



American Association for Respiratory Care

Board of Directors Meeting

Courtyard Dallas DFW Airport North/Grapevine
2200 Bass Pro Court
Grapevine, TX 76051

March 24-25, 2018

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Executive Committee Meeting – March 23, 2018
Finance Committee and Board of Directors Meetings – March 24-25, 2018

Friday, March 23

5:00-7:00 pm	Executive Committee Meeting (Committee Members only) - Boardroom
7:00-9:00 pm	Casual BOD dinner/reception – Cowboys B
8:30-9:00 pm	Board Orientation – Cowboys B

Saturday, March 24

7:30 am	Breakfast available – Silverlake C
8:00-9:00 am	Finance Committee Meeting - Silverlake C
9:00 am-3:00 pm	<u>Board of Directors Meeting</u> – Silverlake C
9:00 am	Call to Order Announcements/Introductions Approval of Minutes pg. 9 E-motion Acceptance pg. 33
9:30 am	John Barrett & Nancy Bello – Merrill Lynch - Investment Report
10:00 am	Tom Smalling - CoARC Report pg. 165 (A)
10:30 am	Bill Sims - Salmon, Sims, & Thomas - Auditor's Report
11:00 am	Lawrence M. Wolfish - Wolfish & Newman, P.C. Board Member Fiduciary Responsibility & Conflict of Interest
11:30am	Board Orientation
12:00 pm	LUNCH BREAK (Daedalus Board Meeting)
1:30 pm	RECONVENE Zara Day (lobbyist)– CRD Associates (by phone) Anne Marie Hummel (by phone) – Advocacy & Government Affairs Report pg.59 General Reports pg. 34 President pg.35 Past President pg. 41 Executive Director Report pg. 42 (R) House of Delegates pg. 67 Board of Medical Advisors pg. 68 President's Council pg. 73
2:00 pm	Standing Committee Reports pg. 79 Audit Subcommittee pg. 80 (R)

Bylaws Committee pg. 82 (R) (A)
Elections Committee pg. 85
Executive Committee pg. 87
Finance Committee pg. 88
Judicial Committee pg. 89
Program Committee pg. 90 (R)
Strategic Planning Committee pg. 93

Specialty Section Reports pg. 94

Adult Acute Care pg. 95
Diagnostics pg. 96
Education pg. 97
Management pg. 100
Neonatal-Pediatrics pg. 103
Post Acute Care pg. 104
Sleep pg. 105
Surface to Air Transport pg. 106

2:15 pm

Special Committee Reports pg. 107

Advocacy & Government Affairs pg. 108
Benchmarking Committee pg. 109
Billing Codes Committee pg. 110
Diversity Committee pg. 112
Fellowship Committee pg. 113
International Committee pg. 114 (R) (A)
Membership Committee pg. 119
Position Statement/Issue Paper Committee pg. 120 (R)
Virtual Museum Committee pg. 129
Vision Grant Committee pg. 130 (R)

2:30pm

Special Representatives pg. 132

AMA CPT Health Care Professional Advisory Committee pg. 133
American Association of Cardiovascular & Pulmonary Rehab pg. 134
American Heart Association pg. 137
Chartered Affiliate Consultant pg. 138
Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) pg. 139 (R)
Comm. on Accreditation of Medical Transport Systems pg. 143
Extracorporeal Life Support Organization (ELSO) pg. 144
International Council for Respiratory Care (ICRC) pg. 145
National Asthma Education and Prevention Program (NAEPP) pg. 147
Neonatal Resuscitation Program pg. 150
Society for Airway Management pg. 151

3:15-3:45pm

Nominations for Life & Honorary Membership
(see pg. 77 for criteria)

Nominations for Legends of Respiratory Care
(see pg. 182 for criteria)

ARCF Achievement Award Nominations (see attached file “ARCF Nominations”) pg. 181 (A)
Bird
Hudson

Petty/Invacare
Mike West
Mitch Baran

3:45 pm

Policy Review pg. 152

- MP.001 – Membership – General Operating Policies pg. 153
- MP.002 – Membership – Membership Challenge Policy (A)
- BOD.003 – Board of Directors – Use of AARC Corporate Credit Card pg. 155
- BA.001 – Board of Medical Advisors – Medical Advisors pg. 156

4:15-5:00pm

Committee Workgroups (Boardroom and Cowboys A available)

Sunday, March 25

7:30 am Breakfast available – Silverlake C
8:00-9:00 am Committee Workgroups (Boardroom and Cowboys A available)

9:00 am-3:00 pm **Board of Directors Meeting**

9:00 am Call to Order

9:15 am Board Orientation – Karen Schell

10:00 am Lori Tinkler and Kathy Fedor – NBRC Report pg. 166

10:30 am Ad Hoc Committee Reports pg. 157
Advanced RT Practices, Credentialing, and Education pg. 158 (R) (A)
Career Pathways pg. 161

Other Reports pg. 163
ARCF Report pg. 164 (A)

UNFINISHED BUSINESS pg. 170

- Referral to president-elect – CoBGRTE
- Tabled ELSO recommendation
- Tabled ECMO Specialist recommendation

12:00 pm LUNCH BREAK

1:30 pm Michelle Packard-Milam – Packard Business Strategies, LLC

3:30 pm **NEW BUSINESS** pg. 171

- Transition to BSRT / MSRT resources: Example Curriculum (proposed Ad Hoc Committee on BS Entry to Practice Collaborative) pg. 172 (R)
- APRT Phase II
- Action Items from Michelle's presentation

4:30-5:00pm Committee Workgroups (Boardroom and Cowboys A available)

ANNOUNCEMENTS

TREASURER'S MOTION

ADJOURNMENT

(R) = Recommendation
(A) = Attachment

Recommendations

(As of March 9, 2018)

AARC Board of Directors Meeting

March 24-25, 2018 • Grapevine, TX

Executive Office

Recommendation 18-1-1.1 “That the AARC Board of Directors request the NBRC to explore the development of a multidisciplinary Pulmonary Disease Educator credential.”

Audit Sub-committee

Recommendation 18-1-13.1 “That the AARC Board of Directors accept the audit report as presented.”

Bylaws Committee

Recommendation 18-1-9.1 “That the AARC Board of Directors find that the Iowa Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Recommendation 18-1-9.2 “That the AARC Board of Directors find that the Maine Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Recommendation 18-1-9.3 “That the AARC Board of Directors find that the Arizona Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Recommendation 18-1-9.4 “That the AARC Board of Directors find that the North Dakota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Recommendation 18-1-9.5 “That the AARC Board of Directors find that the Tennessee Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.”

Program Committee

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

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

International Committee

Recommendation 18-1-23.1 “That the AARC investigate methods of teaching international members how to renew their membership.”

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

Recommendation 18-1-23.3 “That the AARC offer country specific list-serves as a benefit to members from countries that have International Affiliate Status.”

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

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

Position Statement Committee

Recommendation 18-1-26.1 “That the position statement entitled ‘Respiratory Therapist Education’ (11/2015) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Recommendation 18-1-26.2 “That the position statement entitled ‘Telehealth and Respiratory Therapy’ (04/2013) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved.”

Recommendation 18-1-26.3 “That the position statement entitled ‘Home Respiratory Care Services’ (07/13) be approved without revisions, and the words Reviewed 03/18 be added to the date list at the bottom of the document.”

Recommendation 18-1-26.4 “That the issue paper entitled ‘Utilization in Respiratory Care’ (no date) be retired.”

Vision Grant Committee

Recommendation 18-1-22.1 “That the AARC Board of Directors accept and approve the LOI and application guidelines for 2018 as presented.”

CoBGRTE

Recommendation 18-1-68.1 “That the AARC Board of Directors appoint a CoBGRTE representative to the Ad Hoc Committee on Advanced Practice RT Practices, Credentialing, and Education.”

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

Recommendation 18-1-31.1 “That the AARC Board of Directors fund an expanded needs assessment to determine geographic location, physician specialty, and density of workforce need for non-physician advanced practice providers explicitly trained to provide care to patients afflicted with cardiopulmonary disease.”

Ad Hoc Committee on BS Entry to Practice Collaborative

Recommendation 18-1-29.1 “That the AARC Board of Directors ratify the Ad Hoc Committee on BS Entry to Practice Collaborative.”

Recommendation 18-1-29.2 “That the AARC Board of Directors approve the BS Entry to Practice Collaborative ‘Recruitment’ work group plan to survey current baccalaureate programs regarding successes, challenges and best practices with progress reports to be reviewed at the 2018 summer and fall BOD meeting.”

Recommendation 18-1-29.3 “That the AARC Board of Directors approve the BS Entry to Practice Collaborative ‘Category II and Category III’ work group plan to successfully convert AS programs to BS programs with progress reports to be reviewed at the 2018 summer and fall BOD meeting.”

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

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

October 2, 2017 • Indianapolis, IN

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, FAARC, 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
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

Guests

Mike Madison, CSRC President

Staff

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

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:10am EDT.

Secretary/Treasurer Karen Schell called roll and declared a quorum.

Board members introduced themselves and participated in an ice breaker.

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.

APPROVAL OF MINUTES

Frank Salvatore moved to approve the minutes of the June 28, 2017 meeting of the AARC Board of Directors.

Motion carried

Frank Salvatore moved to approve the minutes of the June 29, 2017 meeting of the AARC Board of Directors.

Motion carried

E-MOTIONS

Frank Salvatore moved to ratify the E-motion.

Motion carried

GENERAL REPORTS

President's Report

President Walsh gave highlights of his submitted written report and discussed the recent Board self-assessment survey.

Executive Office

Tom Kallstrom gave highlights of his submitted written report and reviewed the Executive Office referral from June meeting.

Karen Schell moved to approve 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."

Motion carried

President Walsh introduced a student who came to observe the Board meeting.

Advocacy & Government Affairs

Anne Marie Hummel gave a brief update to her report.

Frank Salvatore moved to ratify the president's appointment of Dr. Yoder to the Board of Medical Advisors (BOMA).

Motion carried

Ellen Becker abstained, co-worker.

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

Shawna Strickland and John Wilgis gave a PowerPoint presentation on the APRT Needs Assessment.

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 11:00am EDT.

RECONVENE

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

Executive Committee Report

President Walsh informed the Board of some recent actions made by the Executive Committee.

Frank Salvatore moved to ratify actions taken by the Executive Committee.

Motion carried

Board of Medical Advisors (BOMA)

Chair Dr. Robert Aranson gave a verbal update of the current organization representatives and announced Dr. Lori Conklin as 2018 Chair and Dr. Neil MacIntyre as 2018 Chair-elect.

STANDING COMMITTEES REPORTS

Bylaws Committee

Natalie Napolitano moved to accept Recommendation 17-3-9.1 “That the AARC Board of Directors find that the Nevada Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 17-3-9.2 “That the AARC Board of Directors find that the Puerto Rico Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 17-3-9.3 “That the AARC Board of Directors find that the Rhode Island Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 17-3-9.4 “That the AARC Board of Directors find that the South Carolina Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Natalie Napolitano moved to accept Recommendation 17-3-9.5 “That the AARC Board of Directors find that the Utah Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Lisa Trujillo abstained.

Natalie Napolitano moved to accept Recommendation 17-3-9.6 “That the AARC Board of Directors find that the Washington Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws.”

Motion carried

Program Committee

Susan Gallo moved to accept Recommendation 17-3-15.1 “That the AARC Board of Directors approve the discontinuation of the AARC Practitioner Sputum Bowl beginning in 2018.”

Motion carried

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

Motion carried

SPECIALTY SECTION REPORTS

Frank Salvatore moved to accept the Specialty Section reports as presented.

Motion carried

SPECIAL COMMITTEE REPORTS

International Committee

Sheri Tooley moved to accept Recommendation 17-3-23.1 “That the proposed Procedure and Criteria for receiving and maintaining International Affiliate status be approved.”

Frank Salvatore moved to refer to the Executive Office to revise and send thru an e-vote by December 31, 2017.

Motion carried

Membership Committee

Sheri Tooley moved to accept Recommendation 17-3-24.1 “That the AARC Board of Directors approve the proposed plan to operationalize the removal of the free student membership per Spring 2017 Membership Committee recommendation and Board action request dated March 12, 2017.”

Motion carried

Position Statement Committee

Sheri Tooley moved to accept Recommendation 17-3-26.1 “That the position statement entitled ‘Administration of Sedative and Analgesic Medications’ (07/2007) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

Lisa Trujillo moved to accept Recommendation 17-3-26.2 “That the position statement entitled ‘Respiratory Therapists in the Emergency Department’ (04/2012) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved.”

Natalie Napolitano moved to refer back to the Position Statement Committee for clarification/definition of “emergency setting”.

Motion carried

Susa Gallo moved to accept Recommendation 17-3-26.3 “That the position statement entitled ‘Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult Patient’ (11/2009) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved.”

Motion carried

Sheri Tooley moved to accept Recommendation 17-3-26.4 “That the issue paper entitled ‘Best Practices in Respiratory Care Productivity and Staffing’ (11/2009) be re-classified as a Guidance Document and placed on the same review schedule as the position statement of the same name.”

Motion carried

Sheri Tooley moved to accept Recommendation 17-3-26.5 “That the issue paper entitled ‘Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates’ (not dated) be retired.”

Motion carried

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

Frank Salvatore moved to refer to the Executive Office with an E-vote by January 15, 2018.

Motion carried

Sheri Tooley moved to accept the Special Committee Reports as presented.

Motion carried

Frank Salvatore moved to accept FM 17-3-84.1 That the AARC Board of Directors waive the disaster relief application process once for all AARC members residing in Puerto Rico following its unprecedented devastation and approve the distribution of the maximal award to each member.

Motion carried unanimously by Board of Directors and House of Delegates.

RECESS

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

JOINT SESSION

Joint Session was called to order at 1:40pm EDT. A moment of silence was held for the victims of the Las Vegas shootings.

Secretary/Treasurer Karen Schell called roll and declared a quorum.

President Walsh gave a presentation about APRT and answered questions from the House.

Anne Marie Hummel provided federal and state government updates regarding HR 3737.

Bylaws Chair, Bob DeLorme, gave the 2nd reading of the Bylaws (deleting Article X).

Executive Session

Karen Schell moved to go into Executive Session at 2:45pm EDT.

Motion carried

Karen Schell moved to come out of Executive Session at 3:05pm EDT.

Motion carried

President Walsh and House Speaker Siegel presented Speaker-elect Teri Miller with a plaque thanking her for her services earlier in the year.

Joint Session ended at 3:10pm EDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 3:17pm EDT.

Shawna Strickland and Rob Shaw (NBRC) presented the results of the Human Resource Survey. The Board discussed ways to get more RTs to start working towards a baccalaureate degree.

Natalie Napolitano moved to accept the second reading of the bylaws changes as read in Joint Session.

Motion carried

Karen Schell moved that the Board of Directors accept the 2018 budget as presented in Executive Session during Joint Session

Motion carried

Frank Salvatore moved to accept the General Reports as presented.

Motion carried

SPECIAL REPRESENTATIVES REPORTS

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Natalie Napolitano moved to accept Recommendation 17-3-68.1 "That the AARC and CoBGRTE jointly sponsor a lecture at the 2018 Summer Forum on a topic that would advance baccalaureate and graduate education."

Susan Gallo moved to table to Saturday, October 7 after Tim Myers speaks with Peg Traband about clarification.

Motion carried

Sheri Tooley moved to accept Recommendation 17-3-68.2 "That the AARC and CoBGRTE jointly sponsor a research project that would document the value of attaining a baccalaureate and/or graduate degree."

Sheri Tooley moved to table to Saturday, October 7 after Tim Myers speaks with Peg Traband about clarification.

Motion carried

Extracorporeal Life Support Organization (ELSO)

Sheri Tooley moved to accept Recommendation 17-3-69.1 "That FM17-2-83.1 (Natalie

Napolitano moved that the VP of External Affairs discuss with the ELSO rep to provide specific

information as to the barriers and the states these are occurring in and so we can provide assistance up to and including a joint position statement with ELSO and suggested RT state licensure wording structures.) be tabled until the April 2018 BOD meeting.”

Motion carried

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 5:10pm EDT.

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

Karen Schell
AARC Secretary/Treasurer

Date

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

October 3, 2017 – Indianapolis, IN

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, FAARC, 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
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

Guests

Mike Madison, CSRC President
Georgianna Sergakis, PhD, RRT, FAARC

Staff

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

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 8:05am EDT.

SPECIAL REPRESENTATIVES REPORTS

International Council for Respiratory Care (ICRC)

Frank Salvatore moved to accept Recommendation 17-3-70.1 “That the Process and Criteria for Establishment, Maintenance and Withdrawal of Approval for International Affiliates be formally approved and included in the AARC Policy & Procedure Manual.”

Frank Salvatore moved to refer to the Executive Office to operationalize by January 15, 2018.

Motion carried

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

Motion carried

AD HOC COMMITTEE REPORTS

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

Frank Salvatore moved to accept Recommendation 17-3-31.1 “That the AARC Board of Directors accept the *NPAPP Needs Assessment Key Findings* and the *AARC Needs Assessment Study Methods and Item Results* submitted to the AARC on August 17, 2017 by JBS International, Inc.”

Motion carried

FM 17-3-31.2 That the AARC Board of Directors charge the Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education to develop the next level of needs assessment with JBS International, Inc. and report back thru e-vote by January 15, 2018 with scope and budget.

Motion carried

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Deb Skees moved to accept Recommendation 17-3-30.1 “That the AARC BOD accept the top ranked proposal for funding for the 2017 AARC Vision Grant.”

Motion carried

Karen Schell abstained, colleague Cheryl Skinner

Frank Salvatore moved to accept the Ad Hoc Committee reports as presented.

Motion carried

OTHER REPORTS

The reports from ARCF, CoARC, and NBRC were reviewed.

Frank Salvatore moved to accept the other reports.

Motion carried

UNFINISHED BUSINESS

Natalie Napolitano moved to un-table Recommendation 17-2-1.3 (tabled from June meeting) “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.”

Natalie Napolitano moved to make a friendly amendment to remove "...on patient care." and to refer to the Executive Office to develop details related to the RFP.

Motion carried

CA.002 – Chartered Affiliate Requirements and Responsibilities

Frank Salvatore moved to call the question.

Motion carried

Frank Salvatore moved to refer to the Audit Sub-Committee.

Motion carried

RECESS

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

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 9:50am EDT.

President Walsh introduced two students who came to observe the meeting.

FM.016 – Travel Expense Reimbursement

Frank Salvatore moved to accept the changes proposed.

Motion carried

FM 16-3-26.1 "That the Position Statement/Issue Paper Committee develop a resource for best practices to include licensure requirements for practice of the respiratory therapist as an ECMO specialist."

Natalie Napolitano moved to keep it tabled until Spring 2018 meeting.

Motion carried

Grace Anne Dorney Koppel spoke with the Board of Directors about her involvement in pulmonary rehab and COPD Foundation.

Board members were asked to donate to the AARC Disaster Relief Fund.

FM 17-2-83.2 "To identify managers who found a way to convince their Human Resources departments to hire only BS graduates and to share with other managers how to make these changes through AARC initiatives."

Cheryl Hoerr will operationalize.

FM 17-2-83.3 "To identify at least 6 associate degree program directors in Category IV (CoARC report) and develop best practices to help them move to Category III."

Georgianna Sergakis will operationalize.

FM 17-2-83.4 "To form an entry-level baccalaureate RT collaborative with key stakeholders (AARC, CoARC, CoBGRTE, NN2, NA2RC) to identify roadblocks and propose solutions."

Brian Walsh to operationalize. Meeting scheduled for January 6, 2018

NEW BUSINESS

Policy Review

Policy FM.021 – Fiscal Management – Outstanding Affiliate Checks

Karen Schell moved to refer to the Executive Office the feasibility of offering direct deposit and to incorporate into Policy FM.021.

Motion carried

Policy FM.022 – Fiscal Management – Capital Purchase Approval

Sheri Tooley moved to accept with changes.

Motion carried

(See Attachment “A” for policies referenced above.)

Frank Salvatore announced that the Board collected \$545 for the AARC Disaster Relief Fund.

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 10:50am EDT.

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

Karen Schell
AARC Secretary/Treasurer

Date

Attachment “A”

CA.002 Chartered Affiliate Requirements and Responsibilities
FM.016 Travel Expense Reimbursement
FM.021 Outstanding Affiliate Checks
FM.022 Capital Purchase Approval

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: CA.002

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)

DATE REVISED: April 2012

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.
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

Page 1 of 4
Policy No.: FM.016

SECTION: Fiscal Management
SUBJECT: **Travel Expense Reimbursement**
EFFECTIVE DATE: December 14, 1999
DATE REVIEWED: ~~December 2014~~ **October 2017**
DATE REVISED: ~~December 2014~~ **October 2017**
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, **directors, consultants** and authorized ~~Association members~~ **individuals conducting official AARC business**.
 - 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~~ **Report Form** with valid receipts attached.
 - B. Within ~~thirty (30)~~ **sixty (60)** days of when expenses are incurred **and/or within the same fiscal year. Expense reports submitted outside of these windows will not be reimbursed.**
3. Reimbursement for travel/transportation shall be as follows, with the provision of valid receipts:
 - A. Travel arranged through ~~High Point Travel~~ **an AARC-authorized travel agency no less than three weeks in advance of departure date. AARC Board of Directors and House of Delegate Officers are encouraged to utilize the travel agency for all travel to the Summer and Fall meetings.**

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~~

American Association for Respiratory Care Policy Statement

Page 2 of 4
Policy No.: FM.016

~~to the AARC Executive Office before booking your flight.~~ As a courtesy to the business traveler, the AARC will reimburse up to an additional \$100 (maximum) above the lowest available day

fare to accommodate preferences for direct flights, more flexible travel times and/or preferred airlines. The business traveler is responsible for any costs in excess of \$100. If there is a difference to be paid, the travelers must purchase the ticket themselves and apply for reimbursement per policy. Reimbursement will be issued minus the difference.

- B. In the event the airline ticket is pre-purchased by the AARC or through the travel agency and the business traveler cancels their travel prior to the departure date, the AARC and/or travel agency will seek a full refund. If a full refund is not possible, but a partial refund is issued, it must be used for future AARC travel purposes.
 - C. The Executive Office will establish an airline threshold (in dollars) at the onset of each calendar year. For individuals opting to purchase their own airline tickets, they must first seek approval from a designated executive office staff member prior to purchase for any fares exceeding that threshold.
 - D. Airport parking and ~~least expensive~~ ground transportation
 - E. 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.
 - F. 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. Lodging will be reimbursed at 100% (inclusive of room night and sales tax). AARC business travelers are asked to be fiscally responsible when selecting hotel brand.
 - B. Lowest possible rate for those nights required for Association business. Room/suite upgrades will not be reimbursed and will be paid at the expense of the business traveler.
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. AARC business travelers are encouraged to take advantage of “early bird” registration fees if offered.
6. Per diem shall be \$50 (effective 1/1/2015) per day for those days required for Association business; ~~paid in accordance with AARC policy.~~

American Association for Respiratory Care Policy Statement

Page 3 of 4
Policy No.: FM.016

- A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, ~~Internet~~ gratuities)
- 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.~~
- C. The AARC acknowledges that volunteers and employees traveling to conduct AARC business are often times leaders within their own institutions and have a commitment to their employer to stay “connected” at all times. As such, the AARC will reimburse for basic sleeping room Internet accessibility in hotels where it does not come complimentary.

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:
 - i. Regularly scheduled Board of Directors’ meetings
 - ii. Regularly scheduled Executive and Finance Committee meetings
 - iii. Regularly scheduled House of Delegates meetings (officers only)
 - iv. Travel for official Association representation to external organizations
 - v. AARC Program Committee (Program Committee Meeting & Congress)
 - vi. Section chairs at AARC Congress
 - vii. Sputum Bowl committee members at Congress
 - viii. In considerations that select AARC staff members and AARC President/Past-President are often times in attendance at corporate functions/receptions that include food, all authorized directors and executive staff members in possession of an AARC credit card will not receive per diem and instead will charge meal expenses to their credit card.

8. International travel shall be reimbursed at actual expense, with receipts required for any expense of ~~\$25.00~~ \$50.00 or more, to include the following:

- A. Coach class airfare
- B. Business class airfare will be authorized for all international flights exceeding 3,000 miles.
- C. Least expensive ground transportation
- D. Lodging
- E. Meals
- F. Internet and facsimile

American Association for Respiratory Care Policy Statement

Page 4 of 4
Policy No.: FM.016

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

- A. Paid by the Association **in accordance with this policy**
- 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~~ **four** 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.~~ **Full registration**
 - iii. House of Delegates Officers --- **Full registration**

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: FM.021

SECTION: **Fiscal Management**

SUBJECT: **Outstanding Affiliate Checks**

EFFECTIVE DATE: July 2007

DATE REVIEWED: April 2013

DATE REVISED: April 2013

REFERENCES:

Policy Statement

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

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

DEFINITIONS

ATTACHMENTS

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: FM.022

SECTION: **Fiscal Management**
SUBJECT: **Capital Purchase Approval**
EFFECTIVE DATE: July 2007
DATE REVIEWED: ~~December 2014~~ **October 2017**
DATE REVISED: ~~December 2014~~ **October 2017**

REFERENCES:

Policy Statement

Capital expenditures are those spent on asset items exceeding ~~\$2,500~~ **\$5,000** and providing value for a year or more. In purchasing such, the following approval procedures shall be in effect:

- Any capital expenditure for ~~\$5,000~~ **\$10,000** or less may be purchased with the express approval of the AARC Executive Director. Such must be subsequently ratified by the AARC Board at the next available meeting.
- Any capital expenditure for more than ~~\$5,000~~ **\$10,000** must be presented to and approved by the AARC Board BEFORE funds are committed. Purchases cannot be split to avoid this approval level process.
- Capital purchases exceeding ~~\$5,000~~ **\$10,000** (but not more than ~~\$20,000~~ **\$40,000**) that are required due to emergency circumstances (i.e. air conditioning units) may be purchased with the approval of the AARC Executive Director and concurrence by the AARC President. Such also must be subsequently ratified by the AARC Board at the next available meeting.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
October 7, 2017 • Indianapolis, IN

Minutes

Attendance

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

HOD Officers

Keith Siegel, BS, RRT, CPFT, Speaker
Kerry McNiven, MS, RRT
Dana Evans, MHA, RRT-NPS

Consultants

Camden McLaughlin, BS, RRT, FAARC, Parliamentarian

Excused

Dianne Lewis, MS, RRT, FAARC, President's Council President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, VP External Affairs
Jakki Grimbail, MA, RRT, AE-C, Past Speaker
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
John Wilgis, MBA, RRT
Lori Conklin, MD, BOMA Chair

Staff

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

CALL TO ORDER

President Brian Walsh called the meeting of the 2018 AARC Board of Directors to order at 3:10pm EDT.

INTRODUCTIONS AND DISCLOSURES

President-elect Karen Schell called roll and declared a quorum. President Walsh asked members to introduce themselves.

FM17-3-84.1 Frank Salvatore moved to nominate Lynda Goodfellow as Secretary/Treasurer.
Motion carried

President Walsh announced there would be an enhanced orientation at the Spring meeting.

SPECIAL REPRESENTATIVES REPORTS

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Frank Salvatore moved bring back to the floor Recommendation 17-3-68.1 “That the AARC and CoBGRTE jointly sponsor a lecture at the 2018 Summer Forum on a topic that would advance baccalaureate and graduate education.”

Motion carried

Tim Myers explained that CoBGRTE is requesting a joint/collaborative talk at Summer Forum, no financial impact. The Education Section Chair to work with Program Committee liaison to develop a lecture.

Frank Salvatore moved to bring back to the floor Recommendation 17-3-68.2 “That the AARC and CoBGRTE jointly sponsor a research project that would document the value of attaining a baccalaureate and/or graduate degree.”

Frank Salvatore moved that the president-elect work with the president to put together a committee to work with CoBGRTE on a research collaboration idea and report back by February 15, 2018.

Motion carried

Parliamentarian Cam McLaughlin swore in Lynda Goodfellow as Secretary/Treasurer.

2018 GOALS AND OBJECTIVES

President Walsh reviewed the 2018 Goals and Committees. (See Attachment “A”)

FM 17-3-4.1 Natalie Napolitano moved to approve the 2018 appointments, goals and objectives with revisions as presented.

Motion carried

RECESS

President Walsh recessed the meeting of the AARC Board of Directors at 4:35pm EDT.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 4:45pm EDT.

President Walsh reviewed his goals of Quality, Safety, and Value. A discussion arose regarding which goals are a priority and why and how to obtain.

TREASURER'S MOTION

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

Motion carried

ADJOURNMENT

President Walsh adjourned the meeting of the AARC Board of Directors at 5:20pm EDT.

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

Lynda Goodfellow
AARC, Secretary/Treasurer

Date

Attachment “A”

2018 Goals and Committees

E-Motions

(Since Last Board Meeting in October 2017)

- E18-1-1.1 “That the revisions to Policy BOD.024 (Disaster Relief Fund) be accepted.”

Results – December 9, 2017

Yes – 13

No – 0

Abstain – 0

Did Not Vote – 5

- E18-1-26.1 Lisa Trujillo moved to accept Recommendation 17-3-26.2 "That the position statement entitled 'Respiratory Therapists in the Emergency Department' (04/2012) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved."

Natalie Napolitano moved to refer back to the Position Statement Committee for clarification/definition of "emergency setting".

Motion carried

“That the Board of Directors approve the Position Statement and Issue Paper Committee’s further clarified/defined ‘emergency setting’.”

Results – December 17, 2017

Yes – 15

No – 0

Abstain – 0

Did Not Vote – 3

- E18-1-15-1 “That the AARC Board of Directors approve Phoenix, AZ as the host city for AARC Congress 2021.”

Results – December 21, 2017

Yes – 15

No – 0

Abstain – 0

Did Not Vote – 3

- E18-1-23.1 “That the revised Procedure and Criteria for receiving and maintaining International Affiliate status be approved.” (see 17-3-23.1)

Results – February 19, 2018

Yes – 14

No – 0

Abstain – 0

Did Not Vote – 4

General Reports

President Report

Submitted by Brian Walsh– Spring 2018

Recommendations

None

Report

This past quarter has been very busy as we continue pursuing my goals while promoting, advocating and advancing the profession. Below are a few comments according to my goals of quality, safety and value. We will discuss many of the opportunities to advance our great profession in the coming hours.

Quality:

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

- Marketing the second year of the APEX Recognition Program is underway and the word is getting out in a positive way. This program will help us push evidence-based practices, higher credentials and educational levels, while promoting patient safety by providing access to high quality respiratory therapy services.
- The CPG Committee held their kickoff meeting November 11th-12th which went really well. Dean and Shawna have selected a good group of folks. I'm excited to see what is produced.
- We held our first BS Entry to Practice Collaborative on February 17th. The collaborative was facilitated and resulted in the development of three action plans. I will post the details of these action plans on the BOD Community when they are finalized.

Safety:

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

- Tim Myers and I attended the patient safety movement summit in London. There was one Ohio Hospital commitment to safety presented by a respiratory therapist that was exciting to see. This group is well connected politically and from the industry perspective. They held an industry facilitated discussion of the major device vendors regarding the sharing of data pledge they have recently signed. It was impressive to see.
- Ventilator Default Setting Database in being established by Purdue, AAMI Foundation and the AARC as part of our work with the AAMI on ventilator alarms. I look forward to their work to help improve the safety of mechanical ventilation.

Value:

The URM group has been making some headway on this difficult task to incorporate the value concept. I believe the steps they are taking will help get leaders thinking in this direction. Additional help prepare future editions of the URM.

Advocacy:

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

- I did attend meeting on Capitol Hill with Anne Marie and our lobbyist to promote the pilot program in telemedicine presented to you.

Appointments/Changes/Committee Personnel Changes:

- Changes to the charges in the Position Statement and Issues Paper Committee.
- Changes to Benchmarking Committee – Remove Bill Cohagen and add Frank Salvatore and Steve Abplanalp.
- Letters sent under my name are below or attached.

Travel (Promoting):

- COARC – November 10-11th
- CPG – November 11-12th
- NBRC – December 8-10th
- Capitol Hill Promoting the Telehealth Pilot Program – December 12th
- BSRT Entry to Practice Collaborative – February 16th-18th
- 6th Annual World Patient Safety Summit
- COARC – March 9-10th



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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(972) 243-2272, Fax (972) 484-2720
<http://www.aarc.org>, E-mail: info@aarc.org

November 9, 2017

Bradley A. Leidich, MEd, RRT, FAARC
President, Commission on Accreditation for Respiratory Care (CoARC)
1248 Harwood Rd
Bedford, TX 76021

Dear Brad,

In regards to your letter dated October 26, 2017, the AARC nominates Lindsay Fox, MEd, RRT-NPS and Meg Trumpp, MEd, RRT, FAARC as AARC representatives to serve on the CoARC Board.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Brian K. Walsh". The signature is written in a cursive, flowing style.

Brian K. Walsh, PhD, RRT, FAARC
President



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December 7, 2017

Michael Amato, Chair
American Respiratory Care Foundation (ARCF)
9425 N MacArthur Blvd, Suite 100
Irving, TX 75063

Dear Michael,

In reference to your letter dated November 3, 2017, the AARC Board of Directors nominates Toni Rodriguez to fill the vacant seat on the ARCF Board of Trustees.

Attached is her curriculum vitae. Please contact me with any questions.

Thank you,

A handwritten signature in black ink that reads "Brian K. Walsh". The signature is written in a cursive, flowing style.

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



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February 28, 2018

Ms. Donna Pickett
Co-Chair, ICD-10-CM Coordination and Maintenance Committee
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782
E-mail: dfp4@cdc.gov

Dear Ms. Pickett:

You may recall last year the American Association for Respiratory Care (AARC) wrote in support of a request from the American Thoracic Society to establish ICD-10-CM codes for e-cigarettes and other electronic nicotine delivery systems (ENDS). Approval of the request would enable healthcare providers to collect meaningful data on the health outcomes and effects of their use. We were disappointed to learn the committee did not give final approval at that time and understand a new application for 2018 is to be submitted to your committee shortly for consideration.

The AARC is a national professional organization with a membership of over 47,000 respiratory therapists who treat patients with chronic respiratory disease including asthma and Chronic Obstructive Pulmonary Disease (COPD) and whose organizational activities impact over 170,000 practicing respiratory therapists across the country. As an organization committed to protecting the public health of those who suffer from chronic respiratory disease, the AARC wholeheartedly endorses the ATS' request.

As noted in our previous comments, the Food and Drug Administration (FDA) and the Center for Disease Prevention and Control have published a significant amount of information on the increased use of e-cigarettes and other ENDS products by middle and high school students together with warnings about potential health risks and the need to gather research as to the long-term outcomes. Although the Food and Drug Administration is doing its part to regulate the use, review, manufacturing and distribution of all tobacco products, it is not enough if there is no way to track costs and utilization of services associated with tobacco use through the identification of relevant diagnosis codes.

The AARC is particularly concerned that e-cigarettes and ENDS, which contain nicotine as well as other chemicals and carcinogens, have been linked to serious respiratory effects such as occupational asthma and bronchiolitis and respiratory irritants. We believe the creation of ICD-10-CM codes for e-cigarettes and ENDS is a viable and much needed resource to enable researchers and public health officials to study the potential health consequences of smokers who choose these products. We also support the addition in the 2018 application of new codes to record tobacco use during pregnancy and non-dependent tobacco use.

We encourage the ICD-10-CM Coordination and Maintenance Committee to accept the ATS' request to create new diagnosis codes for e-cigarettes and ENDS.

Sincerely,

A handwritten signature in black ink that reads "Brian K. Walsh". The signature is written in a cursive style with a large, stylized 'B' and 'W'.

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

Past President

Submitted by Frank Salvatore— Spring 2018

Recommendations

None

Report

Nothing to report.

Executive Office

Submitted by Tom Kallstrom – Spring 2018

Recommendations

That the AARC Board of Directors request the NBRC to explore the development of a multidisciplinary Pulmonary Disease Educator credential.

Justification: The literature provides evidence that clinical and economic outcome measures for chronic pulmonary disease patients are improved when they acquire knowledge and skills that enable them to self-manage their disease and adhere to their prescribed care plans. The literature also documents that many nurses, respiratory therapists, pharmacists, and other healthcare providers are involved in providing healthcare services, including education, to chronic pulmonary disease patients in a variety of care settings. A Pulmonary Disease Educator credential would demonstrate that the qualified professional has sufficient breadth and depth of knowledge to provide high quality education to patients with chronic pulmonary disease.

Report

MEMBERSHIP

At the end of February 2018, our total membership numbers 47,792. The retention rate through January was 79.37%. and February was 79.78%. There were 674 new members in January and 556 new members in February.

Students

As you are aware we are phasing out the free web student program. Program Directors and current students have been notified of the change. We are preparing for the large group of May graduates. Outreach efforts have included contacting Program Directors, posting messages on AARConnect, and the automated early student renewal emails.

Leadership Workshop

Plans are underway for the 2018 Leadership Boot Camp. It will be held April 20-22, 2018. We plan to cover a variety of topics, including financial stability, bylaws adherence, and engagement strategies.

State Society Communities on AARConnect

Following successful beta testing in 2017, we are continuing the launch of additional state communities on AARConnect. By mid-March we anticipate at least 9 active state communities.

Specialty Sections

The home care, long-term care, and continuing care/rehab sections merged on January 1, 2018. The customer service and membership team collaborated with IT and marketing to ensure a smooth transition.

SPECIAL PROJECTS

Life & Breath

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

AAMI Foundation Collaboration

The AARC has been collaborating with the AAMI Foundation for several years on their alarm consortium. In 2016, the AAMI Foundation partnered with the AARC to include ventilator alarms in the consortium. The ventilator alarm workgroup has developed a ventilator alarms benchmarking tool that has been through beta testing with a few RT departments and is currently deployed for large-scale data collection. The future plan is to develop a ventilator alarms community for professionals to compare their alarms to those experienced by others. The AARC was also invited to participate in a complex technology coalition in 2017. Several AARC members traveled to Annapolis, MD to engage in the 2-day coalition kickoff event. Currently, the coalition members have been assigned to teams to accomplish specific goals and Cheryl Hoerr and Julie Jackson are leading one of the coalition teams.

Apex Recognition Program

In 2017, the AARC implemented the Apex Recognition Award which highlights respiratory care departments who meet certain quality indices. The program integrates Board initiatives (such as AARC membership, the RRT credential, and advanced educational degrees) and other quality indicators, such as protocol usage, to demonstrate quality. Six applicants received the Apex Recognition Award for 2017-2018. Standards have been developed for a transport division of the award and an educational program division of the award and will accept applications in 2018. The next application period opens in October 2018 for the 2019-2020 recognition period.

Clinical Practice Guidelines

In June 2017, the AARC Board of Directors approved the funding of six different guidelines projects: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The teams for these projects kicked off their work in late 2018 and are currently wrapping up their literature reviews.

CUSTOMER SERVICE

The customer service department continues to analyze daily practices and identify areas of improvement. The team has implemented a feedback survey tool and early results are exceptionally positive. The team is actively involved in analyzing processes in anticipation of transitioning to a new database. The team is also actively involved in the new CRM development and implementation.

EDUCATION

NBRC Collaboration

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

Recruiting for the Profession

The 2018 HOSA event will be held in Dallas. Amanda Feil is coordinating the AARC's involvement with a RT program(s). The next USA SEF event will be held in 2018 in Washington, D.C. Carolyn

Williams is coordinating this effort.

Respiratory Care Education Annual

The RCEA call for papers ends on February 19, 2018. Expected publication is in September 2018. Dr. Kathy Myers Moss is serving as editor; Dr. Dennis Wissing is serving as associate editor. Dr. Doug Gardenhire, Dr. Kathy Rye, Dr. Will Beachey, Dr. Gregg Marshall, Dr. Dave Burnett, and Dr. David Chang are serving on the editorial board.

Pulmonary Rehabilitation Certificate course

In 2017, the AARC partnered with the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) to develop a 12 CRCE/CNE certificate course for pulmonary rehabilitation. The course was successfully launched in January 2018.

CDC Strategic National Stockpile Ventilator Workshops

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

Preceptor Recognition Program

The 2018 call for nominations for the preceptor recognition program will be released in May 2018.

Clinical PEP Update

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

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

2018 Educational Product Sales/Attendance Trends at a glance (as of 2/20/18)

	2018 YTD	2017	2016	2015	2014	2013	Comments for 2018
Webcasts and JournalCasts	1,576 (525)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	35	241	246	183	268	203	Slightly under budget
COPD Educator Course	73	596	734	859	820	570	Retiring in 2018
Ethics	527	4,299	4,242	1,928	1,757	2,361	Updated in 2018 On budget
RT as the VAP Expert		59	53	63	115	81	Retired in 2018
Alpha-1		78	75	74	125	98	Retired in 2018

Exam Prep (F&P grants in 15, 16, & 18)	29‡	20	189†	180*	39	40	*Grant (150) + 30 †Grant (150) + 39 ‡Grant (18) + 11 On budget
Leadership Institute	10	60	99	68	89		Slightly under budget
Asthma & the RT	77	512	604	446	172		Above budget
ACCS	36	140	164	121			Above budget
PFT: Spirometry	102	575	422	228			Above budget
PFT: Pediatrics	21	132	117	43			Above budget
PFT: Advanced Concepts	51	280	264	79			Above budget
Tobacco Training	38	188	259	85			Above budget
Congenital Heart Defects	9	72	122				Under budget
Pulmonary Disease Educator	33	319	32				Above budget
NPS	21	124					Above budget
Pulmonary Rehabilitation	112						New course in 2018

Additions to Education

The education department is working on updating the ACCS course to match the new content matrix from the NBRC, which will be effective beginning June 1, 2018. The AARC diversity committee is working on a course to satisfy the MD/DC licensure requirement for cultural competence continuing education. The AARC is also working on collaboration for a child abuse-reporting course suitable for the Pennsylvania licensure requirements. Current educational sales are going well and, overall, are over budget. Collaboration in place with the Marketing department for targeted advertisements for those courses that are not performing at budgeted expectations.



Executive Summary 2018

Introduction

In 2014, the AARC developed a new educational program designed to provide pulmonary disease management information to health care providers in an effort to improve long-term pulmonary disease care and improve patient quality of life. The course was developed for a multidisciplinary audience of respiratory therapists, physicians, nurses, social workers, pharmacists, physical therapists, occupational therapists, nutritionists, and other relevant health professionals. The main program objective was to ensure that the participant will be able to identify key components of pulmonary disease education and apply their knowledge to the education and management of patients with COPD, asthma, pulmonary fibrosis, cystic fibrosis, and pulmonary hypertension. As the course matured, lung cancer was added as an additional chronic lung condition.

The AARC partnered with several organizations to provide the content of the course. Partners included the Allergy and Asthma Network; the American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR); the American Lung Association (ALA) the COPD Foundation, the Cystic Fibrosis Foundation, and the Pulmonary Hypertension Association.

The course was delivered in a live setting three times: March 2015 in Arlington, VA; September 2015 in Grapevine, TX; and March 2016 in Chicago, IL. In summer 2016, the course content was recorded in a professional studio and the course was released in an online format in November 2016. The live courses and the online course are accredited for both CRCE and CNE.

Course summary

A total of 440 participants from 44 states plus the Bahamas attended the three live courses (Figure 1). The job descriptions of the attendees were very diverse and are detailed in Figure 2. To date, 300 individuals from 42 states, Canada, Singapore, and India have completed the online course (Figure 3). Speaker evaluations and course evaluations were very positive for each of the three events as well as the online course. The live March 2016 post-event survey also included the question: *If a pulmonary disease educator credential were available (like the NPS, ACCS, SDS, AE-C, etc.), how likely would you be to pay for and attempt the credentialing examination?* Of those that responded to the question (N=138), 63% stated they were very likely to pay for and attempt the examination and 25% stated they were moderately likely to pay for and attempt the examination, while 12% stated they were not likely to pay for and attempt the examination. Comments received in the online post-course evaluation include requests for further certification or credentials related to the pulmonary disease educator.

Figure 1: Live course attendee location

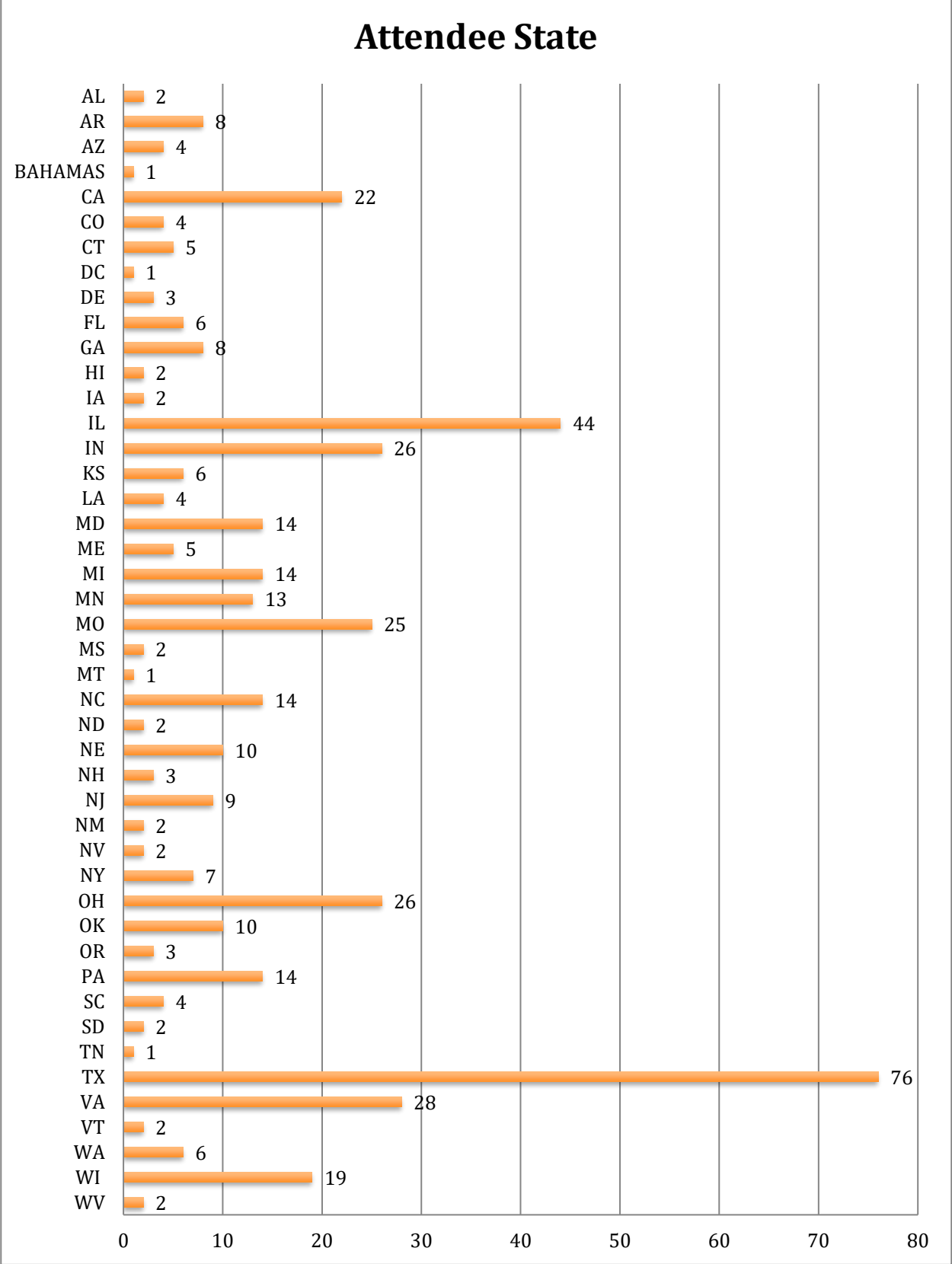


Figure 2: Live course attendee employment position

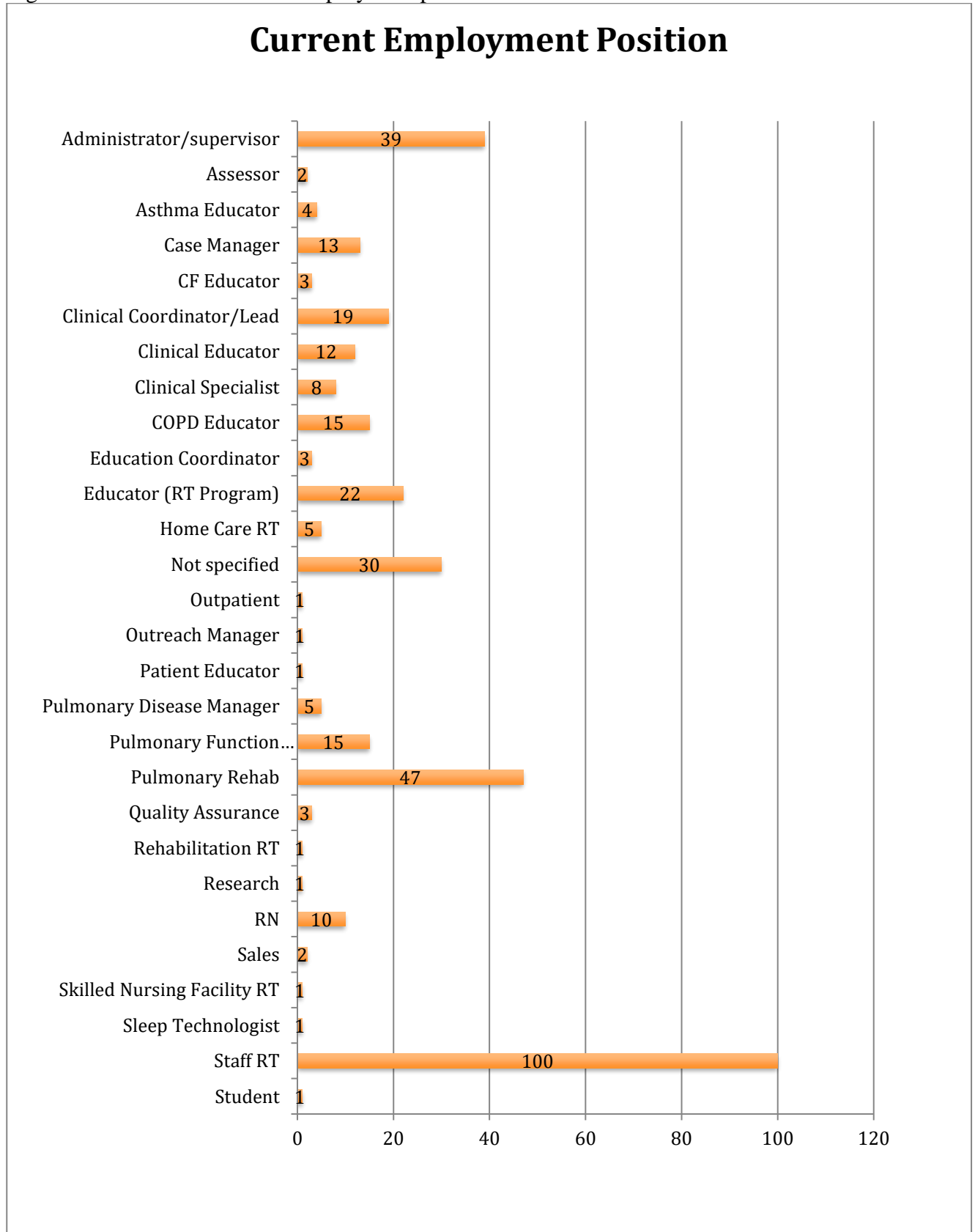
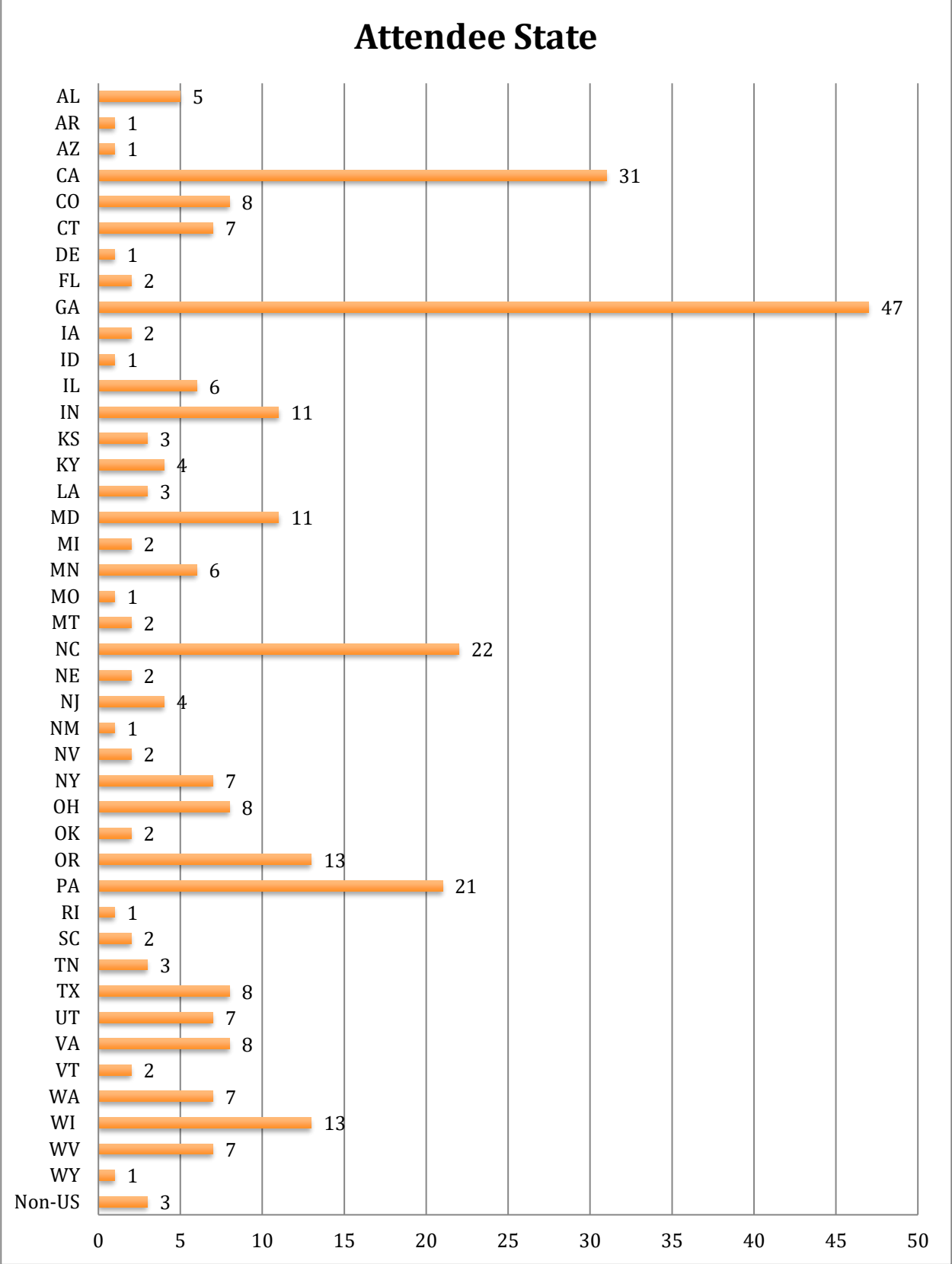


Figure 3: online course attendee location



RESPIRATORY CARE

On January 1, 2018, the leadership of the Journal changed. Rich Branson replaced Dean Hess as Editor in Chief and Dean Hess replaced Ray Masferrer as Managing Editor. This change was over one year in planning. Because Rich and Dean are both very familiar with the Journal operation, this was a seamless transition. The January and February issues were published on time, such that AARC members should have observed no change.

The number of manuscripts received continues to be robust. In 2017, 721 manuscripts were received and 255 (35%) were accepted. In 2016, 682 manuscripts were received and 236 (35%) were accepted. The Journal continues to evolve as an original research journal. In 2017, there were 496 original research papers submitted, and compare to 105 in 2008. As the number of submitted manuscripts continues to increase, Journal staff is being more selective regarding manuscripts that are accepted, thus, allowing the quality of the Journal to increase.

We continue to publish a variety of papers in the Journal addressing all aspects of respiratory care practice. As a member benefit, CRCE can be obtained through reading the Journal and a JournalCast most months is available to members for CRCE. In total, 22 CRCE are available each month through Journal activities.

Single Sign On (SSO) has been implemented for AARC members. SSO allows members to use their AARC username and password to log into the Journal website. With SSO, members no longer need separate username/password for the AARC and Journal websites.

Some of the most read content from the Journal comes from the annual Journal Conference. This June the Journal will publish the papers from the 56th Journal Conference, held in June 2017, on *Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications*. Our next Journal conference is planned for June 2018. The topic is *Noninvasive Respiratory Support*. This is an area of much clinical interest among respiratory therapists and will include the topics noninvasive ventilation and high flow nasal cannula.

We are currently accepting abstract submissions for the 2018 Open Forum to be presented later this year in Las Vegas. Accepted abstracts will be presented in one of three formats: Editors' Choice, Poster Discussions, and Posters Only. Deadline for submissions is June 1. Beginning this year, abstracts will be available in a digital format on the Journal website. This will increase the likelihood of abstracts being discovered on an Internet search, which should bring greater recognition to abstract presenters, the Journal, the AARC Congress, and the AARC.

Advertising, Marketing, Communications, Business Development and Grants

Advertising

Print advertising in 2017 for both AARCTimes and RESPIRATORY CARE exceeded budget. As is usual, special and Congress editions are the largest monthly contributors annually. A series of product launches by a pharmaceutical company pushed both of these totals over projected budgets. Through the first 2 months of 2018, print advertising is tracking close to budget at the time of this report, but will see a strong March with 10 pages of advertising in each publication from the previously mentioned pharmaceutical company.

Digital advertising continues to be an area that we are keeping a close eye on for 2018. 2017 was a flat growth year for AARC in the digital arenas (websites and newsletters) and we are hoping to see an increase interests in 2018. Maybe unnoticed by many, AARC newsletters are being reformatted to becoming much more mobile friendly in their layout and design.

Newsletters are off to a slow start in Jan/Feb, but this is not unusual for the first 3-4 months of the calendar year. However, most digital advertising picks up for us over the last 6 months of the calendar year.

With proposed redesigns of other websites, we are considering other potential opportunities on Your Lung Health, ARCF, and possibly ICRC website in the latter part of 2018, but we will need time to build traffic once these have been redesigned.

Recruitment ads have gotten off to a fantastic start again in 2018 and is a very positive trend for the association as the advertising has a high ROI for the AARC. Last year recruitment ads brought in about \$100,000 in revenues and 2018 is off to a better start.

Corporate Partners

We had a very successful year of revenue and sponsorships from our 2017 Corporate Partners.

2018 Partners: Vyaire, Masimo, Medtronic, Monaghan, Philips, Draeger, Getinge Group, Teleflex, Boehringer Ingelheim, Astra Zeneca, Mallinckrodt, ResMed, Fisher-Paykel and Sunovion.

We met with the Corporate Partners in Dallas on February 19th and 20th . In 2019, we are considering the first major revision in the structure of our Corporate Partner program since its inception. The proposed changes would see a potential increase in Partners and a tier or levels of support. A verbal update can be provided at that time if needed.

MarCom (Marketing and Communications)

We continue to look at new vehicles through social media sites and electronic newsletter to better market the AARC, as well as, its educational and professional products. Many of these venues will also open up additional and new advertising and sponsorship opportunities as well and have gotten off to a strong start in 2017. The ability to better track and monitor our endeavors is proving us critical feedback on the optimal methods to move marketing endeavors forward. We now receive a monthly report from Marketing and Social Media to gauge our engagement through the purchase of software that automates the processes.

Subscribers

- AARC Facebook: 56,443 followers (avg 90,000 impressions/week)
- Twitter 8,857 followers (avg 33,00 impressions/week)
- LinkedIn Community: 19,957 followers
- LinkedIn Business: 4,844 followers

We are also looking at “value added” products through our Membership Affinity program that many

my find highly desirable. We reinvigorated our relationship with Geico Insurance and have seen a boost in revenues again in that program in 2017. We also continue our relationship with the malpractice insurance group for our members. In 2017, we added a footwear company and a travel affinity program. We just finalized a contract and will launch in March an affinity group that offers optimized and consolidation of student loans.

Products

We launched Benchmarking 2.0 program in October of 2017 and now run the system internally. We are starting to venture into patient outcome metrics on quality and safety. We have tripled the number of subscribers since its launch in October and see continued interest and growth.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd who handle all products and the necessary shipping. 2017 was our fifth year outsourcing RC Week products to Coleman. We realized our best year in sales in 2017 since we have outsourced.

In 2017, we will look to update some products that have served the membership and professional well over the last decade. First, we will look to revise and update the Uniform Reporting Manual (URM). The new manual will not only look at time standards and productivity/efficiency standards but will also look to address value-based care concepts and metrics.

The Executive Office has again started investigation on working with other organizations and groups on co-marketing products that will provide royalties to the AARC.

Grants

Thanks to the approval of the AARC Board, we were able to contract with a Grant Strategist about 18 months ago. Paul Minter has brought us vast experience and background in this area. As Paul has been with us for over a year, he has begun to develop and build relationships with industry and partners that have lead to enhanced or new funding in the following projects:

- Aerosol Guides
- Pulmonary Hypertension Guide (under development)
- Journal Conference Funding
- Patient Advocacy Summit
- 2 Brochures for PF needing supplemental oxygen (working with PFF)

Paul is currently working with the Executive Office on securing Grant Funding across many different areas as 2018 rolls out.

MEETINGS & CONVENTIONS

AARC Congress 2017, held in Indianapolis, IN was very successful for the Association in meeting the education needs of our members and in **performing above budget**. Content was outstanding and the Open Forums delivered another strong year with more than 250 original research posters presented in 12 Open Forums over 4 days, including poster only format (exhibit hall), traditional poster presentation and Editor's Choice in which the top abstracts are selected by the RESPIRATORY CARE editorial team where presenters are given 10 minutes to present their research findings utilizing a PowerPoint presentation.

The Keynote Address delivered by Claire Wineland was moving, inspirational, and left attendees with the important message of caring for the patients' emotional needs as well as physical needs. Dr. Natalie Stavas delivered the Closing Ceremony in which she shared her story of the Boston Marathon Bombing and the science behind people's inherent desire to do good deeds in the midst of chaos.

The Program Committee continued to provide a diverse faculty for the meeting that included a balanced mix of experienced presenters, international faculty, in addition to more than 20 first time speakers.

In lieu of a challenging economic climate, limited travel and education budgets from employers, and the overall impact of the Affordable Care Act, communicating value of attendance at future meetings must continue to be a primary focus moving forward. The cost of travel (airfare, parking, cab fare, hotel, and food – all of which are out of AARC control) carries a heavy burden for conference goers. The Program Committee and Executive Office staff will continue to seek out venues and locations which are not only affordable but deliver on a “destination” experience. As the Meetings & Convention industry continues a robust rebound from the recession of 10 years ago, costs, room rates, F&B minimums continue to climb making desired “Tier 1-2” destinations difficult to access because of rapidly rising costs, which are prohibitive to our members. In addition, the “sharing economy” mindset of the existing and incoming Millennials who attend our meetings create unique challenges in and unto itself as several conference goers are opting for more affordable housing outside of our hotel block (AirBNB, VRBO etc.) of which make securing affordable meeting space challenging. As room blocks shrink, so too does our leverage of using our sheer size to drive down costs.

AARC Congress 2018 in Las Vegas will once again host the Speaker Academy (held every other year). This has been incredibly successful in allowing the Program Committee to identify new, up and coming talent previously unknown to the committee...and in some cases the Association. We're very excited about the infusion of new speaking talent brought in in recent years as a result of the Speaker Academy.

2018 AARC Program Committee Meeting

The AARC Program Committee met in January to create the Program for the AARC Summer Forum and Congress. There was a mild increase in the number of proposals that were submitted for the '18 Congress from last year with nearly 600 proposals submitted for consideration (550 in 2017). Our RFP site 2.0 saw significant improvements making for a more seamless submission process and a better user experience. We believe this (in addition to the Las Vegas location) were the two primary drivers, which led to the increase in submissions.

The 2-1/2 day meeting concluded with a full program developed for both Congress and Summer Forum (see Program Committee report).

The Program Committee (as a result of lukewarm interest from exhibitors) opted not to extend industry-sponsored pre-course offerings in 2018 and instead have opted to return to AARC-sponsored pre-courses. Tentative pre-course offerings for 2018 will include an interactive ventilator simulation course and an airway management course.

As it relates to industry-sponsored breakfast, lunch and evening symposia, the Program Committee will continue to offer those. Improved efforts by the AARC Executive Office and Education Dept. significantly mitigated risk of bias or COI in these presentations and as a result.

2018 AARC Summer Forum

The 2018 Summer Forum will be held July 17-19 in San Antonio, TX (Hill Country). The meeting will be held at the JW Marriott San Antonio Hill Country Resort & Spa.

Primary demographics for those who attend this meeting will include department directors, managers and supervisors, hospital-based educators, program directors and directors of clinical education.

Content for educators will once again focus on representation from CoARC and NBRC, with content that emphasizes program development and our continued focus on transitioning the profession from an AS degree to a BS degree.

Managers will engage in content focused on leadership development with a heavy emphasis on creating, defining, and delivering valued added services titled “Creating the Value Efficiency”.

A pre-course has been scheduled for the AARC Summer Forum targeted towards female leaders titled “Women in Leadership”. In lieu of recent developments across the nation regarding women and their mistreatment in the workplace, as well as the existing gender gap between male and female leaders, the Program Committee thought this contemporary concept would and make this offering highly desired by female leaders within our ranks as well as their male colleagues who support female leadership growth and development.

AARC Congress 2018

Progress is well underway for the logistical planning for AARC Congress 2018 to be held in Las Vegas (Mandalay Bay) from Dec. 4-7. The program is well balanced and representative of all specialty sections, roundtables and content categories required for re-credentialing. Formatting for the Congress agenda will remain identical to 2016-2017 regarding session length (35 minutes) with one additional hour of unopposed exhibit hours (from 8 hours to 9 hours). As in 2016-2017, the Program Committee has opted to run fewer concurrent lecture rooms (8). This will slightly reduce overall costs, but will in turn provide a more focused, better-attended curriculum.

Sputum Bowl

As a result of the BOD decision at the 2017 Winter Meeting to discontinue to the Practitioner portion of the Sputum Bowl, the SB committee is actively planning an event with the hope to create a more inviting/engaging environment for young students. In addition, the SB has tentatively planned to discontinue the traditional “Finals Night” competition with more of celebratory focus. As of the writing of this report, the SB tentatively plans to host the student competition (in its entirety) in the traditional SB prelim room (prelims, semifinals and Finals) and crown a champion. With a SB winning team identified, the SB committee is recommending a SB celebration on the evening of Day #3 with a Sputum Bowl themed event which would start with a 45-minute networking/social event with music, drinks and light appetizers, followed by a 20 minutes awards ceremony to recognize the top 4 teams and National Champion. The event would conclude with some form of entertainment, which has been customary with the Sputum Bowl Finals night. We anticipate significant savings as a result of this plan as a result of the significant investment, which had to be made with SB equipment, sound, lighting and labor. Once these changes become more definitive, we will communicate with

Medtronic (previous SB sponsor) to discuss these changes and identify their continued interest in sponsoring the event.

New Exhibits Coordinator

Ms. Pam Russell has been hired as the new AARC Exhibits Coordinator. She comes to the AARC with extensive Sales & Marketing experience in the event industry previously working as an independent marketing consultant for small companies seeking expertise to increase their brand at trade shows. We're very excited about her onboarding and she has already identified many ways by which we can improve processes and increase booth sales.

Sponsorships

The Exhibitor Prospectus and Rules & Regulations will have already been published on the AARC website at the time of this meeting.

Building & Facilities

Three new HVAC units were installed at AARC headquarters in early Jan. Two of the replaced units were in severe disrepair so the replacements came at a good time. The other unit had extensive repairs needed and was more than 15 years old. While repairs would have come at a lesser cost, our goal is to place all 22 HVAC units on our roof on a replacement schedule over the next 10 years (the average life expectancy of an HVAC unit in Dallas is 10-12 years). Overall, we anticipate this will reduce repair costs and inconvenient breakdowns, especially during the summer months.

Also budgeted in 2018 were minor exterior repairs to the building and painting of the exterior of the building, which has not been done since the AARC purchased the building. We anticipate this to take place sometime this spring.

It is our goal prior to the Aug. budget timeline to acquire cost estimates for an interior renovation of the building which includes the Executive Conference Room, receptionist area, meeting rooms, office space, flooring, windows, decorating etc. Depending on the estimated costs and scope of the project, these dollars would be placed into the Non-Operating 2019 budget and presented to you for your approval. We anticipate a 10-year amortization schedule for these updates would be appropriate. The AARC building was built in 1983 and still has a 1980s décor. The building is overdue for a facelift and technology upgrade for a more professional environment for staff, members, guests, volunteers, visitors and VIP Corporate Partners.

IT Update

We continue to work to keep the data and servers secure. We are required to perform monthly testing to allow us to continue to process credit card payments online. The standards for processing credit cards became stricter this year, resulting in us getting warnings in our monthly testing recently. We are in the process of updating all security certificates that used older technology in the last scans. The expected completion is prior to our next monthly scan.

Several browsers will begin blocking websites that do not use secure connections over the next few months. This will force people to override the browser to access those websites. In addition, Google has stopped indexing websites that do not use HTTPS (secure HTTP) for connections. Some sites, such as museum.aarc.org, do not contain any protected data, and have not been updated yet, so they will be no longer accessible or available in search results. Our old website will no longer be available

without an override. (see unsecure-site image) It does not collect information, so is not relevant, but we maintain it as an archive. We plan to remove it from external access in the near future.

The database upgrade continues. Our processes have proven to be overly complicated or convoluted in a few cases. Trying to unwind them has meant that our membership application and renewal process has taken longer than expected. After lengthy discussion, due to the required custom programming, as well as the reduced benefits from the original plan, we have decided to stop the Plus membership level. The remaining benefits were early access to housing and a free section. Instead, we will replace it with an enhanced registration and attendee experience for an additional cost.

We continue to have progress demonstrations every 2 weeks with departmental feedback. Membership, CRCE, Meetings, and Accounting departments have all been actively involved so far. We are working on development for Product sales, Sponsorships, Subscriptions, Advertising, Fundraising, and Speakers. The timeline has slipped approximately a month due to both internal and external factors.

Executive Office Referrals

(from October 2017 BOD meeting)

- **FM17-2-23.4** *“That the AARC International Committee formalize the Policy for “Establishing an International Affiliate in the AARC” to be placed in the AARC policy and procedures manual. This policy should include the process for working with international affiliates that do not maintain their minimum number of members. Draft policy should be available to the BOD for review for the Spring 2018 meeting.”*

Result: Policy CT.010 was created and approved via an E-vote on February 19, 2018.

- **17-3-23.1** *“That the proposed Procedure and Criteria for receiving and maintaining International Affiliate status be approved.”*

Result: Policy CT.010 was created and approved via an E-vote on February 19, 2018.

- **17-3-70.1** *“That the Process and Criteria for Establishment, Maintenance and Withdrawal of Approval for International Affiliates be formally approved and included in the AARC Policy & Procedure Manual.”*

Result: Policy CT.010 was created and approved via an E-vote on February 19, 2018.

- **17-2-1.3** (tabled from June meeting) *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.*

Natalie Napolitano moved to make a friendly amendment to remove “...on patient care.” and to refer to the Executive Office to develop details related to the RFP.

Result: Ongoing – Shawna Strickland working with Lynda Goodfellow. Still finalizing 2018 RFP development.

- **Policy FM.021** – *Outstanding Affiliate Checks – referred to the Executive Office to look into feasibility of offering direct deposit and to incorporate into Policy FM.021.*

Result: Offered to the state societies. Currently 15 states are taking advantage of direct deposit. See proposed changes to policy below.

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: FM.021

SECTION: **Fiscal Management**

SUBJECT: **Outstanding Affiliate Checks**

EFFECTIVE DATE: July 2007

DATE REVIEWED: ~~April 2013~~ March 2018

DATE REVISED: ~~April 2013~~ March 2018

REFERENCES:

Policy Statement

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

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

DEFINITIONS

ATTACHMENTS

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Spring 2018

Recommendation

None

Report

CONGRESSIONAL UPDATE

As Congress pivots between finalizing appropriations for Fiscal Year 2018 (FY18) and beginning the process for Fiscal Year 2019 (FY19), advocates remain focused on ways to collaborate in a bipartisan manner during what will likely turn out to be a contentious election year. The House and Senate passed the Bipartisan Budget Act of 2018 on February that includes a continuing resolution (CR) which will run through March 23. The bill also includes reauthorization for a number of bipartisan health programs, including community health clinics and funding for ten years for the Children's Health Insurance Program (CHIP). It also included a critical provision to raise the budget caps, increasing funding available for domestic programs by \$131 billion for FY 2018 and FY 2019.

The CR also included provisions from the CHRONIC Care Act and Medicare Part B Improvement Act, which extends Medicare Special Needs Plans, expands supplemental benefits to meet the needs of chronically ill patients, and incorporates telehealth services into Medicare Advantage Plans, among other things. It also included provisions expand the use of telehealth for patients receiving home dialysis.

Congress is expected to pass an omnibus appropriations package to fund the government following the CR's expiration on March 23. It is likely that this package will include language to finalize report language from the House and Senate appropriations reports, including AARC's language, which was included in the House Labor-Health and Human Services report. As a recap, the language states:

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

Additionally, on February 12, the President released his proposed budget for FY19. Though Congress can choose to ignore this budget at their discretion, it does highlight top-level priorities for the administration. Key priorities in the budget include funding to address the opioid epidemic, an emphasis on regulatory restructuring and reorganizing, and funding for defense and homeland security priorities.

AARC has also been closely following telehealth legislation which includes coverage for respiratory therapists and has been meeting with offices which lead on this issue to work to gain their support for the telehealth pilot designed by AARC. Specifically, our lobbyists and AARC's leadership have met with Committee staff, leaders in the telehealth caucus, and new members who have shown an interest in innovative telehealth legislation to discuss AARC's proposed pilot program which would cover specific telehealth services by respiratory therapists.

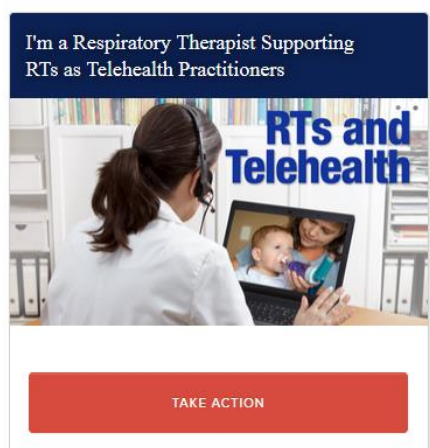
LEGISLATIVE INITIATIVES

Overall, there has been little action over the past few months or new co-sponsorship of telehealth bills that include respiratory therapists due to on-going budget negotiations and other Congressional priorities. However, our lobbyists continue to pursue support for RTs and as discussed below, we have an exciting opportunity to focus on a new telehealth initiative focused solely on respiratory therapists as telehealth practitioners.

Advocacy Day 2018 and Virtual Lobby Campaign

This year we will be back at the Hilton Crystal City for our annual PACT briefing and Hill Advocacy Day. The meeting will kick off on Monday, April 30 with Hill meetings scheduled for May 1. Gearing up for this big event will be our Virtual Lobby Campaign which will run from April 11 – May 2.

We have a new platform this year called Phone2Action which will replace the former CAP Connection we have used for many years. The process works the same way, and we will have individual drafts depending on one's relationship to the RT profession that can be personalized or sent "as is" to Congressional leaders. But, it will have an entirely new look. Below are a couple of examples. There will be a separate box for each category (RT, RT student, patient, caregiver, physician and supporter/friends) with a corresponding picture and short message. There are also expanded data capabilities and various dashboards which will enhance our reports.



Pilot Legislation Focusing Solely on RTs as Telehealth Practitioners

As Board members, you all received a discussion through the BOD CONNECT community as to our telehealth strategy this year. While we continue to support co-sponsorship of telehealth bills that include RTs as telehealth practitioners, we have learned from our meetings on the Hill that committees of jurisdiction are focusing on telehealth provisions that are narrow in scope with a lower

price tag. Therefore, we are shifting our strategy in response based on positive feedback we have received from key Hill staff to pursue a 3-year pilot that would enable CMS to evaluate the value of RTs in reducing health care costs and improving outcomes for COPD patients.

To recap, we will seek support for pilot telehealth legislation that will permit RTs as telehealth practitioners to provide disease management services to Medicare beneficiaries diagnosed with COPD. Self-management education and training will be a central focus of this pilot and is consistent with the provisions contained in a legislative initiative we pursued back in 2013. Other services include demonstration/evaluation of inhaler techniques, smoking cessation counseling, and remote patient monitoring, all of which have current CPT codes. As noted in the pilot specifications you received as part of the CONNECT email, CMS will need to create a modifier that can be appended to the claim in order to track the services when furnished by the RT since the physician will be the one who bills Medicare. Additional information and updates as necessary will be discussed at the Board meeting.

Medicare Telehealth Parity Act (Parity Act) – H.R. 2550 and other Telehealth Bills that Include RTs

As you will recall from the fall 2017 Board report, AARC sent a letter to all House members asking for their co-sponsorship of the Parity Act. We were aiming to try and break our record of 67 co-sponsors from the previous Congressional Session. However, as of February 21, 2018, there are only 23 co-sponsors and only 4 new entries since our letter went to the Hill. In part, we believe this slow response is due to the many priorities Members have been focused on of late, such as tax reform, budget negotiations and immigration. More importantly, as noted above, part of the slow response may be due to the fact this is a large bill and its chances of moving forward because of potential cost issues could be of concern.

The other two telehealth bills that include RTs remain stagnant. H.R. 2291, the HEART Act, introduced by Cong. Sean Duffy (R/WI) has one additional co-sponsor, Cong. Derek Kilmer (D/WA), making it bipartisan, but no other co-sponsors have signed on. This bill focuses primarily on remote monitoring for patients with COPD and Congestive Heart Failure. H.R. 766, Telehealth for Individuals Residing in Public Housing, was introduced by a Democrat (Nadia Valésquez from NY) and has only has one Democratic co-sponsor (Lloyd Doggett from TX), making it unlikely to gain additional support.

All of this is to say that having the opportunity for a smaller pilot that focuses only on RTs is an exciting new endeavor and shows that their importance to the health care system is being recognized by Hill leaders and Congressional staff.

Medicare Extenders Bill

When we first approached Hill staff with our pilot telehealth proposal, it was geared to Medicare Advantage plans and Accountable Care Organizations. The thinking was that other telehealth bills, such as the CHRONIC Care Act and the CONNECT Act, were focusing on alternative payment models rather than traditional Medicare under the physician fee schedule and this would be a good approach. However, we kept hearing that the Medicare Extenders bill would address telehealth issues in these models and that we might want to rethink our strategy.

The Medicare Extenders bill was included in the two-year budget deal recently passed by Congress which contains telehealth legislation originally part of the CHRONIC Care Act and noted in the Congressional section of this report. The bill allows Medicare Advantage plans to provide telehealth

as a supplemental benefit starting in 2020. It also requests the Secretary to seek public comment on “additional telehealth benefits” including services based on specialty training in addition to those furnished by licensed physicians and other qualified non-physician practitioners. This would give AARC a chance to support inclusion of respiratory therapists based on their expertise in pulmonary medicine. The bill also includes an individual’s home as a telehealth site and lifts geographic restrictions for those who participate as part of an Accountable Care Organization.

Direct Supervision of Cardiac/Pulmonary Rehab Programs

Over the past few years, AARC has supported a technical change to the Social Security Act to permit non-physician practitioners, such as physician assistants, nurse practitioners and clinical nurse specialists, to provide direct supervision of cardiac and pulmonary rehabilitation programs.

When the programs were first implemented, CMS took a literal translation of the statute that says the programs must be “physician-supervised”. However, this policy is inconsistent with direct supervision requirements for all other outpatient services; thus, the need for the amendment. It was included in the Medicare Extenders bill and was passed as part of the recent budget negotiations.

FEDERAL INITIATIVES

Final rules on regulatory actions of interest to the RT professional were reported in the October Board report and there has been little action since. However, come May and June we will be seeing proposed rules for the next round of payment updates at which time there will no doubt be new information to report. In the interim, to recap previous actions:

- CMS did not take our recommendation to merge cardiac and pulmonary into one Ambulatory Payment Classification group which would have increased substantially payment for pulmonary rehab while reducing payment for cardiac rehab by about 10%. The FY 2018 payment rate for G0424 is \$55.96 compared to \$54.53 for the previous year.
- Post-acute care providers are required to submit standardized patient assessment data for five categories, one of which is special services that includes respiratory items such as oxygen therapy, trach care, suctioning, BiPAP/CPAP and invasive mechanical ventilation. In the final rule, CMS put 3 of the 5 categories on hold, including special respiratory services, while they conduct a national field test to determine how to maximize SNF time to report data in order to reduce burden.
- CMS published an advance notice regarding proposed changes in calculating payment for non-therapy ancillary services of which respiratory therapy is included. Currently these services are part of the nursing component which does not account for patient characteristics that determine more accurately resource use. AARC commented on several respiratory conditions that would be considered in a new case-mix methodology; however, to date there has been no further action by CMS.

Competitive Bidding and Its Impact on Patient Access

The last Board report discussed drastic cuts to oxygen concentrators in rural areas as a result of payment adjustments made by CMS for DME items using competitive bid rates in non-competitive and rural areas. Because CMS often states they hear only a few complaints about access issues, much of which is anecdotal, AAHomecare and ATS recently conducted surveys to determine the extent of the problem. As you will recall from the last Board report, AARC case managers participated in the AAHomecare survey.

A briefing was held in the Capitol on February 14, attended by AARC and more than 50 House and Senate staffers who handle healthcare-related issues. At that time, results of the ATS and AAHomecare surveys were presented, showing credible evidence that patients are experiencing significant access problems in conjunction with current payment policies impacting durable medical equipment (DME). Statistics from the surveys include the following:

AAHomecare survey focused on access issues

- 52.1% of beneficiaries report problems accessing DME and/or services
- 88.9% of case managers report an inability to obtain DME and/or services in a timely fashion
- 65% of suppliers report having to reduce the number of items supplied

ATS survey focused on frequency/problems encountered by users of supplemental oxygen

- 64% reported education by delivery person
- 51% said they had problems with oxygen
- 70% did not know who to call to complain
- Most significant types of oxygen problems included:
 - equipment not working
 - travel problems
 - delivery problems
 - lack of manageable portable oxygen

To further address the problem, Congresswoman Cathy McMorris Rodgers has introduced a bill, H.R. 4229, “Protecting Home Oxygen and Medical Equipment (HOME) Access Act” that would give Congress time to evaluate the effects of CMS’ application of competitive bid pricing to rural and non-bid areas and extend relief to those areas that experienced drastic cuts.

Home Mechanical Ventilation

The saga continues in trying to bring Medicare home mechanical ventilation (HMV) policies in line with current technologies that permit systems to provide both invasive and noninvasive ventilation. Rather than addressing the pulmonary community’s request for a National Coverage Determination, CMS has turned to the Agency for Healthcare Research and Quality (AHRQ) to conduct a technology assessment and updated literature review.

In November last year, the pulmonary groups submitted information in response to AHRQ’s request for public comment on patient characteristics, the effect of HMV, BiPAP and CPAP on patient outcomes, parameters for usage, desired outcomes, respiratory services in the home, and professional guidelines/statements. Our response was basically a cut and paste of the NCD. Taking that information and other public comments, AHRQ developed a protocol and has once again asked for comments by March 2. The agency has asked specifically for clinical trials/studies sponsored by pulmonary organizations. Needless to say, after 4 years of trying to bring about change, a fair amount of frustration from the pulmonary and patient community is evident.

With a draft report due June 2018 and yet another round of public comments, the only option left is to seek legislative relief. A meeting was held on February 14, 2018 with Rep. Chris Collins, who has been supportive of legislation to fix the problem, to begin discussions for a draft bill.

STATE INITIATIVES

The start of a new year brings most all legislatures back in session, so early on there will be a flurry of legislative activities. Where last year we saw a significant number of bills related to telehealth, this year the focus appears to be on tobacco use with several states proposing to raise the age to 21 to purchase tobacco products. While we have begun to see bills impacting occupational and professional licensure (see discussion below), it is a bit early to determine the extent to which this will be a continuing issue in 2018, but it is a safe bet to predict a number of activities designed to seek less restrictive alternatives to licensing will begin to crop up.

Licensing Issues

WISCONSIN has been dealing with issues from last year in which a review of occupational and professional licensing is underway. The Society hired a lobbyist and AARC has provided information to assist in supporting the need for RT licensure. However, a new and concerning proposal has been introduced in 2018. A bill introduced in the Senate would create a new chapter in the statute relating to complementary and alternative health care practitioners. It provides exemptions from practice protection laws, requirements and prohibitions for individuals who provide complementary and alternative health care services if certain conditions are met. **Respiratory care is one of numerous services they can provide.** Additional discussion will be provided at the Board meeting.

NEW HAMPSHIRE has introduced a bill to allow for the temporary licensure of allied health professionals, including RTs, who are currently licensed in CT, MA, ME, NY, VT and RI for 120 days pending completing of the regular license application process. At the same time, a surprise amendment was added to a bill regarding dredge and fill permit time limits that would allow for licensed professionals from other states to practice in NH for 30 days, during which time they must provide to the responsible board a copy of their license from the state in which they are currently licensed. The law would require the board to issue a reciprocal license from NH unless the particular board found reason to refuse the license. The governing board for Respiratory Care Practitioners is concerned because they only meet one day a month and feel keeping track could provide difficult given the short timeframe. Other boards have expressed similar concerns so whether this advances is questionable.

SOUTH DAKOTA has also been involved with a temporary licensure compact that would allow SD to grant temporary licensure to practitioners coming in from another state as an initiative to “remove barriers and challenges to professional licensure.” The Society has discussed the issue with a few of their board members who agree it would be beneficial to respiratory departments and RTs in SD. Also, showing cooperation for this type of move may buy them some leverage if the legislature starts proposing other less restrictive alternatives to licensure down the road.

NEBRASKA has a bill to require licensing authorities, including respiratory, to waive all initial occupational fees and fees from licensing requirements for low-income individuals, military families, and young workers.

Emergency Services Technicians/Paramedics

COLORADO adopted a final rule to implement provisions of a bill to create a Community Paramedic (CP) certification effective on or before January 1, 2018. Qualifications include

completion of course from an accredited paramedic training program or a college/university accredited educational accrediting body. **"Out-of-hospital medical services"** include initial assessment of the patient and any subsequent assessments, as needed; the furnishing of medical treatment and interventions; care coordination; resource navigation; patient education; medication inventory, compliance and administration; gathering of laboratory and diagnostic data; nursing services; rehabilitative services, complementary health services; as well as the furnishing of other necessary services and goods for the purpose of preventing, alleviating, curing or healing human illness, physical disability, physical injury; alcohol, drug or controlled substance abuse; and behavioral health services that may be provided in an out-of-hospital setting.

FLORIDA introduced a bill to clarify that paramedics or emergency medical technicians may provide alternative treatment options to nonemergency and urgent care patients in a nonemergency setting to include health promotion and wellness activities and blood pressure screenings within the scope of their training and under the direction of a medical director.

NEBRASKA, NEW HAMPSHIRE, MISSISSIPPI and **NEW JERSEY** have introduced legislation to add their states to the Emergency Medical Services Personnel Licensure Compact

Tobacco Legislation

The following states have proposed legislation to raise the legal age to purchase tobacco products to age 21: **ARIZONA, FLORIDA, MISSISSIPPI, NEW HAMPSHIRE, NEW MEXICO, WASHINGTON and WEST VIRGINIA**

A number of bills address smoking in public places and several protect minors from the adverse consequences of second-hand smoke which are outlined below. Although not identified specifically in this report, a number of states have raised or levied excise taxes on cigarettes and various types of tobacco products including e-cigarettes, vapor products, and cigars and/or revised or added definitions of such products.

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

- **UTAH** – Prohibits smoking/use of tobacco on the Capitol Hill complex; however, designated smoking areas can be designated by the State Capitol Preservation Board.

Sleep Apnea

Following a devastating railroad crash in **NEW JERSEY** last year, the National Transportation Board (NTB) recommended all railroads medically screen employees with safety-sensitive positions for sleep-apnea and other sleep-related disorders. A bill has been introduced urging federal officials to reconsider withdrawing an advance notice of rulemaking concerning “Evaluation of Safety-Sensitive Personnel for Moderate-to-Severe Obstructive Sleep Apnea as a result of the NTB recommendation.

Polysomnography

VIRGINIA introduced legislation to permit students enrolled in a polysomnographic technology program or traineeship to practice polysomnography provided it is under the direct supervision of a licensed polysomnographic technician or licensed physician. Students or trainees must be identified to patients and must obtain a license 18 months from the start of the education/trainee program or 6 months from the conclusion of such programs, whichever is earlier. This legislation is consistent with other states that permit students to practice while still enrolled in school.

Disease Management

NEW YORK is proposing to amend the public health law to include chronic bronchitis, other chronic respiratory diseases, and adult and childhood obesity as part of the criteria in determining who is eligible for enrollment in a disease management demonstration program. COPD is already on the list. The bill directs the health science research board to study respiratory diseases and obesity and adds that school districts may maintain one or more nebulizers in the office of the school nurse. Asthma medication administration by the school nurse or other authorized person may be carried out via regulation.

NEW JERSEY has introduced a bill to create “Prescriptions for Parks,” which would allow practitioners to write a prescription for a New Jersey State Park Pass for patients diagnosed with obesity-related conditions - such as diabetes, **asthma**, high blood pressure, and heart disease - which may be treated with exercise. A prescription would be good for two 12-week sessions or 24 weeks and would have to be renewed every 12 weeks or otherwise the patient would be required to pay the regular entrance and parking fees. This innovative approach is similar to other programs implemented in Indiana, New York, New Mexico, California, and Chicago and hopefully more will catch on across the country.

House of Delegates Report

Keith Siegel – Spring 2018

Recommendations

None

Report

- Following the Fall HOD meeting, in which an error in the House elections process resulted in electing two Delegates to serve on the AARC Elections committee instead of one, held a special conference call with House Officers/Parliamentarian and Co-Chairs of the HOD Elections and Policy & Guide committees to identify ways of hard-wiring the House elections process to avoid those mistakes.
- Appointed committee chairs and members for 2018 HOD.
- Appointed Joe Goss, Delegate from New Jersey, to AARC Bylaws Committee to fill the remainder of Raymond Pisani's term.
- Updated and communicated HOD committee charges and deadlines.
- Held monthly calls with President Walsh. I have invited Speaker-elect Miller to participate in those calls so she will be ready to again step in should my wife's health require me to again step aside.
- Held monthly House Officers' conference calls.
- Held quarterly House Officers/Committee Co-Chairs conference calls.
- Held special call with House Officers who have a background in education and Dr. Strickland in the Executive Office to answer President Walsh's questions re: baccalaureate degree for entry into practice.
- At President Walsh's request, communicated with the President/ President-elect, and Delegates from Michigan re: their concerns about the AARC BOD's decision to eliminate the practitioners Sputum Bowl.

Other

I want to thank my fellow HOD Officers Jakki Grimball, Teri Miller, Dana Evans and Kerry McNiven, along with Parliamentarian Ken Thigpen for all of their invaluable help and support. They are an extremely passionate and dedicated group of professionals and it is an honor to serve alongside of them.

I also want to thank everyone in the Executive Office for always being so willing to help out in any way. Special thanks to Asha Dasai and Shawna Strickland for the amazing support and guidance!

Board of Medical Advisors Report

Submitted by Loti Conklin, MD – Spring 2018

Recommendations

None

Report

The Spring BOMA call is scheduled for April 10th. Preliminary minutes from the October BOMA meeting are below. They are scheduled to be approved on the call in April.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Medical Advisors Meeting

October 5, 2017– Indianapolis, IN

Minutes

Attendance

Robert Aranson, MD, FACP, FCCP, FCCM (ACCP), Chair
Terence Carey, MD (ACAAI), Immediate Past Chair
Neil MacIntyre, MD (ATS)
Steven Boas, MD, (AAP)
David Bowton, MD, FCCP (ACCP)
Russell Acevedo, MD, FCCP (ACCP)
David Kelley, MD, RRT-NPS, CRT (ASA)
Janet Lioy, MD (AAP)
Peter Papadakos, MD, FCCM, FAARC (SCCM)
Loreta Grecu, MD (ASA)
Ira Cheifetz, MD, FCCM, FAARC (SCCM)
Ravi Tripathi, MD (ASA)
Mark Yoder, MS, MD, FCCP (ACCP)
Col. Michael Morris, MD, FACP, FCCP, USA RET
Frank Salvatore, Jr., RRT, MBA, FAARC, AARC Past President

Excused

Lori Conklin, MD (ASA)
Kevin Murphy, MD (ACAAI)
Kent Christopher, MD, RRT, FCCP (NAMDRRC)
Harold Manning, MD, FCCP (ACCP)
Paul Selecky, MD, FACP, FCCP, FAARC, FAASM (NAMDRRC)

Guests

Steve Welch, Executive Director ACCP
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, AARC President
Camden McLaughlin, BS, RRT, FAARC, AARC Board of Directors Parliamentarian

Staff

Tom Kallstrom, MBA, RRT, FAARC, Executive Director
Anne Marie Hummel, Associate Executive Director
Kris Kuykendall, Executive Administrative Assistant

CALL TO ORDER

Dr. Aranson called the meeting of the AARC Board of Medical Advisors to order at 10:00 am EDT.

INTRODUCTIONS

Dr. Aranson asked members to introduce themselves and to disclose any potential conflicts of interest. He encouraged members to submit their COI forms online.

APPROVAL OF MINUTES

Dr. Acevedo moved to accept the minutes of the April 6, 2017 conference call of the AARC Board of Medical Advisors.

Motion carried

Dr. Papadakos moved to ratify the appointment of Dr. Neil MacIntyre for Chair-elect in 2018.

Motion carried

BOMA was informed that Dr. Yoder's appointment to BOMA, as an ACCP representative, was ratified by the Board of Directors.

CHAIRMAN'S REPORT

Dr. Aranson stated that BOMA fully supports HR 2502, the Medicare Telehealth Parity Act.

All AARC specialty sections now have BOMA liaisons. However, now that the Home Care, Continuing Care-Rehab, and Long-Term Care sections have been rolled into one section, called Post Acute Care, this new section will need a BOMA representative.

The Membership Committee will be working to increase physician membership, focusing on medical directors of hospital Respiratory Care departments and medical directors of Respiratory Therapy schools.

Dr. Lori Conklin (ASA) will assume the chair of BOMA for the 2017-18 year.

Dr. Yoder fulfills the 4th and final appointment for ACCP.

The ACCP has taken several actions to form a closer partnership with the AARC. First, the ACCP has extended an invitation to the AARC to be involved in the development of its clinical practice guidelines that are relevant to respiratory care. Second, it has invited the AARC to have representation on the ACCP's Scientific Program Committee. Third, the ACCP has extended the opportunity for non-physician members to advance to Fellow status, including RTs. Finally, CME credits for physicians were offered for the first time at the 2017 International Congress, under the auspices of the ACCP.

EXECUTIVE DIRECTOR REPORT

AARC Executive Director, Tom Kallstrom, gave an overview of the history of the Board of Medical Advisors and explained the role and purpose of this Board.

He also gave highlights of his written submitted report and answered questions.

AARC PRESIDENT'S REPORT

AARC President, Brian Walsh, gave highlights of his submitted written report and answered questions from the BOMA about APRT.

CoARC (Commission on Accreditation for Respiratory Care) Report

Brad Leidich, Tom Smalling, and Shane Keene gave highlights of the written submitted CoARC report and answered questions from the Board.

NATIONAL BOARD FOR RESPIRATORY CARE

Lori Tinkler and Bob Joyner reviewed the NBRC report and answered questions from the Board. Gary Smith will retire at the end of 2017 and Lori Tinkler will take over as CEO of NBRC.

LEGISLATIVE AFFAIRS REPORT

Anne Marie Hummel updated the Board on the following issues: 1) a new telehealth bill focusing on Medicare Advantage plans that does not include RTs as providers; 2) CMS' plans to seek comment on new payment models that includes a Physician Specialty model; 3) inclusion in the House appropriations report of our request for a CMS analysis to help demonstrate the value of RTs; and 4) a new Federal bill that would change the way state licensing boards operate.

Shawna Strickland informed BOMA that the outcome of the needs assessment demonstrated a positive potential for growth in this area. The AARC will contract with JBS International, Inc, for a subsequent study to determine the areas of need for a potential advance practice respiratory therapist.

RECESS

Dr. Aranson recessed the meeting of the Board of Medical Advisors at 12:05pm EDT.

RECONVENE

Dr. Aranson reconvened the meeting of the Board of Medical Advisors at 12:45pm EDT.

MEDICAL ADVISOR REPORTS

Some BOMA members gave updates of their respective sponsoring organizations.

FM 17-3-7.1 Dr. Kelly moved that BOMA create an *ad hoc* committee to determine the feasibility/details of BOMA sponsoring a RT to attend Congress every year and to create a fund for this purpose.

Motion carried

Dr. Aranson appointed Drs. Kelly, Bowton, and MacIntyre to this *ad hoc* committee to create a proposal by the end of 2017 through an e-vote.

SPECIALTY SECTION REPORTS

The Specialty Section Reports were reviewed. Dr. Yoder volunteered to serve as liaison for the Diagnostics Section.

ARCF REPORT

Tom Kallstrom provided an update of ARCF. There was a new award given this year – the Mitch Baran Award – and Joseph Rau was the first recipient. The fundraiser was held at Lucas Oil Stadium, which Vapotherm continues to sponsor and has committed to future years.

INTERNATIONAL COMMITTEE REPORT

Tom Kallstrom stated international membership has been declining.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

BOMA members suggested Dr. Deborah Goss as a new ATS representative.

ADJOURNMENT

Dr. Aranson adjourned the meeting of the AARC Board of Medical Advisors at 1:45pm EDT.

President`s Council

Submitted by Dianne Lewis – Spring 2018

Recommendations

None

Report

I am very proud to announce that Trudy Watson BS, RRT, FAARC has been awarded the Jimmy A Young Medal for 2018. Please congratulate Trudy on this great award.

Other

Also, at the spring meeting, the BOD will need to submit nominations for Life and Honorary membership. As usual the Criteria and list of past winners will follow this report.

AARC Life and Honorary Memberships

<u>YEAR</u>	<u>LIFE</u>	<u>HONORARY</u>
1961		Alvin Barach, MD
1965	J. Addison Young	
1967	Arthur A. Markee	
1972	Don E Gilbert	
	Leonard Gurney	
	Jerome Heydenberk	
	Joseph Klocek	
	Brother Roland Maher	
	James Peo	
	P. Noble Price	
	Howard Skidmore	
	Leah W Theraldson	
	Virginia Trafford	
1973	Robert A Cornelius	
	Bernard M. Kew	
	James Whitacre	
1974	Louise H. Julius	John Brown MD
1975	R.J. Sangster	
1976		
1977	John J. Julius	H. Frederic Helmholtz, MD
	Easton R. Smith	
1978	Robert H. Miller	Meyer Saklad, MD
	George A. Kneeland	
	Samuel Runyon	
1979	Robert A. Dittmar	Huberta M Livingston, MD
1980	George Auld	Albert Andrews, MD
	Hilaria Huff	Vincent Collins, MD
	Vincent D. Kracum	Donald F. Egan, MD
	Jack Slagle	Ronald B. George, MD
	Bernard Stenger	Hurley L. Motley, MD
1981	John Appling	Sister Bernice Ebner
	Wilma Bright	John H. Newell
	James A. Liverett, Jr	
	Sister Mary of Providence Dion	
1892	Gareth B Gish	John Haven Emerson
1983	Robert E. Glass	William F. Miller, MD
		Robert H. Lawrence, MD
1984	John D. Robbins	James Baker, MD
		Duncan Holaday, MD

<u>YEAR</u>	<u>LIFE</u>	<u>HONORARY</u>
1985	James S. Allen Houston R. Anderson Thomas A. Barnes Julie S. Ely David H. Eubanks Glen N. Gee Gary L. Gerard Sam P. Giordano Robert L. Knosp Lillian Van Buskirk John R. Walton Robert R. Weilacher George A. West	Walter J. O'Donohue, MD
1986	Richard W. Beckham Paul Powers	Hugh Matthewson, MD
1987	Jeri E. Eiserman Edward A. Scully	John Hodgkin, MD
1988	Michael Gillespie Melvin G. Martin	Irvin Ziment, MD
1989	Gerald K. Dolan Ray Masferrer	Roger Bone, MD
1990	Paul J. Matthews, Jr	Alan Plummer, MD
1991	Larry R. Ellis Jerome M. Sullivan	Alfred Sofer, MD
1992	Patrick J. Dunne Phil Kittredge	David J. Pierson, MD
1993	Bob Demers Bernard P. Gilles	Richard L. Sheldon, MD
1994	Philip R. Cooper Dianne L. Lewis	Forest Bird, MD, PhD, ScD
1995	Deborah L. Cullen Patricia A. Wise	Neil R. McIntyre, MD
1996	Jim Fenstermaker Trudy J. Watson	Steven K Bryant, MBA
1997	Charlie G. Brooks, Jr. Pat Brougher	Charles Durbin, MD
1998	Kerry E. George W. Furman Norris	Barry A. Shapiro, MD
1999	Dean R. Hess Cynthia J. Molle	James K. Stoller, MD
2000	Jerry Bridgers Dianne Kimball	Michael T. Amato William Bernhard, MD
2001	Robert Fluck Garry W. Kauffman	
2002	Susan B. Blonshine William Galvin Carl Weizalis	Sherry Milligan

<u>YEAR</u>	<u>LIFE</u>	<u>HONORARY</u>
2003	Margaret F. Traband J. Michael Thompson	Cheryl A. West
2004	David C. Shelledy Karen J. Stewart	Patricia A. Lee
2005	Janet Boehm Richard Branson	Jill Eicher
2006	John Hiser Lucy Kester	Marsha Cathcart
2007	Doug MacIntyre Joseph L. Rau	Kent Christopher
2008	Susan Rinaldo Gallo Michael W. Runge	John W. Walsh
2009	Vijay M. Deshpande	Dale L. Griffiths
2010	William H Dubbs Toni Rodriguez	None awarded
2011	Patricia A. Doorley	Foster M. "Duke" Johns III
2012	Richard M. Ford Timothy R. Myers	Miriam A. O'Day
2013	Linda Van Scoder	Kathy Blackmon
2014	Debra J. Fox	Edna Fiore
2015	Fred Hill	Kris Kuykendall
2016	Colleen Schabacker George Gaebler	Bruce Rubin
2017	Lynda Goodfellow	Russell Acevedo

Life Membership

1. Nominations for Life Membership are solicited from the AARC BOD and HOD.
2. The HOD and the BOD may each submit one (1) nominee for Life membership.
3. Candidates for Life membership must:
 - Be and have been an active member (one who has the right to vote and hold office) of the AARC for a period of at least fifteen (15) years.
 - Have served in the AARC in an official capacity, i.e., national officer, Board member, committee chair or member, House of Delegates, etc., for at least seven (7) years, not necessarily consecutively.
 - Have made an extraordinary contribution to the AARC and its affiliates.
 - Have been active in affiliate operations and have served in an official capacity at the affiliate level.
4. By the established deadline, each nomination must be accompanied by a summary detailing the nominee's service and contributions to the AARC and its affiliates.
5. The materials will be distributed electronically to the members of the Presidents Council for their review and vote.
6. The individual receiving the highest number of votes cast for Life membership will be awarded Life Membership. In the event of a tie, the Chair of the Presidents Council will cast the deciding vote.
7. The Chair of the Presidents Council will notify the individual of his/her selection.
8. Life membership will automatically be awarded to the AARC Past President upon completion of his/her term.
9. The new Life Member(s) will be recognized during the Awards Ceremony at the AARC Congress and invited to attend the Presidents Council Luncheon.
10. Registration fees are waived for Life Members for the AARC Congress, Summer Forum, and live webcasts.

Honorary Membership

1. Nominations for Honorary Membership are solicited from the AARC BOD and HOD.
2. The HOD and BOD may each submit one (1) nominee for Honorary Membership.
3. Candidates for Honorary Membership must:
 - Have been active in AARC affairs for a period of at least ten (10) years or worked in a field related to the goals of the Association for at least ten (10) years.
 - Otherwise be eligible for associate membership in the AARC at the time of consideration.
 - Have made a special achievement or contribution to the AARC, its affiliates, or the profession of respiratory care.
4. By the established deadline, each nomination must be accompanied by a summary detailing the nominee's service and contributions to the AARC.
5. The materials will be distributed electronically to the members of the Presidents Council for their review and vote.
6. The individual receiving the highest number of votes cast will be selected to receive honorary membership that year. In the event of a tie, the Chair of the Presidents Council will cast the deciding vote.
7. The Chair of the Presidents Council will notify the individual of his/her selection.

8. The new Honorary Member will be recognized during the Awards Ceremony at the AARC Congress and invited to attend the Presidents Council Luncheon.
9. Registration fees are waived for Honorary Members for the AARC Congress, Summer Forum, and live webcasts.

Jimmy A. Young Medal

1. The Jimmy A Young Medal is the highest award bestowed by the AARC.
2. Immediately following the annual meeting of the Presidents Council, the Chair of the Council shall issue an electronic call to the council for nominations for the Jimmy A Young Medal (JAY), inclusive of the selection criteria and a roster of past recipients.
3. Candidates for the Jimmy A. Young Medal must have an outstanding record of contributions to the AARC vision of professional excellence, advancement of the science and practice of respiratory care, and service as an advocate for patients, their families, the public, the profession and the respiratory therapist that are well above the usual commitment of time, efforts, or material goods.
4. Members of the Presidents Council will have ninety (90) days from the date of the call for nominations to submit nominations for the JAY Medal for the coming year. Each nomination must be submitted in a formal letter/memorandum detailing the nominee's achievements and contributions. A current C-V of the nominee must accompany each nomination and be submitted electronically to the Chair of the JAY Selection Committee within the ninety (90) day period.
5. The Chair of the Presidents Council shall appoint the JAY Selection Committee. The Selection Committee shall be comprised of five (5) members of the Presidents Council who are also past recipients of the JAY Medal. The chair of the JAY Selection Committee will be elected by members of the Selection Committee and shall serve a two (2) year term. Subsequent terms of both members and chair of the Selection Committee shall serve at the pleasure of the Chair of the Presidents Council.
6. Upon the close of receipt of nominations, all nominations and supporting documents will be distributed to each member of the JAY Selection Committee for review and full consideration. Within seven (7) days of distribution of all documents, the Chair of the JAY Selection Committee will conduct a conference call with members of the Selection Committee to discuss and determine the best-qualified nominee.
7. Once a recipient has been selected, the Chair of the Selection Committee will then notify the full Presidents Council electronically of the recommendation of the Selection Committee and ask for consent for the nominee so selected. Members of the Council will have five (5) days to notify the Chair of their support for the recommended nominee.
8. Once majority consent is received, the Chair of the Selection Committee will notify the Chair of the Presidents Council who, in turn, will contact the selected nominee via telephone and inform the individual of his/her selection.
9. Once the recipient has been notified, the Chair of the Selection Committee will then notify the Editor of *AARCTimes* and the AARC Director of Membership of the new JAY Medal recipient to facilitate proper publicity and inclusion into the Award Ceremony to be held during the AARC's next Annual Congress.
10. The recipient of the JAY Medal will be invited to the next Presidents Council meeting for acknowledgement and congratulatory sentiments.

Standing Committee Reports

Audit Sub-Committee

Submitted by Teri Miller – Spring 2018

Recommendations

That the AARC Board of Directors accept the audit report as presented.

Report

Due to the timing of the audit and Board of Directors meeting, a verbal report will be given.

At the October 2017 Board meeting, the Audit Sub-Committee was tasked with revising Policy CA.002 – Chartered Affiliate Requirements and Responsibilities (below). An update will be given at the meeting or an addendum will be sent beforehand.

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: CA.002

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)
REFERRED TO AUDIT SUBCOMMITTEE 10/2017

DATE REVISED: April 2012

REFERENCES:

Policy Statement:

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

Policy Amplification:

3. Chartered Affiliates shall be required to provide the following written documentation to the AARC.
 - C. Proof of state and federal not for profit status.
 - D. Proof of Chartered Affiliate Treasurers and other checking account signatories being bonded.
4. 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:

Bylaws Committee

Submitted by: Brian Cayko - Spring 2018

Recommendations

That the AARC Board of Directors find that the Iowa Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.

That the AARC Board of Directors find that the Maine Society for Respiratory Bylaws are not in conflict with the AARC Bylaws.

That the AARC Board of Directors find that the Arizona Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.

That the AARC Board of Directors find that the North Dakota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.

That the AARC Board of Directors find that the Tennessee Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws.

(See attached file “Bylaws” for copies of the above mentioned bylaws.)

Report

The AARC Bylaws Committee would first like to pause for a moment of prayer for the healing and comfort for current Chair Elect Gary Smith from Iowa. Many of you probably know that shortly after the new year Gary suffered a stroke. An ongoing thread is posted in the HOD community of Connect for following updates.

The committee chair has reviewed all current and past due affiliates for bylaw review and emailed the appropriate state contacts. We have been efficiently working through those that we have received to date. The above list is what we have made it through to date with five [5] more pending review.

North Dakota and Tennessee Bylaws were submitted having no changes made since the previous review and approval.

Other

Additionally, the committee chair has created a transition guide document (see below) listing regular duties and resources necessary to carry those duties out in an effort to help incoming chairs better orient to this position.

AARC Bylaws Chair Transition & Help sheet

1. Work with AARC Connect (Crystal Maldonado, Asha Desai, Amanda Feil) to update the BYLAWS community.
2. Look at the State societies website to see the updated affiliate bylaw revision schedule.
 - a. <http://www.aarc.org/aarc-membership/state-societies/>
 - b. Make sure it is up to date per the last meeting, Tim Myers and Kris Kuykendall.
 - c. Contact the delegates & president from the states that are past due and due the coming year.
 - i. <http://www.aarc.org/aarc-membership/community/officiary/>
3. Post to the Connect group
 - a. AARC Acid Test
 - b. Bylaws Review Schedule Spreadsheet
 - c. Current Bylaws Booklet, noting any recently adopted changes that may not have been published yet.
 - d. Committee Goals from yearly presidential “Goals & Committees” document (see below)

Bylaws Committee

Objectives:

1. Review amendments proposed by the Board of Directors, House of Delegates or Chartered Affiliates and submit its recommendations to the proponent.
2. Review Chartered Affiliate bylaws according to the established staggered schedule in which all are reviewed every 5 years for compliance with the AARC bylaws.
 - a. Affiliate bylaws will only be reviewed to not be in conflict with AARC bylaws (acid test).
 - i. Affiliate Bylaws will be considered in conflict with the AARC bylaws if non-AARC members are allowed to vote and/or hold a voting position on the Affiliate’s Board of Directors.
 - ii. Affiliate Bylaws will be considered in conflict if Active members of the Chartered Affiliate are not Active members of the AARC.
3. Report, which state’s Bylaws have been accepted or rejected to the Board of Directors.

Measures of Success:

1. Complete the amendment process and develop a list of considerations for the next revision.
2. Gather missed opportunities to modify bylaws for consideration beginning 2018.

4. Review any ongoing work from the previous chair
 - a. Ongoing bylaw changes/reviews, etc.
5. Contact states that are Due & Past Due for Bylaw review to turn in their work.
 - a. Wait for states
6. Fulfill work on any charges as set forth by the AARC president in the yearly charges.
7. Be ready to respond to any requests for the committee to make a formal interpretation of the AARC Bylaw.
 - a. HOD & BOD are the 2 bodies that can make this request and that request must be affirmed by 2/3 vote of the body sending it. [article xii section 2a]
8. Review the Bylaws for the official process and timelines of making changes.
 - a. Who can recommend a change?
 - i. BOD, HOD, State & Bylaw Committee
 - b. What is the review and approval process?
 - i. HOD & BOD must have 60 days' notice before affirming with majority vote, then
 - ii. Public comment period to happen within 45 days of that vote and lasting [an unstated length of time?] [see article xv]
 - c. What is the public comment period?
 - i. Must be presented within 45 days of the first reading approval but...
 - ii. Article xv does not state a length of time public period must last.
 1. Confirmed with Tim Myers, there is no determined length that it must be out for comment.
 2. This period will vary based largely on the proximity of summer forums and congress from year to year as those dates vary as well.
 3. Typically, we try to give 45-60 days for comment if possible.
9. After the Committee approves a state's bylaws, submit a copy of the bylaws along with your quarterly committee report. You must use the following format.
 - a. "That the AARC Board of Directors find that the XXXXXXXX Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws."
 - b. Each state's bylaws must be sent as individual word or pdf files to Kris Kuykendall.
 - i. Kris Kuykendall Kuykendall@AARC.ORG

Elections Committee

Submitted by: Jim Lanoha - Spring 2018

Recommendation

None

Report

The elections committee has begun its work for the year and is on track to fulfill its charges.

The BOD and the HOD were asked to supply the Elections Committee with potential questions to ask the candidates for the upcoming election on Feb 9th as of today Feb 23 we have not received any response from the BOD nor HOD.

In March, we will come back to the Board, the House and 3 specialty sections to ask for nominations for your respective areas to be provided to the committee.

This year, we will be holding elections for:

1. VP-Internal, VP-External, and Secretary / Treasurer (these folks will be nominated by the BOD in March)
2. 4 Delegates-at-Large (these folks are nominated by the HOD... **We will need at least 5 nominees for 2018-19**)
3. 3 Specialty Sections: Neo-Peds, Sleep and Post-Acute Care (nominated by those section's members)

Here are the questions that were asked in last year's elections as you consider what questions you would like the Elections Committee to consider for this year's candidates. They will eventually select 3 generic questions and 1 role specific question for the candidates from the input received from the BOD and HOD.

Elections Committee Questions:

What AARC or Chartered Affiliate offices/positions have you held where you feel you made a significant contribution to our profession? What is the contribution and how will you apply it to your new position, if elected?

What experience would you bring to the AARC to accomplish the goals set out by President Walsh?

What ideas do you have to attract non-members to join the AARC?

Role-Specific Questions AARC President:

How would you, as AARC President, work to move the profession forward based on the work done by our current and previous presidents?

Role-Specific Questions AARC Director-at-Large:

What do you see is your role in being a member of the AARC Board of Directors and what specific issues that face the profession now would you see as something you'd like the AARC BOD to work on?

Role-Specific Questions AARC Section Chair:

What do you feel are the top two or three issues facing your section that you believe should be addressed while you are section chair?

On behalf of the Elections Committee, I thank you for your time and input and also want to acknowledge Tim Myers for his assistance with the work of this committee.

Executive Committee

Submitted by: Brian Walsh - Spring 2018

Verbal report

Finance Committee

Submitted by: Brian Walsh - Spring 2018

Verbal report

Judicial Committee

Submitted by Anthony Dewitt – Spring 2018

Recommendations

None

Report

The committee has not been required to meet or confer during the past quarter. It has no report to make and conducted no business.

Program Committee

Submitted by Thomas Lamphere – Spring 2018

Recommendations

That the AARC Board of Directors approve Bonita Springs, FL and the Hyatt Regency Coconut Pointe Resort & Spa as the host city/hotel to the 2021 Summer Forum.

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 ample meeting space at the property. Bonita Springs/Coconut Points is but 15 minutes south of the Ft. Myers International Airport.

NOTE: The Hyatt Coconut Pointe resort was the venue rejected at the 2017 Summer BOD meeting as host to the 2020 Summer Forum. It is my understanding that there were no concerns with the property, but rather the concern over back-to-back years of hosting the meeting in Florida was the reason for the rejection. The Program Committee subsequently was encouraged to bring that recommendation back for a future year, which we are doing for 2021.

That the AARC Board of Directors approve the following members for the 2018 AARC Student Sputum Bowl Committee.

Renee Wunderley – Committee Chair

Sherry Whiteman - Score Keeper / Time Keeper

Angie Switzer – Moderator / Question Writer / Score Keeper / Time Keeper

Rick Zahodnic - Moderator / Question Writer / Score Keeper / Time Keeper

1-2 Volunteer committee helpers

Justification:

The 2017 AARC Sputum Bowl was another great success thanks in large part to the efforts of the Sputum Bowl Committee. The preliminary rounds ran extremely well with exciting competitions held in both the student and practitioner divisions. The “finals night” competition went off flawlessly and the audience enjoyed both the competition and the half-

time entertainment! Renee Wunderley chaired the committee for the second time and did an outstanding job making sure everything ran smoothly before, during and after the event. Given the success of both the 2016 and 2017 Sputum Bowls, the recommendation is that Renee Wunderley return as chair of the 2018 committee.

The recommendation includes three committee members and one or two “volunteer” committee helpers. This is a decrease of 1 committee member and will result in a decrease in committee expenses without affecting the running of the competition. At least one individual has already expressed interest in volunteering to help at the event and the committee identified a second potential volunteer as well. The hope is that these volunteers could become the next official members of the committee in 2019 and beyond.

The elimination of Practitioner teams from the event approved by the BOD also eliminates the need for practitioner level questions (both written and visual). However, given the increased focus on increasing student participation in this event, there could be an increase in the number of student teams competing in 2018. Should this occur, the number of games played would also increase and it would be VERY difficult for one person to moderate all of the matches. As such, the recommendation is to have two people capable of moderating the matches. Therefore, the recommendation is to have Angie Switzer and Rick Zahodnic return to the committee in 2018.

Finally, after reviewing the committee member performance evaluation completed by the committee chair for the remaining 2017 committee members, it is apparent that Sherry Whiteman is the best choice to serve as the final member of the committee. Sherry has experience in all phases of the committee (with the exception of moderator) and can fill any need. She once again performed at a very high rate in 2017 taking on multiple responsibilities (obtaining and scheduling all judges for the preliminary competitions, serving as time keeper, score keeper, and even helping the chair with the team orientation, team bracket completion and more). Therefore, it is the recommendation that Sherry Whiteman serve as the fourth and final committee member for 2018.

Report

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

Status: The committee met in Dallas on Jan. 18-20, 2018 to review over 600 individual lecture proposals submitted in ten different specialty areas and 8 different communities (formerly roundtables) for presentation at the Summer Forum and Congress. Annissa Buchanan from the Executive Office has already begun communicating with those who submitted proposals for Summer Forum informing them of the Program Committee’s decision to accept or reject their proposal. At the time of this writing, those submitting proposals for AARC Congress have NOT yet been communicated with, however that should take place in early March. The committee would like to express our gratitude to all the many members and other individuals who submitted proposals and to those who support our programs and activities.

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

Status: The meeting location for the AARC Congress has been approved by the BOD for 2019 (New Orleans, LA), 2020 (Orlando, FL) and 2021 (Phoenix, AZ).

The meeting location for the AARC Summer Forum has been approved by the BOD for 2019 (Fort Lauderdale, FL). A recommendation for the 2021 Summer Forum is included with this report.

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

Status: Proposals for the Summer Forum and the Congress were received from all Specialty Sections and communities. Each specialty section & community was appointed a liaison from the Program Committee, and the liaisons worked with the Section Chairs to review the submitted proposals and ensure that a well-rounded representation of section interests are included in our programs.

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

Status: A broad offering of topics presented by new and experienced presenters are included in the agenda for both the 2018 Summer Forum and 2018 Congress. The Program Committee utilized a much-improved proposal submission process that allowed them to review the proposals at any time after they were submitted. This allowed some of the work of reviewing proposals to be completed prior to the committee's face-to-face meeting and increased the time available to discuss proposals at that time. While the decision as to which topics were ultimately accepted was once again extremely difficult, the committee concentrated on providing content that focused on current hot topics, industry priorities and membership feedback from the 2017 meetings. Additionally, the committee once again ensured that President Walsh's goals of quality, safety and value were common themes and are well represented in the final program.

5. Misc.

- The length of Congress presentations will remain at 35 minutes in 8 concurrent sessions as has been the case for the past several years. The visible timers for the speaker and laminated signs used by the moderators to remind the speaker how much time remains (i.e. 15 minutes, 5 minutes, "Time is Up") worked extremely well in 2017 to keep lectures on time. Both of these will once again be utilized in 2018.
- The mobile event app created for Congress attendees was tweaked and improved for 2017 and worked well. The app allows for real-time tracking of CRCE and attendees are required to answer 3-4 questions, primarily geared towards evaluating presenters, in order to receive credit. This information is then utilized by the Program Committee when making decisions on existing speakers.

Strategic Planning Committee

Submitted by Frank Salvatore – Spring 2018

Recommendations

None

Report

1. In light of Presidential goals, review the Strategic Plan of the Association and make recommendations to the Board for revisions or adjustments in the plan at the spring 2018 Board of Directors Meeting. **(Committee will work to bring revisions/adjustments to the Summer or possibly the Fall BOD meeting after consultation with the President and President-Elect)**
2. Provide oversight of how the Association is moving towards achieving the objectives of the Strategic Plan. **(Ongoing)**
3. Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care. **(Ongoing)**

Measures of success:

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

Specialty Section Reports

Adult Acute Care Section

Submitted by Carl Hinkson – Spring 2018

Recommendations

None

Report

The Adult Acute Care Section has 2003 members and enjoys robust discussions and member engagement on the section discussion board

Diagnostics Section

Submitted by Katrina Hynes – Spring 2018

Recommendations

None

Report

2018 Diagnostic Section Charges

1. Create section specific measures of success and present to the board at least once a year.
 - a. *Charge not met - in progress.*
2. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline.
 - a. *Charge met. The Diagnostic Section membership submitted a total of 43 RFPs for consideration at the International Respiratory Congress.*
3. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the Spring Board Report.
 - a. *The section has 2 scheduled activities:*
 - i. *Tuesday, May 3, 2018 – Webcast: 2017 ERS/ATS Standards for Single-breath Carbon Monoxide Uptake in the Lung presented by Susan Blonshine.*
 1. *Moderator: Katrina Hynes*
 - ii. *Tuesday, June 12, 2018 – Diagnostic Section Virtual Meeting*
4. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
 - a. *Mrs. Jennifer Weltz-Horpedahl BSRT, RRT, NPS, AE-C, RPFT from Kadlec Regional Medical Center, Washington, assumed the Section Bulletin Editor role. To build the section's leadership ladder and increase exposure to leadership opportunities within the section, a Co-editor role was created. Ms. D'Aun Flesher BSRT, RRT-NPS, AE-C from Oregon Institute of Technology, Klamath Falls, Oregon, has assumed this role.*
5. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the Spring Board Report and updated for each Board report.
 - a. *Content within the Section library and swap shops will be reviewed annually. Results will be reported in the 4th quarter for 2018.*

Education Section

Submitted by Georgianna Sergakis– Spring 2018

Recommendations

None

Report

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

Status: We continue to engage associate degree programs in facilitating a stronger career pathway for their graduates to earn a baccalaureate degree. Six programs in Category IV (at educational institutions in states that do not allow community colleges to award the baccalaureate degree) were contacted to engage in a facilitated discussion about barriers and opportunities. Discussion is ongoing.

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

Status:

1. Achieve a section membership of 1,300 active members by September 30, 2018.
 2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree.
 3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.
 4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
- Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your Specialty Section's members. Proposals must be received by the deadline in January.

Status: 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. Advocated for programming of interest to both academic and hospital educators.

- 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: Fall section activities included promotion of President Walsh's October 2017 webinar for students during RC week. Also, during fall, Jennifer Anderson facilitated AARConnect discussion of the Education Annual Scholarship of Teaching and Learning article related to critical thinking. This quarter, Lisa Shultis is leading the section book club discussion of "'Differentiated Instructional Strategies: One Size Does Not Fit All.'" March-April will be another facilitated Scholarship of Teaching and Learning article discussion. I also presented a webinar for students about transitioning from campