be provided with each Committee report.
   - The Committee will complete the review/revision of the following four Position Statements during 2017 following the process described in BOD Policy CT .008:
     1) Administration of Sedative and Analgesic Medications – revised and ready for submission for 60 day membership review
     2) Hazardous Materials Exposure – recommendation to retire above
     3) Respiratory Therapists in the Emergency Department – revised and ready for submission for 60 day membership review
     4) Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult – revised and ready for submission for 60 day membership review.
   - The Committee has completed an initial review of the remaining 24 Position Statements to determine their continued relevance/importance. Two position statements – Verbal/Telephone Orders and Guidance Document on Scope of Practice – have been recommended for retirement (see above). The remaining position statements will be reviewed according to the established schedule.
   - The Committee has completed an initial review of all of the Issue Papers to determine their continued relevance/importance. A discussion of the revision of Issue Papers with the AARC President and Executive Office will be scheduled to determine how the Committee will proceed with these documents. Additional information will be reported at the October meeting. No progress has been made to determine the dates for the four documents that are undated.

2. Inventory the current Position Statements and Issue Papers and convert to the new format by end of 2017.
   - The new format for Issue Papers was established by the Executive Office in 2016 with the publication of the issue paper entitled "Safe Initiation and Management of Mechanical Ventilation". All currently published Issue Papers have been converted to the new format and are posted on the AARC's website.
   - A new format for Position Statements was established by the Executive Office during the first quarter of 2017 and all currently published Position Statements have been converted to the new format and are posted on the AARC's website.
   - Two Issue Paper documents – Guidance Document on Scope of Practice (revised 2003) and Smallpox Guidance Document (revised 2003) were reclassified as Guidance Documents by

the Executive Office during the first quarter of 2017. This classification of documents is not included in the scope of responsibility of the Position Statement and Issue Paper Committee per BOD Policy CT.008.

3. Execute the plan to bring all Position Statements and Issue Papers into compliance with BOD Policy CT .008 by the end of 2018.
   - The language of all Position Statements and Issue Papers related to the terms Respiratory Care, Respiratory Therapy, and Respiratory Therapists will be reviewed/revised as the scheduled reviews of the documents is undertaken.
   - References cited in all Position Statements and Issue Papers will be formatted according to the Respiratory Care Journal Standards during the scheduled reviews of the documents.
   - BOD Policy CT .008 requires that the Position Statements and Issue Papers be grouped in categories such as ethics and human rights, disease, consumer advocacy, practice, quality or safety. The Committee will try to develop a recommendation for categories appropriate for each of the current Position Statements and Issue Papers for the consideration of the BOD by the end of 2017.

Other

- The Position Statement and Issue Paper Committee has not been requested to develop any new statements or papers at this point in time.
- The language on the AARC website has been updated to reflect the change in the name of "White" Papers to "Issue" Papers". Review of the website has revealed the need for additional updates. P. Doorley will work with the Executive Office to identify the additional revisions needed.
- I would like to thank each of the members of the Committee – Joyce Baker, Joel Brown, Joe Goss, Denise Johnson, and Kimberly Wiles – and our Executive Office Support – Kris Kuykendall and Doug Laher – for their contributions to achieving the objectives of our Committee.

APPENDIX A: Position Statement and Issue Paper Review Calendar 05/30/2017

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
AARC Statement of Ethics and Professional Conduct		Apr 15				X	
Administration of Sedative and Analgesic Medications		Jul 07	X				
Best Practices in Respiratory Care Productivity and Staffing		Jul 15				X	
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14				X		
Continuing Education	2015					X	
Cultural Diversity		Apr 13		X			
Definition of Respiratory Care		Jul 15				X	
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	Apr 16						X
Electronic Cigarette		Nov 15				X	
Guidance Document on Scope of Practice		Nov 13		X			
Hazardous Material Exposure		Nov 11	X				
Health Promotion and Disease Prevention		Apr 14			X		
Home Respiratory Care Services		Jul 13		X			
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15				X	
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15				X	
Interstate Transport License Exemption		Jul 14			X		
Licensure of Respiratory Care Personnel	Apr 15					X	

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
Pre-Hospital Ventilator Management Competency		Jul 14			X		
Pulmonary Rehabilitation		Apr 14			X		
Respiratory Care Scope of Practice		Jul 13		X			
Respiratory Therapists in the Emergency Department		Apr 12	X				
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist	Jul 13			X			
Respiratory Therapist Education		Nov 15				X	
Respiratory Therapy Protocols	Apr 13			X			
Telehealth and Respiratory Therapy		Apr 13		X			
Tobacco and Health		Apr 14			X		
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Nov 09	X				
Verbal Telephone Orders		Jul 14			X		
Total			**4**	**7**	**7**	**9**	**1**

Issue Papers	Reviewed	Revised	2017	2018	2019	2020	2021
Best Practices in Respiratory Care Productivity and Staffing	2012		X				
Development of Baccalaureate and Graduate Education Degrees	No Date		X				
RRT Credential	2003	2013		X			
Respiratory Care: Advancement of the Profession Tripartite Statements of Support	No Date		X				
Improving Access to Respiratory Care (Respiratory Therapy Access Working Group)	04/2016						
Safe Initiation and Management of Mechanical Ventilation	2016						X
Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates	No Date		X				
Utilization in Respiratory Care	No Date		X				
Ventilator Acquisition Guidance Document	2006		X				
Total			**6**	**1**			**1**

NOTE: Issue Papers reclassified to Guidance Documents by the Executive Office:

Guidance Documents	Reviewed	Revised	2017	2018	2019	2020	2021
Guidance Document on Scope of Practice	2003		X				
Smallpox Guidance Document	2003		X				

Virtual Museum

Submitted by: Trudy Watson - Summer 2017

Recommendations

None

Report

The Virtual Museum Committee continues to work on enhancing existing galleries and developing new ones. We are planning to launch two new galleries in June.

Since our last report, images from the Virtual Museum were included in presentations at the AARC's 70th Anniversary activities at the Dittrick Medical History Museum in Cleveland, appeared in an exhibition at the National Medical Library Museum in the Czech Republic, were included in a video under development by *OPENPediatrics,* and appeared regularly on AARC social media posts. An article in the April 2017 issue of ***AARCTimes*** featured the Virtual Museum.

The committee members are scheduled to review the nominations for the 2017 Legends of Respiratory Care during July. The new Legends will be announced during the AARC Awards Ceremony at the AARC Congress in Indianapolis. On behalf of the committee members, I'd like to thank the BOD for your nominations and ongoing support for the Legends program.

Other Info:

It's a perpetual request---- but if you know of anyone who might possibly have content we could incorporate into the Virtual Museum's galleries, would you please contact them and ask whether they'd be willing to share photos, ads, product info, etc.? Think of retired physicians, clinicians, researchers, educators, marketing reps, etc. in your community or state society. Thanks in advance for your assistance with this request!

Special Representatives Reports

AMA CPT Health Care Professional Adv Comm

Submitted by: Susan Rinaldo Gallo – Summer 2017

Recommendations

None

Report

Review of NCCI edits

There have been several NCCI edit documents to review. These documents are from CMS and they reveal changes in coverage for existing CPT codes. NCCI edits come out on a quarterly basis. I'm happy to report that these recent documents did not include code affecting RC.

Assisting with new code proposal

Sen Tec will resubmit their CPT code proposal for $TcCO_2$ monitoring in mid-June. The AARC has agreed to review their proposal and provide input. The deadline for submission is mid-June to be considered at the October AMA CPT meeting.

I will not be attending the June meeting of the AMA CPT committee. The agenda was light and it seemed fiscally responsible to skip it. There will be some reports given related to Telemedicine and health care coverage which I can get from the meeting minutes.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Summer 2017

Recommendations

None

Report

1. **AACVPR MAC 11 Reimb. Committee**
    a. Member of the MAC M Committee
    b. Quarterly Conference Calls
    c. Latest National AACVPR Reimbursement information:
        i. CMS's Supplemental Medical Review Contractor has subcontracted with STRATEGIC HEALTH SOLUTIONS and CARDIAC REHABILITATION AUDITS for all diagnosis is occurring in the U.S.
        ii. ***Final Medicare Coverage Policy: Supervised Exercise Therapy for Peripheral Artery Disease from AACVPR's Health Policy and Reimbursement Update***

"CMS (The Centers for Medicare & Medicaid Services) has released the final regulation to cover supervised exercise therapy (SET) for beneficiaries with intermittent claudication (IC) for the treatment of symptomatic peripheral artery disease (PAD). The effective date is the publication date of the rule: May 25, 2017. Coding and payment information has not yet been made available. As is not unusual with a new coverage policy, MACs (Medicare Administrative Contractors) may ask providers to hold claims submissions and will hold reimbursement until MAC software is ready to process claims for this newly covered service.

Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments.

Key requirements of a SET PAD program are (emphasis added):

- Up to 36 sessions over a 12 week period are covered;
- Sessions consisting of 30-60 minutes comprising a therapeutic exercise-training program for PAD in patients with claudication;
- Must be conducted in a hospital outpatient setting or a physician's office;
- Must be delivered by *qualified auxiliary personnel* who are trained in exercise therapy for PAD;
- The program is under the direct supervision of a physician, *or physician assistant, nurse practitioner, or clinical nurse specialist* who must be trained in both basic and advanced life support techniques.

SET PAD is a separate and distinct program from cardiac rehabilitation (CR). However, as CR practitioners are well aware, many CR patients also live with intermittent claudication and exercise prescription specific to PAD is most effective for these patients. It is also relevant to be aware that there is no requirement that a CR program be exclusive, so a SET PAD program could be provided concurrently with and in a CR setting with knowledgeable CR staff. Note that ECG monitoring and monthly ITPs are not components of SET PAD."

2. **VACVPR, affiliate of AACVPR:**
    a. Lectured at state meeting, April 2017 - 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

4. **Pulmonary Hypertension Association**
    a. Member of the PHPN Practice Committee
    a. will be doing a Pulmonary Rehabilitation Webinar for the Pulmonary Hypertension University – Date to be determined

5. **COPD Foundation Pulmonary Empowerment Program (PEP):**
    a. I did a Webinar for PEP, May 9, 2017 on: The Pulmonary Rehabilitation Individualized Treatment Plan

American Heart Association

Submitted by Keith Lamb – Summer 2017

Recommendations

None

Report

Nothing to report.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Summer 2017

Recommendations

None

Report

I was requested by the Texas Society for Respiratory Care (TSRC) to provide a strategic and operational planning session, which is scheduled for the weekend of June 16-17, 2017. I have remained in contact with and support those chartered affiliates with whom I have worked over the past 7 years to provide ongoing assistance to their business planning and operations, share best practices, and answer questions with regard to a variety of issues germane to their performance. These include New York, Pennsylvania, Virginia, West Virginia, Kansas, Indiana, Georgia, Iowa, New Jersey, Rhode Island, Washington State, Idaho, and Utah.

I appreciate the support of the AARC leadership, AARC Executive Office, and the Chartered Affiliate leadership, all of whom demonstrate the dedication and passion to make these efforts successful for our Chartered Affiliates and the AARC in the increasingly demanding and evolving health care system.

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Summer 2017

Recommendations

None

Report

The Commission on Accreditation for Medical Transport met in San Antonio April 6th to the 8th with the executive committee meeting the evening of April 5th. The executive summary minutes of this meeting are below.

Discussion also focused on the progress of CAMTS Europe which is a totally separate entity from CAMTS. This organization was formed due to the increasing interest in CAMTS accreditation in Europe and other areas. Current CAMTS standards are designed for United States processes and some federal department such as the Federal Aviation Administration and Occupational Safety and Health Organization.

Other

CAMTS was recently was accredited by the American National Standards Institute (ANSI)after the standards process utilized by CAMTS met the guidelines needed to meet ANSI standard development. American National Standards Institute facilitates the development of American National Standards by accrediting the procedures of standards developing organizations (SDOs). These groups work cooperatively to develop voluntary national consensus standards. Accreditation by ANSI signifies that the procedures used by the standards body in connection with the development of American National Standards meet the Institute's essential requirements for openness, balance, consensus and due process.

The CAMTS process will not change a great deal but will now have a more formal group including clinical, aviation, surface transport, program administration experts as well as general interest including general public. Recommendations will be evaluated by the above mentioned consensus group but the CAMTS Board of Directors will have final decision.

I will be serving on this standards committee group representing the RT profession as well as contributing to standards with specialty care of neonates and pediatric patients. These meetings will be by phone or online, not requiring additional travel expense.

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EXECUTIVE SUMMARY
COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS
San Antonio – April 6, 7, and 8
Wyndham Hotel
8:00 AM to 5:00 PM each day

Board of Directors Meeting

EXECUTIVE COMMITTEE MEMBERS PRESENT: Dr. Conn, Mr. Gryniuk, Dr. Orr, Mr. Sittig, and Mr. A. Smith

BOARD MEMBERS PRESENT: Ms. Montgomery, Dr. Brunko, Dr. Becker, Dr. Miller, Mr. Ruff, Ms. Eichel, Ms Rush, Dr. Stuhlmiller, Dr. Holleran, Mr. Lewis, Ms Treadwell, Dr. Guyette, Dr. Cohen, Ms Palmer

STAFF PRESENT: Ms. Frazer, Mr. D. Smith,

MEMBERS ABSENT: Mr. Hickman, Dr. Orr (joined by conference call), Dr. Alexander, Mr. Brisbois

I. Meeting called to order at 0805 hrs on April 6, 2017. Dr. Conn introduced new board member Chuck Lewis, a member of the North Carolina Department of EMS, who will represent NASEMSO.

II. Minutes from the February 10, 2017 GoToMeeting were approved as distributed.

III. Treasurer's Report provided by Mr. A. Smith – a brief review of the first quarter 2017 was provided.

IV. Executive Directors reports

Ms. Frazer discussed the policy changes regarding the addition of an Assistant Executive Director, Ms. Jan Eichel. The new position is project based ad not salaried. The Executive Committee had discussed at their meeting that they did not see a conflict of interest in Ms. Eichel maintain her representation of AACN.

Ms. Frazer discussed our participation at Heli-Expo in Dallas. Ms. Frazer continues to sit on the HAI air medical committee that convenes at Heli-Expo. Mr. D. Smith provided one workshop during the conference. Mr. D. Smith added that the international attention of exhibiting at Heli-Expo is valuable.

Mr. D. Smith reviewed his work in updating the CAMTS website to make it smart phone and tablet friendly. The board previewed a draft of the updated website.

Ms. Frazer discussed recent changes in the State of Colorado that require accreditation associations to apply for recognition by the state. This is a similar process that was undertaken by Utah. The meeting in Colorado to discuss these applications conflicts

with this board meeting so no CAMTS representation was present. However, we received a conference call number and were able to arrange for a 30-minute introduction of the Board and answer any questions for the State. We were later notified that CAMTS, NAAMTA and EURAMU were accepted by the State.

Mr. D. Smith announced that CAMTS is now officially accredited by ANSI as an ANSI Accredited Standards Developer. We will get a press release out shortly.

Mr. D. Smith discussed is continued work with creation of the Ralph Rogers Foundation. through the Medevac Foundation. Mr. Smith stated that Dr. Roger's wife Karen Rogers and his son would be participating in the committee. There was general discussion among the board regarding the arrangement with the Medevac Foundation, how the funds would be used, and what administrative costs might be incurred.

Mr. D. Smith reviewed his work with looking at standards for community paramedic practice. He has attended two conferences on the topic and related his findings. Community paramedic practice outside the United States has been in place for many years. Mr. Smith stated that in Canada, the new standard for paramedic practice will require a bachelor's degree as entry level. The paramedic can then specialize in areas such as community paramedicine. In New Zealand and Australia, it is more difficult to get into a paramedic program than it is to enter nursing or medical school. Mr. Smith stated that the Canadian Paramedic Association has already developed ANSI standards for community paramedicine. Mr. Smith discussed with them the opportunity for CAMTS to become the accreditation organization for those standards and he states they were receptive. There was further discussion among the board regarding community paramedicine and mobile integrated health. Mr. Smith will continue his information gathering on this topic for our next meeting in July.

V. Guest Speaker – Kevin Burns from the Society of Emergency Medical Physicians Assistants (SEMPA) provided a presentation on the training and requirements of Emergency and Critical Care Physicians Assistants. The organization is asking to be added to the standards as part of the medical crew. Several of their members were declined flight positions because they were not paramedics or nurses. The Board agreed that the training met the basic requirements and will consider this change for the next edition of standards for the Emergency and Critical Care Physician Assistant disciplines.

VI. Committee Reports

Quality Management…….....Ms. Treadwell
Ms Treadwell will turn over the dashboard that she developed to Ms Eichel since this will be one of her tasks as the Associate Executive Director – Clinical. Dr. Tobin agreed to work with Ms Eichel on further developing the dashboard and quality metrics.

Aviation Advisory & Safety Committee……Ms Frazer gave the report for Mr. Brisbois. The announcement by the committee that CAMTS will strongly encourage IIMC training on a quarterly basis in the future edition of standards was blogged and sent out formally to

operators. The support was mixed and there was discussion about how this can be achieved in various ways.

Education Committee……..Dr. Holleran
Dr. Holleran reviewed what new and updated textbooks and curriculums are being released this year. Dr. Holleran discussed areas of interest she has noted during reviewing simulation training submissions. She suggested that all simulations be reviewed prior to each site survey so the site surveyors can be assured they have been reviewed and that the scenarios have been updated. There was discussion regarding the advanced certifications that are required for nurses and whether or not all advanced certifications should be considered as equivalent. The board discussed having a transport specialty credentialing being strongly encouraged for RN's in the next edition of the standards and subsequently require such credentialing in the following edition. Dr. Holleran stated that she believed that the PCCN certification should be accepted by CAMTS as an advanced certification but not as equivalent to the other advanced certifications that the board accepts.

Policies……Ms. Frazer/ Mr. D. Smith
Ms Frazer did an annual policy review and changes to the Handling Complaints and Position Descriptions for the Associate Executive Director – Administrative and Associate Executive Director- Clinical were approved.

Marketing/PR……Ms Frazer
Ms. Palmer reported on her work with marketing and PR activities. Ms. Palmer has been working with a private marketing firm called Flying Penguin. The company's principal current conducts marketing and PR activities for the Tour Operators Program of Safety. This individual has submitted a proposal for review by the board regarding potential marketing initiatives. Ms. Palmer shared a copy of the proposal for board review. Mr. D. Smith reviewed upcoming meetings and conferences where CAMTS will be exhibiting. Mr. Gryniuk noted that in his experience we had not advertised our consulting service well enough. He stated that he has interfaced with many hospitals based air medical programs that are not aware that consultation services are available. The board agreed we should increase efforts in advertising these services.

Ms Palmer also suggested CAMTS put out a position statement or White Paper about lift-off times. With increased competition, programs are competing on the basis of lift-off times, and often hospitals do not understand that with OCC checks, weather checks and more sophisticated aircraft – more time is needed to lift off. This lack of understanding puts pressure on HAA pilots. Ms Palmer and Ms Frazer will develop a position statement or education video and pass it through the Board for approval before it goes out to the public.

Standards……Ms Frazer
Ms. Frazer reported on suggested standards changes that have been received by the office. There was discussion regarding developing a standard or recommendation surrounding lift time pressures being placed on HAA pilots. The board had extended discussion on this topic. Ms. Frazer also brought up concerns that have been used surrounding use of weatherturndown.com. Operators are reporting that the information is being used inappropriately by competitors. Crash resistant fuel systems are going to be strongly encouraged in our next edition. The board discussed the merits of the standard regarding CISM given some recent studies that question its

benefit. The board felt that some kind of emotional/stress support program should be made available but it does not necessarily need to be CISM. It was noted that the requirement for a post transport debrief was inadvertently dropped from the standards and needs to be reintroduced. Mr. D. Smith stated we need to clear up some wording regarding our PAIP drill and communication center drill requirements. Mr. D. Smith reviewed the new process for standards changes required under our ANSI designation. Dr. Brunko raised questions regarding our standard that requires medical directors to orient on-line medical control physicians. The board agreed that the standard requires modification from its current form. Dr. Brunko and Dr. Cohen will work on new language.

ACCREDITATION DELIBERATIONS......The Board
Dr. Conn reviewed our Mission Statement, Vision and Values, as well as the rules of conduct for program reviews. There were 14 programs reviewed with 12 Full Accreditations, 1 Deferred and 1 Provisional Accreditations.

New Accreditation

Dell Children's Medical Center Pediatric Transport ……	Austin, TX	RW/FW/G
Metro Atlanta Ambulance Service……	Atlanta, GA	G-ALS/BLS
Sunrise Air Ambulance……	Show Low, AZ	FW

Reaccreditations

Air Life Denver ……	Denver, CO	RW/FW/G
Ann & Robert Lurie Children's Transport Team……	Chicago, IL	RW/FWG
Critical Care Transport ……	Birmingham, AL	FW/G
Flight For Life Colorado……	Denver, CO	RW/FW/G
Gold Cross Ambulance……	Rochester, MN	G/GALS/GBLS
JeffSTAT……	Philadelphia, PA	RW/G
North Colorado MedEvac……	Greeley, CO	RW
PHI Air Medical CA and TX……	Houston, TX	RW/FW
Vanderbilt Life Flight……	Nashville, TN	RW/FW/G

The next on-site Board meeting will be in Weehawken, NJ on July 14-16, 2017.

Submitted by Eileen Frazer, Executive Director

CoBGRTE

Margaret Traband - Summer 2017

Recommendations

None

Report

The purpose of CoBGRTE is to improve respiratory therapy education. CoBGRTE was founded in the year 2000 as a steering committee, was formally recognized by the AARC in 2002 and was incorporated as a professional association in January, 2012. Currently CoBGRTE has 60 institutional members which include most of the colleges and universities awarding the baccalaureate and/or master's degree in respiratory care in the United States. CoBGRTE continues to see new institutional, corporate, individual and student members. Our publication, *The Coalition Chronicle* goes out to over 600 recipients each month, including all our members, key stakeholders and members of the executive boards of the AARC, CoARC and NBRC. A list of the institutional members is found on the last three pages of issues of *The Coalition Chronicle*.

A primary goal of CoBGRTE is to increase the number of BS and graduate (e.g. masters' degree) respiratory care programs in the USA. Additional objectives include:

- Scholarship awards to students pursuing a BS or master's degree in respiratory therapy
- Providing a forum and means of communication among baccalaureate and graduate educators, students, clinical affiliates and other interested parties.
- To assist associate degree programs in developing consortium and transfer agreements with colleges offering baccalaureate and graduate degrees.
- To assist associate degree programs as they transition to offering a BSRT degree.
- Advocate for the development and establishment of new baccalaureate and graduate respiratory therapy educational programs.
- Keep an up-to-date roster of programs awarding bachelor's or master's degrees in respiratory care. Currently, 70 colleges/universities programs offer the bachelors and/or master's degree. Of these, there are now 12 universities which offer the masters' degree in respiratory care (or a masters' degree with a concentration in respiratory care); there are six direct-entry master's degree program (first professional degree); and there are two AS with RRT to MSRC programs; http://www.cobgrte.org/graduateprograms.html .

The CoBGRTE Board of Directors includes representatives from Northeastern University, Ohio Wexler Medical Center, Louisiana State University Health Science Center, University of Texas Health Science Center at San Antonio, University of Minnesota Mayo Clinic, University of Arkansas for Medical Sciences, Weber State University, Midwestern State University, Bellarmine University, Texas State University, University of Texas Medical Branch, Augusta University, CHI Health/University of Mary, Samford University, Loma Linda University, Cansius College, and Valencia College. We are also delighted to confirm that Dr. Russ Acevedo of the Upstate Medical University at Syracuse has been re-elected to the CoBGRTE Board of Directors as medical advisor for a second two-year term (2017-2018).

CoBGRTE sponsors continuing education forums and roundtable discussions, most recently at the 2017 AARC Summer Forum meeting, seminar is scheduled for Monday 6/26 in the late afternoon 5:00-7:00 PM. A Roundtable Discussion Dinner is scheduled for Sunday 6/25 6:30-9:00 PM at the Catalina Barbecue and Grill in Tucson. The seminar will focus on publication standards for authoring textbooks and use of technology to "flip the classroom" and the use of distance online and hybrid courses. The purpose of the dinners is to collectively identify and solve problems related to respiratory therapy education.

The CoBGRTE Board of Directors will meet in Tucson on Monday June 26 and will focus on long range planning. The CoBGRTE Executive Committee met with the AARC Executive Committee on Tuesday June 27 8:00-9:00 AM to work collaboratively to help 88 ASRT programs based in senior colleges transition to offering BSRT degrees. On Monday, June 26, the CoBGRTE and CoARC Executive Committee will meet and discuss areas where both organizations can work closely together.

The active members of CoBGRTE will elect next September three new directors to five-year terms. The CoBGRTE Board of Directors will elect a president-elect, vice-president for research and a vice-president for external affairs to two-year terms. President-Elect, Dr. David Shelledy, will become CoBGRTE president on January 1, 2018. Current Vice-President for Research Will Beachey has resigned but will remain on the Board of Directors until his term is completed on December 31, 2020.

The CoBGRTE is staffing of 15 committees in 2017 and the chairs and goals for each committee were published in the January 2017 issue of *The Coalition Chronicle.* The complete officiary listing Committee members can be found at www.cobgrte.org on the Member Resources page.

Extracorporeal Life Support Organization

Bradley Kuch - Summer 2017

Recommendations

None

Report

The newly appointed AARC ELSO liaison has been introduced to the ELSO Steering committee. Currently, the new liaison is being added to the steering committee list serve and being added to the committee's correspondence.

Steering Committee Leadership:

- Chairman 2016 -2018: David Michael McMullan
- Chairman Elect 2016-2018: Mark Ogino
- Past Chairman 2016-2018: James Fortenberry

ELSO Collaboration with Other Organizations:

ELSO was happy to hear collaboration with the AARC will continue, as they feel it is valuable relationship. AARC liaison will continue to actively attend in person meetings twice a year, as well as participate in teleconference on an ad hoc basis.

5th Edition ELSO Red Book Now Available:

The 5th edition of the ELSO Red Book has been released and is available. The resource is an excellent resource for respiratory therapist whose role include ECMO management.

Solicitation of Adult Centers:

ELSO continues to solicit adult centers to participate and join ELSO. The adult ECMO population continues to grow being up from 981 in 2012 to 2,201 in 2016. Because of nursing shortages, an RRT ECMO specialist are a advantageous solution regarding care rounds, ventilation management during cannulation, management of pumps, and troubleshooting ECMO systems.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Summer 2017

Recommendations

None

Report

I. **Fundamental Respiratory Support Course Progress Report:** The ICRC appreciates the AARC BOD's support of this important international project to date and we are pleased to report significant progress with the Content Development Phase of the project. Recently we have been fortunate to gain the services of Dean Hess to serve in the capacity of Editor for the FRCSC Project. Beyond copy editing the bigger part of the role for Dr. Hess is to provide a consistent reading style throughout, working with authors to fill the necessary gaps, trimming redundancy, and fact-checking. We have been fortunate to gain commitments from authors representing international leaders and academics in the medical community, and throughout the RT community. We have received 12 Module/Chapter Outlines and 6 completed manuscripts to date
A representative partial list of contributing authors at work writing module/chapters include:

Dean Hess, PhD, RRT, FAARC, FCCM
Richard D. Branson, MSc, RRT, FAARC, FCCM
Natalie Napolitano, MPH, RRT-NPS, FAARC
Mohamad I. Khatib, MD, PhD, MBA, RRT – Lebanon
Patrick J. Dunne, MEd, RRT, FAARC
Arzu Ari, PhD, RRT, CPFT, FAARC, PT, FAARC
Will Beachey, PhD, RRT, FAARC
Lisa M. Trujillo, DHSc, RRT
Teresa A. Volsko, MHHS, RRT, FAARC
Karen Schell, DHSc, RRT-NPS, RPFT, CTTS
Angela King, BS, RRT-NPS, RPFT
Huayan Zhang, MD, - USA/China
Bruce K. Rubin, MEngr, MD, MBA, FRCPC
Doug S. Gardenhire, EdD, RRT-NPS, FAARC
Ahmed S. BaHammam, MD, ABIM, EDIC, FCCP - Saudi Arabia
Jeffery M. Haynes, RRT, RPFT, FAARC
Kimberly Firestone, MSc, RRT
Trina M. Limberg, BS, RRT, FAARC, MAACVP
Thomas A. Barnes, EdD, RRT, FAARC
Timothy B. Op't Holt, EdD, RRT, AE-C, FAARC
Sarah L. Varekojis, PhD, RRT, FAARC
Kathleen M. Deakins, MHA, RRT-NPS, FAARC

We will certainly continue to report the status and progress of the project to the AARC BOD as we move forward.

II. Institutional Profile - The Chinese PLA General Hospital, Beijing, China Committed to Developing and Expanding RT Services: Under the leadership of Professor, Doctor Lixin Xie expressed his determination that he will make positive efforts to establish Respiratory Care as a sub-specialty of the Respiratory and Critical Care Medicine Department at the PLA Hospital. The Chinese People's Liberation Army (PLA) General Hospital is a large modern comprehensive teaching hospital providing high quality healthcare and opportunities for postgraduate medical education and scientific research. The hospital was founded in 1953, and is situated on the western part of the 4th Beijing Ring Road. The hospital has 165 clinical medical departments which each year accept 49,000 outpatients and emergency patients while performing nearly 90,000 surgery cases. The medical-health care center is noted for providing high-end preventive care services.

Professor Lixin Xie, MD, PhD is the Chief Physician and Director of the nationally acclaimed Department of Respiratory and Critical Care Medicine at the Chinese PLA General Hospital. He has built a team of respiratory therapists who are titled as specialty technical practitioners within the hospital. The RT's participate in consultation, ward rounding and case discussion, and they participate in the ventilation management for the very serious patients. In addition they are assigned to general wards, the bronchoscopy and pulmonary function laboratories and other specialty clinics. Dr. Lixin Xie is directly involved in the training of the RT's and considers it important that the RT group participate in clinical work, attend morning shift meetings and make rounds of the wards with physicians. He stresses the importance of periodic assessment examinations and cultivating clinical training to enhance the RT's comprehensive skills.

The Department of Respiratory and Critical Care Medicine has a full-time routine inpatient and outpatient treatment center for lung cancer and interventional therapy, sleep disordered breathing clinic, chronic obstructive pulmonary disease clinics and other specialized clinics. The Department has a long history of quality care and is a nationally recognized Center of Excellence and has been formally designated as the Respiratory Disease Institute of the PLA and as a Key Laboratory of Respiratory Disease.

The PLA General Hospital also incorporates the Postgraduate Medical School of the Chinese PLA and was one of the first institutions authorized by the Academic Degree Committee of the State Council to confer doctoral and master's degrees. The Hospital also serves as a teaching hospital of Tsinghua University School of Medicine and Nankai University School of Medicine. The PLA General Hospital has 122 doctoral program supervisors and 212 master's program supervisors, 2 post-doctoral research centers, 35 disciplines offering doctoral programs and 39 disciplines offering master's programs. Each year the hospital enrolls over 300 graduate students and 1,000 students for continuous training.

Currently the Respiratory and Critical Care Medicine Department of The Chinese PLA General Hospital is recruiting additional capable personnel to join the respiratory care team. In this rich clinical and educational environment the Respiratory Care team in Chinese PLA General Hospital will continue to develop.

III. International Education Recognition System (IERS) Continues to Thrive: The establishment of the IERS was ultimately motivated by a recommendation from the ICRC Governors, who first documented the need for international standards by which respiratory care educational offerings could be measured for quality and consistency. Almost ten years ago the Governors, representing 27 countries on the ICRC working in partnership with the AARC, began to lay the groundwork that resulted in the development of the voluntary system that today we know as the IERS.

Our international colleagues want to attain and be recognized for a level of quality in their RT education programs that will place them on par with similar programs offered in the U.S. This quality initiative is what continues to drive the increase in applications for Approval by the system. We continue to encourage our international colleagues to receive approbation by their peers for their RT education programs offered outside of North America. A small sample of recent applications for IERS Approval is listed below.

China Medical University, Taichung, Tiawan, Bachelor of Science RT Program Level III, first approved by IERS in 2011, satisfied all requirements for Re-Certification by IERS on March 7, 2014 and again Approved for Re-Certification on May 30, 2017.

Korean Association for Respiratory Care, Seoul, Korea, Level I, Yonsei University College of Medicine "Nursing Care for Sedated Patients", Approved May 12, 2017.

Mustafa Kemal University, Hatay, Turkey, **Level I, "Mechanical Ventilation Education Program", Approved April 27, 2017.**

Prince Sultan College of Military Science, Alkobar, Saudi Arabia, Bachelor of Science RT Program, Level III, Re-Certification by IERS – application in process.

Hunan Provincial People's Hospital, Changsha, Hunan, China, Level II, "Respiratory Therapy Critical Care Training Class", July 15 - August 16, 2017, Approved May 19, 2017.

Sir Run Run Shaw Hospital, Hangzhou, Zhejiang, China, Zhejiang University Medical College, Level II, "The New Techniques of Respiratory Care in Mainland China", Approved May 19, 2017.

Saudi Society for Respiratory Care, Riyadh, Saudi Arabia, Level II, "Tobacco Treatment Specialist Program", Approved April 27, 2017.

The educational standards have allowed us to determine whether an education experience warrants approval by the IERS. The result over the years since inception has been the approval by IERS of more than 200 high quality RT programs that have helped educate international practitioners to better care for patients with respiratory disease and injury.

Joint Commission - Ambulatory PTAC

David Bunting - Summer 2017

No report submitted as of June 9, 2017.

Joint Commission - Home Care PTAC

Submitted by Kimberly Wiles – Summer 2017

Recommendations

None

Report

There is nothing to report at this time.

Joint Commission - Lab PTAC

Darnetta Clinkscale - Summer 2017

Recommendations

None

Report

We have not met and there is nothing to report.

From: Franklin, Jacqueline [mailto:JFranklin2@jointcommission.org]
Sent: Tuesday, June 06, 2017 3:36 PM
To: Franklin, Jacqueline
Cc: Lorraine M. Reiser; Devdutta G. Sangvai
Subject: PTAC Plans for 2017

As a member of **Joint Commission's Ambulatory Care Professional Technical & Advisory Committee** (PTAC), you may have noticed the absence of PTAC conference calls so far this year. This was intentional (your Joint Commission e-mails have not been going to junk mail).

Our PTAC Chair, Dr. Lorraine Reiser, regularly reviewed in 2016 PTAC calls the discussions at meetings of the Standards and Survey Procedures Committee which outlined future changes for Joint Commission's standards development processes. This was driven by actions of The Joint Commission Board of Commissioners, engaged in a comprehensive review of its governance structure and processes. The Board has now applied governance best practices that allow for the most meaningful engagement with key stakeholders.

This resulted in the transition of the development, review, and approval of accreditation standards (as well as other key areas including accreditation) from activities conducted by Joint Commission Board committees to management functions with Board oversight. That transition has occurred this year in 2017, and the Board expressed satisfaction with the initial management reports on these activities that were presented at the March 2017 Board meeting.

Also as part of that review , advisory groups that were previously overseen directly by the Board, including the PTACs, now report to management.

In light of the decision of the Board to change this advisory reporting structure, Joint Commission executive officers are charged in 2017 with developing a plan for how the PTAC advisory processes will function under this new structure. We expect that this process will result in different outcomes for different accreditation programs, based on the advisory needs in each area.

While Joint Commission management thoughtfully develops a new engagement process, it is necessary to place **official PTAC calls on hold** at this time.

To allow for focus on this important transition, PTAC membership renewals and PTAC officer elections, scheduled for 2017, will also be put on hold until further notice. Current representatives, alternates, and liaisons will remain in place at this time. Questions about PTAC membership issues can be directed to me.

However, The Joint Commission still currently has a role for field input on standards development through its field review mechanism. As a representative of your association with interests in the ambulatory environment, I urge you to personally always look for that avenue to contribute input, and encourage your host association (officially or unofficially) to also make this field input opportunity publicized to its members. As an example, the Joint Commission just recently closed a six-week field review on an ambulatory standard specific for sleep diagnostic centers.

We will continue to keep you informed as this plan develops.

Thank you for your continued relationship, and that of your host association, with The Joint Commission.

****

Michael Kulczycki
Executive Director
Ambulatory Care Services
The Joint Commission

630.792.5290
mkulczycki@jointcommission.org

National Asthma Education & Prevention Program

Submitted by Natalie Napolitano – Summer 2017

Recommendations

None

Report

Notifications for posting for public comment of draft Evidence Based Reviews have been sent out for the following topics. Each one was posted on the "Pulmonary Disease Management Roundtable".

- The effectiveness of indoor allergen reduction – effectivehealthcare.ahrq.gov/... -Up Until May 24th
- The role of bronchial thermoplasty in the management of asthma – Still Pending
- Systematic Review of intermittent inhaled corticosteroids and of long-acting muscarinic antagonists for asthma – Still Pending
- The role of immunotherapy and the management of asthma: systematic review - effectivehealthcare.ahrq.gov/... – Up until May 24th
- Fractional exhaled nitric oxide clinical utility in asthma management - https://effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=645&productid=2464&documenttype=draftReport – Up until May 15th

I provided expert review on the module: "Systematic Review of intermittent inhaled corticosteroids and of long-acting muscarinic antagonists for asthma".

No meetings of the NAEPP have occurred. We still have not heard anything on who will be named to the new coordinating committee.

Neonatal Resuscitation Program

Submitted by John Gallagher – Summer 2017

Recommendations

None

Report

The NRP Steering Committee last met in March 2017 at the site of the American Academy of Pediatrics headquarters in Elk Grove, Illinois. The meeting included planning for instructor development, simulation enhancement, and provider exam modification. The AARC liaison has been recruited to participate in a web-based Q&A with questions geared toward respiratory equipment and airway management during resuscitation of the newborn.

The committee will meet in Chicago, Illinois in October 2017 for further topics of discussion and to host the NRP Current Issues Seminar. The AARC liaison is assigned as faculty for the conference and will coordinate breakout sessions for providers and instructors of all disciplines.

Roundtable Reports

(I)	*ROUNDTABLES*	Chair	Staff Liaison	BOD
37	Patient Safety	S. Sittig/K. McQueen	T. Myers	S. Tooley
38	Simulation	J. Perretta	S. Strickland	L. Trujillo
39	Disaster Response	C. Friderici	S. Strickland	J. Lindsey
40	Neurorespiratory	G. Faulkner	D. Laher	C. Hoerr
41	Tobacco Free Lifestyle	G. Sergakis	S. Strickland	N. Napolitano
42	Pulmonary Disease Mgt	M. DaSilva	T. Kallstrom	S. Tooley
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	B. Walsh
48	Geriatric	M. Hart	S. Nelson	T. Op't Holt
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 2017

Recommendations

None

Report

Charges

1. Create the framework for the needs assessment, and once completed evaluate data and make recommendations to the AARC on appropriate next steps.
2. Define "incident to" and a "direct billing" and provide pros and cons of both related to advance practice provider reimbursement and provide information that assists in determining the best approach to establish for future use.
3. Identify states where passage of advance practice provider licensure or certification would have the greatest chance of success.
4. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider.
5. General - Identify at least one educational institution to offer an educational pilot program(s) for advance practice provider.
6. Consider the development of the credential for the advance practice provider.

Report

- The following timeframe objectives were met:

Action Item	Projected Date of Completion	Status
Provide comments of RFP document	October 24th, 2016	Completed
Revise RFP document into final format	November 15th, 2016	Completed
AARC Board of Directors review and approval of	November 30, 2016	Completed

Action Item	Projected Date of Completion	Status
RFP document		
RFP release	By December 15, 2016	Completed
AARC Executive Office recommendation to Board of Directors for RFP proposal acceptance	December 5, 2016	Completed
AARC Board of Directors decision / approval of AARC Executive Office recommendation	December 12, 2016	Completed
RFP response proposals due	January 31, 2017	Completed
Vendor Selection	March 9, 2017	Completed

- The remaining action items for the committee are as follows:

Action Item	Projected Date of Completion
Survey development with AARC and Vendor	By May 30, 2017
Survey release	By June 15, 2017
AARC Summer Forum – June 25-27, 2017, Tucson, AZ **AARC Board of Directors Meeting, June 28-29, 2017**	
Survey completion / closure	July 31, 2017
Preliminary findings report	August 30, 2017
AARC Congress – October 4-7, 2017, Indianapolis, IN **AARC Board of Directors Meeting, October 2-3, 2017**	
Complete data sharing, executive summary and final report	October 31, 2017

- The committee submitted and received approval to present its work to the membership at the AARC Summer Forum and the AARC Congress.

- The committee continues to meet and work on outstanding issues.

Other

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

Committee members include:

AARC Representatives: Dr. Ellen Becker, Dr. Lynda Goodfellow, Dana Evans, Dr. David Kelley (BOMA Liaison), Anne Marie Hummel (AARC Government Affairs Liaison), John Wilgis (Co-Chair), and Dr. Shawna Strickland (Executive Office Liaison).

CoARC Representatives: Dr. Kevin O'Neil, Dr. Kathy Rye, Dr. Sarah Varekojis, Dr. George Burton (Ex-Officio) and Dr. Shane Keene (CoARC Executive Office Liaison).

NBRC Representatives: Dr. Thomas Fuhrman, Kerry George, Dr. Robert Joyner (Co-Chair), Carl Haas, and Gary Smith (NBRC Executive Office Liaison).

Respectfully submitted – John Wilgis and Dr. Robert Joyner.

Attachment 1 – Project Status Report, January 24, 2017

Project Status Report

Overall Status: [Select]

Project Name: Advanced RT Practices, Credentialing and Education

January 24, 2017

Project Abstract

In 2015, the American Association for Respiratory Care (AARC) Board of Directors (the AARC Board) charged the Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education (the committee) with several objectives and tasks continuing the work to develop advanced practice respiratory therapists in the United States. The committee's representative organizations include the AARC, the National Board for Respiratory Care (NBRC), the Commission on Accreditation for Respiratory Care (CoARC), and issue-specific organizational subject matter experts and liaisons. The committee shall examine information related to: graduate educational criteria and requirements; scope of practice and care settings; professional credentialing; and, state licensure and/or certification for the advanced respiratory care practitioner. Based on the information gathered and review, the committee shall make recommendations to the AARC Board for action. The committee serves at the pleasure of the Current President of the AARC.

Project Members

AARC Representatives:

AARC Representatives: Dr. Ellen Becker, Dr. Lynda Goodfellow, Dana Evans, John Wilgis (Co-Chair), Dr. David Kelley (BOMA Representative), Anne Marie Hummel (AARC Government Affairs Liaison) and Dr. Shawna Strickland (Executive Office Liaison).

CoARC Representatives: Dr. Kevin O'Neil, Dr. Kathy Rye, Dr. Sarah Varekojis, Dr. George Burton (Ex-Officio) and Dr. Shane Keene (CoARC Executive Office Liaison).

NBRC Representatives: Dr. Thomas Fuhrman, Kerry George, Dr. Robert Joyner (Co-Chair), Carl Haas, and Gary Smith (NBRC Executive Office Liaison).

Project Snapshot (changes in red)

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
Create the framework for the needs assessment. Changed to: "Create and recommend a framework for a needs assessment."	Y	▪ The objective / task is complete. ▪ The committee continues to review data, resources and information related to this objective / task.	▪ The developed a framework for the needs assessment in outline format addressing essential elements of information for an organization to conduct a needs assessment. ▪ Changed objective / task language.	Complete	Robert Joyner, John Wilgis, Shane Keene and Shawna Strickland with assistance and input from the committee
Conduct a literature -based gap analysis of current "mid-level / advanced-practice" provider education, capabilities, and existing provider needs.	IP	▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ Members of the committee working on the literature-based gap analysis plan on publishing the results of their findings. ▪ Information from this objective / task will	▪ A workgroup continues to develop the gap analysis.	TBD - 2017	Robert Joyner, Carl Haas, Shane Keene, Ellen Becker, Shawna Strickland, and Kathy Rye

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
		support the framework for the needs assessment and the RFP. ▪ The committee will continue to review data, resources and information related to this objective / task.			
Make a recommendation to the AARC Board to retain a third party consultant to conduct the needs assessment.	Y	▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ A recommendation was presented to the committee for review and approval on September 13, 2016. ▪ The recommendation was approved. ▪ The recommendation was forwarded to the AARC Board for consideration. ▪ The AARC Board reviewed and accepted the recommendation from the committee. ▪ A request for proposal (RFP) was released for vendor	Complete	John Wilgis, Robert Joyner and Shawna Strickland with assistance and input from the committee

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
			response.		
AARC to conduct the needs assessment.	IP	▪ The objective / task is incomplete in its current form. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ No accomplishments have been made on this objective / task at this time. ▪ A request for proposal (RFP) was released for vendor response	TBD; 2017	AARC and a selected third party consultant
Evaluate completed needs assessment to determine appropriate next steps. Changed to: "Review the results of the completed needs assessment and provide recommendations to the AARC Board of Directors for follow-up."	N	▪ The objective / task is incomplete in its current form. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ No accomplishments have been made on this objective / task at this time. ▪ Changed objective / task language.	TBD; 2017	AARC and the committee
Identify states where passage of APRT licensure or certification would have the greatest chance of success. Changed to: "Identify	Y	▪ The committee has discussed this objective / task but not provided any clear documentation.	▪ Cheryl west provided the committee with a recommendation to consider 4 states for pilot program implementatio	Complete	Cheryl West and John Wilgis with assistance and input from the

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
potential states where advance practice provider licensure or certification would have the greatest chance of success."		▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.	n. ▪ In rank order, these are: CA, AZ, IA and NC. ▪ Changed objective / task language.		committee
~~Identify at least one educational institution to offer an educational pilot program(s) for advance practice.~~	N	▪ The committee has discussed this objective / task but not provided any clear documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue	▪ No accomplishments have been made on this objective / task at this time. ▪ This objective / task was removed by the co-chairs from consideration.	NA	NA

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
		to review data, resources and information related to this objective / task.			
~~Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).~~	N	▪ The committee has discussed this objective / task but not provided any clear documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ No accomplishments have been made on this objective / task at this time. ▪ This objective / task was removed by the co-chairs from consideration.	NA	NA
Identify and describe specific situations and practice settings that differentiate an advanced practitioner from a licensed	IP	▪ The committee has discussed this objective / task but not provided any clear documentatio	▪ No accomplishments have been made on this objective / task at this time.	TBD; 2017	Anne Marie Hummel, Ellen Becker and John Wilgis with

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
respiratory therapist.		n. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.			assistance and input from the committee
Clearly define the pros and cons of both an "incident to" and "independent practice" approach related to advance practice reimbursement. Changed to: "Working with the AARC and other subject matter experts, clearly define the pros and cons of an approach to advance practice provider reimbursement and provide	IP	▪ The committee has discussed this objective / task but not provided any clear documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee	▪ No accomplishments have been made on this objective / task at this time. ▪ Changed objective / task language. ▪ Determining subject matter expertise.	TBD; 2017	Anne Marie Hummel and John Wilgis with assistance and input from the committee

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
information and recommendation that assists the AARC in determining the best option to pursue."		will continue to review data, resources and information related to this objective / task.			
~~Provide information that assists in determining the best approach to establish reimbursement mechanisms for future use.~~	N	▪ The committee has discussed this objective / task but not provided any clear documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ No accomplishments have been made on this objective / task at this time. ▪ This objective / task was removed by the co-chairs due to consolidation.	NA	NA
~~Include information related to direct billing versus salaried positions from a physician or hospital/~~	N	▪ The committee has discussed this objective / task but not provided any clear	▪ No accomplishments have been made on this objective / task at this time.	NA	NA

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
~~facility and level of supervision.~~		documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ This objective / task was removed by the co-chairs due to consolidation.		
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.	IP	▪ The committee has discussed this objective / task but not provided any clear documentation. ▪ The objective / task is incomplete in its current form. ▪ The committee plans to complete this objective / task this calendar year. ▪ The	▪ No accomplishments have been made on this objective / task at this time. ▪ This work is on-going and will extend into 2017. ▪ Changed objective / task language. ▪ Specific groups being identified for committee review.	On-going	John Wilgis, Robert Joyner and Shawna Strickland with assistance and input from the committee

Objective / task	Complete Y – Yes / N – No / IP – In Progress ?	Issues	Accomplishments	Delivery Date	Owner
Changed to: "Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider."		committee will continue to review data, resources and information related to this objective / task..			
Develop an advance practice credential. Changed to: "Consider the implications of the development of an advanced practice provider credential and provide relevant information to the AARC Board for review and follow-up."	N	▪ The objective / task is incomplete in its current form. ▪ The committee will continue to review data, resources and information related to this objective / task.	▪ No accomplishments have been made on this objective / task at this time. ▪ Changed objective / task language.	TBD; 2017	TBD based on RFP results

Project Status

Status Code Legend

On Track: Project is on schedule

High Risk: At risk, with a high risk of going off track

At Risk: Objective / Task missed but date intact

Off Track: Date will be missed if action not taken

The project is [Select] the month of [Select Start	Completed framework for the needs assessment. The literature -based gap analysis of current "mid-level / advanced-practice" provider

Date] - [Select End Date], due to the following:	education, capabilities, and existing provider needs is working to finalize their findings and information. The RFP was released by the AARC for vendor response. The committee began working to align with other committees and workgroups. The committee is working to identify and describe specific situations and practice settings that differentiate an advanced practitioner from a licensed respiratory therapist. The committee is working to identify information related to advance practice reimbursement.
Challenges / Barriers:	Identification of support and resources to complete each objective / task. Time commitment for committee members to complete objectives / tasks. Inclusion of subject matter experts to assist the committee in completing objectives / tasks. Scope-creep beyond identified objectives / tasks. Subject sensitivity.
Objective / Task accomplished the month of [Select Start Date] - [Select End Date]:	Create and recommend a framework for a needs assessment Make a recommendation to the AARC Board to retain a third party consultant to conduct the needs assessment Identify potential states where advance practice provider licensure or certification would have the greatest chance of success
Objective / Task planned but not achieved:	Identify and describe specific situations and practice settings that differentiate an advanced practitioner from a licensed respiratory therapist Working with the AARC and other subject matter experts, clearly define the pros and cons of an approach to advance practice provider reimbursement and provide information and recommendation that assists the AARC in determining the best option to pursue. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider
Objective / Task planned for next month:	Conduct a literature -based gap analysis of current “mid-level / advanced-practice” provider education, capabilities, and existing provider needs Review the results of the completed needs assessment and provide recommendations to the AARC Board of Directors for follow-up

	Identify and describe specific situations and practice settings that differentiate an advanced practitioner from a licensed respiratory therapist. Working with the AARC and other subject matter experts, clearly define the pros and cons of an approach to advance practice provider reimbursement and provide information and recommendation that assists the AARC in determining the best option to pursue. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider
Areas / key questions for discussion:	1. What is needed to complete the literature -based gap analysis of current "mid-level / advanced-practice" provider education, capabilities, and existing provider needs? 2. What resources are needed to assist committee members in completing objectives and tasks? 3. What types of subject matter experts are needed to assist the committee in completing objectives and tasks?
Last month's issues forwarded to this month:	AARC to conduct the needs assessment.

Status Summary

The on-going work supporting the literature -based gap analysis continues. The committee recommendation for the AARC to conduct a needs assessment was accepted by the AARC Board of Directors. The AARC released a RFP for a needs assessment in December 2016. Committee membership continues to change to meet the needs of the committee's objectives and tasks. Bob Joyner is now a co-chair of the committee. The committee will turn its attention to completing the other objectives / tasks identified.

The committee's co-leads and AARC Board liaisons wish to express their gratitude and appreciation for each member's dedication and contributions to our collective charges. We will continue to evaluate our progress and resource needs on a regular basis to ensure a successful conclusion to each assigned objective / task.

Project Lead Information

John Wilgis
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Request for Proposal

A Needs Assessment Study:

Exploring the Status of Non-Physician Advanced Practice Provider Employment Density and Sufficiency of Educational Background in the Care of Patients with Cardiopulmonary Disease

Ad Hoc Committee on Advanced Practice, Credentialing and Education

Submitted to the American Association for Respiratory Care Board of Directors

September 15, 2016

Revised December 6, 2016

Background

The American Association for Respiratory Care (AARC) is a not-for-profit professional association of respiratory care professionals based in Dallas, TX representing more than 47,000 members. In conjunction with its professional partners, the National Board for Respiratory Care (NBRC) representing the interests of more than 170,000 credentialed respiratory therapists and the Commission on Accreditation for Respiratory Care (CoARC) programs, which represents over 450 educational programs is seeking to assure there is an appropriate workforce to care for persons afflicted with cardiopulmonary disease. These respiratory therapists work with physicians in the care of patients with lung disorders and other cardiopulmonary conditions. The AARC is seeking a consultant to conduct a needs assessment to determine whether an education and/or workforce gap exists within the current and predicted future employment of non-physician advanced practice providers caring for patients afflicted with cardiopulmonary disease.

Project Description

As the AARC is the non-physician professional organization specifically supporting the care of patients with cardiopulmonary disease, the leaders and members of the Association are obligated to assure that patients have access to the medical care needed to optimize their health.

It is well accepted that appropriate health care leads to better quality of life. Appropriate and timely healthcare reduces overall cost through reductions in acute care (e.g., decrease hospital emergency room visits, hospital admissions, and hospital re-admissions, decreased ICU and hospital length of stay) for exacerbations of disease and improved management of chronic maladies.

It is also well accepted that while the role of non-physician advanced practice providers is increasing in the United States healthcare system, there are no non-physician advanced practice provider educational programs specifically directed at care of patients with cardiopulmonary disease. This is an important consideration because the top five (5) leading causes of death identified by the Centers for Disease Control are all pathologies of the cardiopulmonary system.[*] Additionally, to date, there has been no formal assessment of non-physician advanced practice provider roles and responsibilities in the healthcare of patients with cardiopulmonary disease. There is a paucity of data available to facilitate planning for meeting the future needs of the patients with cardiopulmonary disease. To this end, the AARC solicited voluntary support from the NBRC and CoARC to establish a collaborative working group to assess the future needs of patients with cardiopulmonary disease.

One outcome of this collaborative working group is the recommendation that the AARC develop a Request for Proposal (RFP) to retain a consultant to conduct a national needs assessment of essential stakeholders to gain an understanding of the status of availability of needed non-physician advanced practice healthcare professionals caring for patients afflicted with cardiopulmonary disease. This national needs assessment is expected to provide objective data essential for the three professional organizations to develop an opinion on the current status of

[*] Heron M. Deaths: Leading Causes for 2014. Natl Vital Stat Rep 2016;65(5):1-96.

non-physician advanced practice provider roles; allowing appropriate planning to meet future needs of patients afflicted with cardiopulmonary disease.

Literature Review

A systematic review of published literature was conducted to evaluate evidence purporting deficiencies in health care being provided by medical providers caring for patients afflicted with cardiopulmonary disease.

While this extensive effort led to the conclusion that there is no comprehensive resource documenting gaps or insufficiencies in health care delivery to patients afflicted with cardiopulmonary disease, the committee has determined there is enough data to move forward with a more comprehensive assessment of cardiopulmonary specialized, non-physician advanced practice provider workforce need. Additionally, it is the opinion of this group that this assessment must come from an independently administered workforce needs assessment of established stakeholders. Data from such a needs assessment is needed to support efforts to assure appropriate non-physician advanced practice providers are available for current and future workforce need.

Project Requirements and Objectives

Success for this RFP is defined by the selection of a consultant to conduct a national needs assessment (i.e., survey) of essential stakeholders to gain an understanding of the status of non-physician advanced practice provider preparation and availability to care for patients afflicted with cardiopulmonary disease. This workforce needs assessment is expected to sample providers who care for patients of all ages and severities of illness. The assessment will provide objective data essential to develop an opinion on the current need for non-physician advanced practice providers specializing in care of patients with cardiopulmonary disease.

Needs Assessment Survey Audience

Example of relevant stakeholders.

1. National physician organizations
    a. American Thoracic Society
    b. American College of Chest Physicians (CHEST)
    c. American Society of Anesthesiologists
    d. American Academy of Sleep Medicine
    e. American Academy of Pediatrics
    f. National Association for Medical Direction of Respiratory Care
    g. Society for Critical Care Medicine
    h. Society of Critical Care Anesthesiologists

i. American College of Allergy, Asthma and Immunology

j. American Academy of Allergy, Asthma and Immunology

2. Non-physician Advanced Practice Providers*

* Survey of this group may be optional based on responses from national physician organizations.

a. American Academy of Physician Assistants

b. American Association of Nurse Practitioners

3. Employment administrators at appropriate centers where care is provided*

a. Acute care hospitals

b. Chronic care facilities (home care, LTAC, etc.)

Sample Size

A recommendation of the sample size and justification is requested from the selected consultant. The size should be sufficient to allow robust inference of needs assessment opinions of each stakeholder group surveyed.

Time Frame

Specific milestones and deadlines are outlined below.

Required Information

The selected RFP respondent will:

- Work with the AARC to determine specific information to be included in the assessment;
- Develop a methodology of surveying the list of essential stakeholders for solicitation of information.
- Define a marketing campaign to accompany the methodology that will encourage and obtain broad stakeholder participation.
- Survey essential stakeholders with the goal of understanding the preparation of non-physician advanced practice providers who care for patients afflicted with cardiopulmonary diseases and the availability of these providers to provide this care.
- Prepare and disseminate assessment findings to the AARC within the specified time frame and deadlines.

The RFP respondent should also interrogate the data collected in the assessment and provide information to address the following areas of interest:

- Provider demographics
- Educational background of the provider including credentials
- Location of provider professional practice
- Current provider workforce needs

- Opinion of future workforce needs
- Specific comments

This consultancy should begin in April 2017 and be completed no later than October 2017.

The successful RFP respondent may use any preferred system and / or tools, technological or otherwise, they deem appropriate for the scope of work outlined in this RFP. All findings, results, raw data and executive summaries will be provided to the AARC.

All information obtained within this RFP is confidential to the successful RFP respondent and the AARC, and may not be shared with any outside party without the express written consent of the AARC.

The AARC shall identify specific subject matter experts and / or staff to work with the successful RFP respondent for the development, implementation and completion of this assessment. The AARC may identify specific milestones upon which the successful RFP respondent must provide status reports on the progress made to achieving said milestone or deliverable.

The AARC reserves the right to determine a specific method of compensation based on the achievement of individual objectives, milestones or deliverables. Both parties shall have input into the determination of said objectives, milestones or deliverables; and, these matters are negotiable.

Each party has the right to legal counsel for the review and input of any agreement or contract pertaining to this RFP.

Project Budget

The proposed budget will include all expenses associated with preparing and disseminating the assessment and analyzing and reporting the findings.

Milestones and Deadlines

The proposal will include milestones for achievements related to delivering the final product, including but not limited to:

- Collaborating with the AARC to determine specific information to be included in the assessment.
- Developing a methodology of surveying the list of essential stakeholders for solicitation of information.
- Defining a marketing campaign to accompany the methodology that will encourage and obtain broad assessment participation.
- Conducting a national workforce assessment (i.e., survey) of essential stake holders to gain an understanding of the status of healthcare availability to patients afflicted with cardiopulmonary disease.

- Preparing and disseminating assessment findings to the AARC within the specified time frame and deadlines.

Assumptions and Constraints

The vendor will provide the AARC with any assumptions and constraints pertinent to this proposed project.

Terms and Conditions

Specific terms and conditions of a contract shall be provided by the AARC for the vendor to make a fair and honest response. These may include: financing options, contract length, renewal options, warrantees, delivery penalties, service levels, etc.

Questions and Required Information

All questions related to this RFP should be directed electronically to: Shawna Strickland at shawna.strickland@aarc.org or by calling 972-243-2272. Questions will not be answered after the end of the RFP question and answer period identified above.

Contact Information and Deadline for Submissions
American Association for Respiratory Care
c/o Shawna Strickland
9425 N. MacArthur Blvd, Suite 100
Irving, TX 75063
shawna.strickland@aarc.org
Submission deadline: Friday, February 3, 2017

How to Submit a Proposal

Interested parties should submit the following information electronically, no later than February 3, 2017, to Shawna Strickland at shawna.strickland@aarc.org

1. A proposal describing your qualifications (or the qualifications of the team of consultants) and how the tasks described above would be carried out.

2. A firm estimate of fees to be charged, and an estimate of expenses that would be incurred.

3. Resumes of all consultant who would be involved in the project.

4. Names, phone numbers and email addresses of people at three non-profit organizations who have been your clients during the last 18 months, whom the AARC can contact as a reference.

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Summer 2017

Recommendations

None

Report

1. Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, and Shawna Strickland. One of the original charges had an outcome focus which was inappropriate to assign to another agency (CoARC). Thus, the original charge: "The CoARC will require programs to provide the following on their annual program summary report: names of organizations with whom they have articulation agreements, type of degree offered, whether the degree is accredited by CoARC as Degree Advancement, number of degree credits that transfer as part of articulation agreement, baccalaureate degree programs that their graduates attend, type of baccalaureate degree offered, and usual number of degree credits that transfer." was changed to read:

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

2. Review the AARC Position Statement on Continuing Education to provide more explicit information about career pathways, promotion of career pathways for entry-level therapists and future educators, leaders, and researchers. Also, address the types of degrees and degree advancement as a quality measure for RT completion degrees.

Status: Edits to the current position statement were broadened to promote higher education and include diverse works settings. These edits will be shared with the appropriate individual for this position statement review.

3. The AARC will identify websites (bls.gov, career coaching) commonly used by universities and assure that there is language that highlights the increasing role of the bachelor's degree for prospective students.

Status: Websites were reviewed and the committee recommends that President Walsh write a letter to the website owners to highlight areas where their content does not accurately reflect our profession.

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

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

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

Status: It will be very expensive ($20,000 - $40,000) for CoARC to modify their current survey instrument. Thus, a Survey Monkey form will be developed and sent to program directors from the AARC to gather the desired information. The timeline for gathering this information will be Fall 2017, timed to facilitate a higher response rate given the academic calendar.

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

Status: When data becomes available, the target webpage is: https://www.aarc.org/careers/respiratory_therapy_degree_advancement/

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

Status: The NN2 and NA2RC leadership was engaged by email. Shawna Strickland will attempt to coordinate a meeting for Ellen Becker to meet with the NN2 leadership at Summer Forum in Tucson.

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

Status: The NN2 and NA2RC leadership was engaged by email. Shawna Strickland will attempt to coordinate a meeting for Ellen Becker to meet with the NN2 leadership at Summer Forum in Tucson.

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Submitted by Lynda Goodfellow – Summer 2017

Recommendation

That AARC BOD approve the LOI to solicit proposals for Vision Grant: Educational level and the effects of quality and safety on patient care outcomes.

Report

1. See below for specific LOI for approval. This LOI is a result of motion (#17-1-84.2) carried at the spring AARC BOD meeting.

2. Since the last AARC BOD meeting, the AARC website was updated to reflect current RFPs for AARC Vision Grants and posted to the AARC Website. See: https://www.aarc.org/resources/programs-projects/aarc-vision-grant/. A new scoring checklist also drafted and posted.

Other

Members: Lynda T Goodfellow, chair
Gregg Ruppel
Georgianna Sergakis

Call for Proposals – Educational level and the effects of quality and safety on patient care outcomes.

Problem Statement: The AARC has a goal of having at least 80% of RTs either holding or working towards a bachelor's degree (BS) by 2020. To this end, the AARC will conduct/support research to evaluate whether a BS affects the quality or safety of patient care.

Request for Applications:
The AARC invites interested parties to submit a one-page letter of intent (LOI) for possible funding that advances the profession of respiratory care. If LOI accepted, a full proposal is due on TBA.

Deadline:
LOI deadline: TBA

Submission requirements:
An electronic (PDF) copy of application in ONE document (a detailed description of the proposal requirements is included below). Submit to Dr. Shawna Strickland at: Shawna.Strickland@aarc.org

OVERVIEW AND GOALS:
The bachelor (or baccalaureate) degree refers to an undergraduate college degree that takes four to five years of study and is generally 120 to 132 semester credits. The most common bachelor degrees are the Bachelor of Arts (BA) and the Bachelor of Science (BS). The Bachelor of Arts is usually less specialized and found in the social sciences and humanities, such as literature and history. The Bachelor of Science degree customarily involves the sciences and technical fields, such as, biology, engineering, nursing, health sciences or respiratory therapy.

The AARC is providing funding for research that compares the quality and safety of respiratory care when provided by respiratory therapists who hold an associate degree (AS) versus respiratory therapists who hold the BS degree. There is a need to determine if patient outcomes are safer or more effective when viewed on an educational continuum. This RFP does not imply that currently provided respiratory care is unsafe or ineffective.

ELIGIBILITY
All are encouraged to submit a LOI that describes a research plan that can adequately investigate the effect of educational level of respiratory therapists to quality of care and patient safety. Preference given when respiratory therapists are the PI or co-PI.

Applications of any amount up to $50,000 accepted for review.

PROPOSAL CONTENTS AND PAGE LIMITS
If the LOI is accepted, interested researchers should submit an application of no more than ten pages, including:

- State the scientific rationale for the study and detail how this study advances the profession of respiratory care

- Provide specific research question(s) that are sufficiently focused to carefully map issues related to the safety and quality of respiratory care
- Justify the scientific merits of study plan and the potential impact of the proposed research
- Provide a timeline for the proposed research and qualifications of all investigators
- Prepare and justify a proposed budget
- Document that IRB approval is secured
- Description of any equipment to be purchased and any implementation expenditures

REVIEW PROCESS

Applications evaluated based on the ability of the award to:

Leverage existing strengths of the primary investigators and co-investigators
2) Well-designed studies that can reveal differences in quality and safety, if any
3) Advance the profession of respiratory care and enhance the AARC's mission
4) Support AARC members
5) Proposals that include cost-sharing plans are encouraged

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Summer 2017

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

Transition of Board of Trustees

At the end of 2016 Patrick Dunne resigned as a Trustee and the terms for Becky Mabry and Steve Nelson ended based on the number of years served. Mr. Joseph Lewarski, BS, RRT, FAARC was added as a new Trustee in April 2017.

International Fellow and City Host Applications

- 4 Fellow applications received
- 5 City Host applications received
- The deadline for applications is June 1, 2017. 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 make their decision at the SF 2017 Int. Comm. Meeting.

Congress 2017 ARCF Fundraiser

- Vapotherm sponsorship in the amount of $50,000.
- Fundraiser ticket sale site is scheduled to open by June 1, 2017.
- Ticket prices:
    - $150 per person if purchased by September 1 (includes access to event, meal and one entry for grand prize)
    - $175 per person if purchased between September 1 and day before event (includes access to event, meal and one entry for grand prize)
    - NO SELLING TICKETS AT THE DOOR

List of Awards for this year (Winners to TBD)

- Research Fellowship Awards
    - Charles W. Serby COPD Research Fellowship Award
    - Philips Respironics Fellowship in Mechanical Ventilation
    - 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
    - Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies
- Education Recognition Awards for Undergraduate Students
    - Morton B. Duggan Jr., Memorial Education Recognition Award
    - Jimmy A. Young Memorial Education Recognition Award
    - NBRC/AMP William W. Burgin Jr., MD and Education Recognition Award
- Education Recognition Awards for Postgraduate Students
    - NBRC/AMP Gareth B. Gish, MS, RRT, Memorial Postgraduate Education Recognition Award
    - William F. Miller, MD Postgraduate Education Recognition Award
- Research Grants
    - NBRC/AMP H. Fredrick Helmholz, Jr., MD, Educational Research Grant
    - 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 *Pediatric Respiratory Care.* The Conference was presented under the auspices of the American Respiratory Care Foundation. Pediatric respiratory care has been evolving at a rapid pace. Much of this is due to the organization of quality improvement and research collaborative, the restructuring of reimbursement, and implementation of evidence based practices. This journal conference focused on recent findings and practice changes within the pediatric respiratory care community as well as best evidence for the effectiveness of patient and provider education, and improving adherence. Papers covering the topics presented at the conference will be published in RESPIRATORY CARE.

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

Below is an article authored by Tom Kallstrom to be published in this summer in the AARC Times.

Executive Office Update

Do you know that there is a Not-for-Profit Foundation whose sole purpose is to ensure a mechanism for support and recognition of those who practice in the profession of respiratory care? There is and it is called the American Respiratory Care Foundation (ARCF). I ask this question because a few years ago the AARC did a survey asking its members the same question. Astonishingly and sadly only 43% of our members had any idea of its existence. That is on us and we will work harder to be sure the presence of the foundation is better known.

The ARCF's mission is to promote respiratory health through the support of research, education, and patient-focused philanthropic activities in respiratory care. It also seeks to educate the public about respiratory health as well as to assist in the training and continuing education of health care providers. Formed in 1974 as the American Respiratory Therapy Foundation it was later changed to the American Respiratory Care Foundation in 1986. Since 1974 many respiratory care students, respiratory therapists, researchers, and others have benefited from its philanthropic generosity for over 40 years.

The ARCF's Board of Trustees is comprised of fourteen members, including two emeritus Trustees, who conduct the business and manage the decisions of the American Respiratory Care Foundation. There is a good cross section of respiratory therapists, physicians, business leaders, an attorney and a public member. Trustees of the ARCF are nominated by the Board of American Association for Respiratory Care (AARC) and National Board for Respiratory Care (NBRC) and ratified by the ARCF Board of Directors.

As part of its mission the Foundation supports the development of International growth of respiratory care. An International Fellowship program, which was initiated in 1990, provides support for clinicians from around the globe to come to the United States so they can observe for two weeks two clinical and/or academic programs followed by participation at the AARC International Congress. This program enhances cooperation, dialog, and educational exchanges for invitees to the United States. The International Fellowship program over the last 27 years has hosted 163 clinicians from 65 different countries. Many have gone on to develop or enhance existing respiratory care programs in their home countries. Some of the international goals include:

- Promote the exchange, development, and coordination of the art, science, and application of respiratory care.
- Allow meaningful interaction and cooperation among multi-national colleagues in a political, humanitarian context.
- Enhance the awareness and understanding of the profession of respiratory care and its vital role on the health care team.
- Provide encouragement and assistance to those countries seeking to establish the profession of respiratory care as an independent profession.
- Provide encouragement and assistance to those countries seeking to gain legal recognition of the profession of respiratory care.
- Provide encouragement and assistance to those countries seeking to establish professional associations for respiratory therapist.

As part of the ARCF's mission to give back there are several awards, grants and fellowships all of which are awarded annually at the AARC Congress. They include:

- Four Education awards (The ARCF offers Education Recognition Awards to students who are currently enrolled in accredited respiratory care education programs)
- Two post graduate student awards (The ARCF offers Education Recognition Awards to respiratory therapists who are pursuing an advanced degree)
- Four Research Fellowships (All fellows are selected by ARCF Trustees from researchers having high quality abstracts accepted for presentation at the AARC Congress)
- Seven Achievement Awards (The ARCF presents these seven awards to professionals in order to recognize their dedication and commitment in the respiratory care field).
- Two Literary Awards (All literary awards are presented by the American Respiratory Care Foundation at the AARC Congress based on papers published in the science journal RESPIRATORY CARE)
- Four Research Grants
- Four named/restricted Awards
  For detailed information please go to
  http://www.arcfoundation.org/support/documents/ARCFBrochure.pdf

Additionally the ARCF funds the annual Respiratory Care Journal Conferences. We have found this to make a significant impact on the practice of the profession. The 56th conference was held this past June. The Journal Conferences allows us to gather noted scholars and clinicians who present the latest in pulmonary science. The June conference was focused on respiratory medications for COPD and adult asthma. The proceedings of the conference will be published next year in the Respiratory Care Journal.

In order for the ARCF to grow and continue to offer these awards, grants and fellowships we rely on donations from industry, AARC, NBRC, and individuals. Some of our members have thought out of the box in their support. An example would be Craig Smallwood a respiratory therapist in Boston who decided to garner pledges for a 583-mile bike ride he and his father took last summer. He was able to exceed expectations and brought in over $3,000 to the ARCF.

We also hold an annual fundraiser at the AARC Congress. This year it will be held on October 3, 2017 in Indianapolis at Lucas Oil Stadium where the Indianapolis Colts play. Year after year the support for this event grows as does the donors and attendees. We would love to see you there this year as we seek to raise money so that the ARCF can continue to give back. If you cannot attend I would encourage you to go to where you will be able to make a donation electronically. https://fs20.formsite.com/advertisingaarc/form21/index.html

It is great to see the ARCF grow in its ability to provide support and recognition of those who so much deserve it. Please join us and be a part of ensuring that our profession will continue to have the support from the ARCF as it gives back to the profession. I encourage you to visit the ARCF web page where you can get even more information about the foundation.
http://www.arcfoundation.org

CoARC Report

Submitted by Tom Smalling – Summer 2017

See Attachment:

"CoARC Update June 2017"

Date: June 2, 2017

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 2017 to discuss business related items pertinent to the credentialing system. In August 2017, the NBRC will host the 26th Annual State Licensure Liaison Group Meeting in Kansas City and several committees of the Board will also meet including the Executive Committee, the Investment Advisory Committee, the Clinical Simulation Examination Committee and the Long Range Planning Committee who will participate in a day long strategic planning discussion. The following information summarizes the current status of significant changes to several examinations and major initiatives in which the Board and staff are currently involved.

Continuing Competency Program

Recommendations for modifications to the NBRC's Continuing Competency Program (CCP) were considered by the Continuing Competency Committee in November 2016 and they directed the Executive Office staff to create a detailed implementation plan which was reviewed by the Committee and approved by the Board at the April 2017 meeting. Modifications include an assessment of knowledge similar to the physician model being employed by the American Board of Anesthesiology and the American Board of Pediatrics. Details of the program changes will be forthcoming later this year with expected implementation for specialty credentials in 2019 and 2020 for the CRT and RRT credentials.

Advanced Practice Respiratory Therapist Ad Hoc Committee

Collaboratively with the AARC and CoARC, the NBRC has appointed four representatives to serve on an Ad Hoc Committee on the Advanced Practice RT to work on issues related to the potential education, credentialing, and practice of these therapists. In anticipation of an eventual credentialing examination for these therapists, the NBRC continues to work with its trademark counsel to protect, through intent to use, the terms APRT and RRT-AP.

Job Analysis Studies

Job analyses for the Neonatal/Pediatric Specialist and Adult Critical Care Specialist have been completed and the Board approved the final reports at their April 2017 meeting. The respective

examination committees are now working on the revised examination content and new test forms associated with the new test specifications for these examination programs will be introduced in 2018. In April, an advisory committee including outside representatives from the AARC, BOMA and CoARC convened to begin the next respiratory therapy job analysis which will result in new test specifications for the Therapist Multiple-Choice and Clinical Simulation Examinations in 2020.

Admission Policy Changes

At its April meeting, the Board approved on first reading the elimination of the provision for CRTs who have held the credential for at least one year to be eligible for the Neonatal/Pediatric Respiratory Care Specialty Examination (NPS). For this change to become effective, the Board must approve the recommendation on second reading at its December 2017 meeting. Assuming the Board approves this recommendation, the policy change would go into effect when test specifications change for the NPS Examination in mid-2018.

New Logo and Brand Strategy Initiatives

As you may have noticed, the NBRC is rebranding. In addition to our new logo, we've redesigned our Horizons newsletter to make the information more accessible to our readers, and to align the look and feel with our newly enhanced NBRC brand. Over the coming weeks and months, you will see our new brand expand across all NBRC resources and communications, including our website and practitioner database. Our new axiom, **EXCELLENCE defines us**, reflects the meaningful and purposeful work we all do as a national community of credentialed practitioners, program directors, directors of clinical education, respiratory care students, and professional organizations to protect the integrity and quality of respiratory care provided to patients. Our brand identity and positioning are pivoting to better represent what we do, and will serve to strengthen our scope of services in the national credentialing of respiratory therapists. With a mission of promoting excellence through rigorous competency standards and credentialing examinations, we know the people who earn the NBRC credentials are widely respected within the medical community where they work. Through our new brand positioning and communications, we are celebrating their commitment to patient safety and high-quality respiratory care.

2017 Examination and Annual Renewal Participation

Thus far in 2017, nearly 10,000 examinations across all programs have been administered. 2017 annual renewal notices were mailed in early October of 2016 and follow-up email reminders are being sent on a monthly basis. To date, nearly 52,000 individuals have renewed their active status for 2017. Many have taken advantage of the $5 discount available to those who renew online.

Examination Statistics – January 1 –May 27, 2017

Examination	***Pass Rate***
Therapist Multiple-Choice Examination – 4,897 examinations	
• First-time Candidates	Exceed High Cut-Score – 75.5% Exceed Low Cut-Score – 83.9%
• Repeat Candidates	Exceed High Cut-Score – 24.0% Exceed Low Cut-Score – 43.5%
Clinical Simulation Examination – 3,699 examinations	
• First-time Candidates	56.1%
• Repeat Candidates	40.9%
Adult Critical Care Examination – 324 examinations	
• First-time Candidates	72.9%
• Repeat Candidates	60.3%
Neonatal/Pediatric Examination – 349 examinations	
• First-time Candidates	79.9%
• Repeat Candidates	52.1%
Sleep Disorders Specialty Examination – 57 examinations	
• First-time Candidates	77.1%
• Repeat Candidates	55.6%
PFT Examination – 186 examinations	
• First-time Candidates	Exceed High Cut-Score – 28.8% Exceed Low Cut-Score – 69.6%
• Repeat Candidates	Exceed High Cut-Score – 19.7% Exceed Low Cut-Score – 55.8%

Your Questions Invited

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

Unfinished Business

- **Policy Updates**
    - Policy RT.001 – Roundtables – Roundtables (clean copy below, changes attached in document “Policy RT.001_SS_AF BKW edits 4_26_17”)

American Association for Respiratory Care
Policy Statement

Policy No.: CC.001

SECTION: AARC Communities

SUBJECT: **AARConnect Communities**

EFFECTIVE DATE: August 22, 2001

DATE REVIEWED: June 2017

DATE REVISED: June 2017

REFERENCES:

Policy Statement:

1. Communities are formally organized groups of AARC members focused on specific topics of common interest and can either be public or private access.
    a. Public access communities have no restrictions and can be joined by any member of the AARC.
    b. Private access communities are those that a member must have special permission, such as an appointment or require additional fee for participation such as section membership.

2. A minimum of 25 members may propose a Community by completing the attached Communities *Proposal Form* and submitting it to the AARC Executive Office.
    a. Exception: state boards may request private communities even if there are less than 25 potential members.
3. All communities must maintain a key contact. This provides the community a volunteer as well as provide the Executive Office a point of contact for questions about the group over time

4. The AARC Executive Office will communicate this request to the AARC membership using the appropriate methods and solicit interest in participation.

5. The AARC may elect to dissolve a Community at any time due to lack of interest. In such case, the AARC will post an announcement on AARConnect stating the reason(s) for the dissolution of the Community, and the community will cease 30 days after the announcement. Lack of interest examples include, but are not limited to:
    a. The Community has three consecutive months with no posts.
    b. The Community is no longer serving the original purpose for development.
    c. The Community grows large enough to become a section, formally requests the AARC Board investigate interest and feasibility, and is approved by the AARC Board to transition into a recognized specialty section.

American Association for Respiratory Care

Communities Proposal Form

Please read the *AARC Communities Policy* before completing this form.

Definition – *Communities are formally organized members of the AARC focused on significant topics of common interest, and who feel other groups within the organization are not addressing their special interest.*

Your Name _____

AARC Member # _____ E-Mail _____

Employer _____

City _____ State _____

Suggested name for proposed Community _____

List reasons you and others feel justify the establishment of the *Communities*:

_____
_____
_____
_____
_____
_____

Before your proposal is submitted, at least 24 other AARC members must concur with you. E-mails to you will be accepted in lieu of their signatures.

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

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Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Your Signature _____ Date _____

☐ I agree to serve as the key contact for this community. If at any point I am unable to serve in this role, I agree to notify the AARC and assist in recruiting an appropriate key contact as my replacement.

Please Send via US Mail to: **President, American Association for Respiratory Care**
9425 N. MacArthur Blvd #100
Irving, TX 75063

New Business

Policy Review

- CA.002 – Chartered Affiliates – Chartered Affiliate Requirements and Responsibilities
- CA.003 – Chartered Affiliates – Chartered Affiliates Revenue Sharing Adjustments
- FM.016 – Fiscal Management – Travel Expense Reimbursement

American Association for Respiratory Care
Policy Statement

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliate Requirements and Responsibilities**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~April 2012 (checklist and revisions by HOD Speaker with assistance from BOD Secretary due at Summer Forum 2012)~~ June 2017

DATE REVISED: ~~April 2012~~ June 2017

REFERENCES:

Policy Statement:
Chartered affiliates shall be responsible for providing necessary formal documentation required for Chartered Affiliate Membership in the AARC.

Policy Amplification:

1. Chartered Affiliates shall be required to provide the following written documentation to the AARC.

    A. Proof of state and federal not–for-profit status.

    B. Proof of Chartered Affiliate Treasurers and other checking account signatories being bonded.

    C. Proof of Chartered Affiliate financial audit.

2. The Affiliate Charter shall remain the property of the Association, and replacement or additional copies must be purchased at cost plus handling.

3. It shall be the responsibility of the Chartered Affiliates Committee to solicit and maintain documentation.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliates Revenue Sharing Adjustments**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: June 2017

DATE REVISED: ~~July 2005~~ June 2017

REFERENCES: AARC-Chartered Affiliate Revenue Sharing Agreement.

Policy Statement:
The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of past due state debts and documented violations of the AARC-Chartered Affiliate Revenue Sharing Agreement.

Policy Amplification:

1. The AARC Executive Director shall be authorized to withhold amounts owed the AARC by the Chartered Affiliate which are past due by 90 days.

   A. The Executive Director shall deduct the amount past due from the next revenue sharing payment made to that affiliate.

   B. In the event that the past due amount exceeds the revenue sharing payment, the amount still owed shall be deducted from the subsequent revenue sharing payments until outstanding debts are fully paid.

2. Failure to sign the Revenue Sharing agreement will result in suspension of revenue sharing to the Chartered Affiliate until a Revenue Sharing agreement has been filed with the Executive Office.

3. The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of documented violation of the AARC-Chartered Affiliate Revenue Sharing Agreement.

DEFINITIONS:
ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

SECTION: Fiscal Management

SUBJECT: **Travel Expense Reimbursement**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2014

DATE REVISED: December 2014

REFERENCES: TR: 0397- 1997

Policy Statement:
Expenses incurred for all official Association travel shall be reported, recorded, and reimbursed in accordance with Association policy.

Policy Amplification:
1. Association policy for Travel Expense Reimbursement shall apply to all Association employees and authorized Association members.

    A. Travel expense reimbursement shall not be provided for representatives to external organizations unless approved in advance by the President with subsequent review by the Finance Committee and ratification by the Board of Directors.

2. All persons requesting reimbursement for expenses incurred for Association business shall report those expenses:

    A. Using an approved Expense Voucher with valid receipts attached

    B. Within thirty (30) days of when expenses are incurred

3. Reimbursement for travel shall be as follows, with the provision of valid receipts:

    A. Travel arranged through High Point Travel three weeks in advance of departure date.
    OR
    Round-trip, coach class airfare or lowest day airfare available. Because the AARC strives to get the lowest airfares in order to maximize our travel dollars, all air travel must be booked no later than three weeks from the anticipated date of departure. Please forward airline travel itineraries to the AARC Executive Office before booking your flight.

    B. Airport parking and ground transportation

C. Other methods of transportation (rail, automobile, bus, road tolls, parking), singularly or in any combination, shall be reimbursed at a total rate not to exceed the lowest day airfare available.

D. Automobile travel shall be paid at the current Internal Revenue Service (IRS) rate that is in effect at the time of the annual budget process (usually October of each year).

4. Reimbursement for lodging shall be as follows, with the provision of valid receipts:

A. Lowest possible rate for those nights required for Association business.

5. Reimbursement for registration fees shall be as follows, with the provision of valid receipts:

A. When necessary, advertised registration or admittance fees to programs attended on Association business shall be reimbursed at the fee stated on the program announcement.

6. Per diem shall be $50 (effective 1/1/2015) per day for those days required for Association business:

A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, Internet)

B. Personal expenses incurred while on official Association travel (e.g., entertainment, Internet, or laundry) shall not be eligible for reimbursement from the Association, other than coverage with per diem.

7. Advance payment of per diem shall be made in compliance with Association travel reporting requirements and only with advance written approval from:

A. The President for the voluntary sector of the Association
B. The Executive Director for Association employees
C. Exceptions to the above requirements for advance per diem shall be:

1. Regularly scheduled Board of Directors' meetings
2. Regularly scheduled Executive and Finance Committee meetings
3. Travel for official Association representation to external organizations

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of $25.00 or more, to include the following:

    A. Business class airfare
    B. Ground transportation
    C. Lodging
    D. Meals
    E. Internet and facsimile

9. Expenses incurred by the President incidental to executing the duties and responsibilities of that office shall be:

    A. Paid by the Association
    B. Monitored by the Finance Committee
    C. Subject to review by the independent auditors

10. All individuals traveling at Association expense shall notify the Executive Office in advance of the intended travel.

    A. The Executive Office may act as the Association's travel agent and schedule advance transportation and lodging.

    B. The Executive Office may direct individuals to purchase tickets on their own.

    C. The Executive Office may review and approve the travel plans made by the individuals

11. All public transportation (e.g., airfare, bus fare) not purchased through the Association's designated travel agency shall be reimbursed at a fee up to, but not exceeding, the fee that would have been charged by the Association's travel agency.

12. Board meeting expenses

    A. Travel, lodging and meal expenses for the Spring and Summer meetings will be reimbursed for all officers and directors using the criteria established above.
    B. At the Fall meeting held in conjunction with the annual AARC convention, the following special policies will apply to directors that are either incoming or outgoing that year:
        i. Incoming director required to attend New board meeting only (usually last day of convention)
            1. Airfare reimbursed according to the policy point 3 above.
            2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for two nights only.
        ii. Outgoing directors
            1. Airfare reimbursed according to the policy point 3 above.
            2. Lodging and per diem reimbursed according to the policy points 4 & 5 above, respectively, for up to a maximum of four nights.

C. Convention registration---While all directors and officers are encouraged to seek payment for such from their employer, the AARC will pay for such registration as follows:
    i. Current and outgoing directors---full registration
    ii. Incoming directors—not entitled to registration reimbursement.

DEFINITIONS: "Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS: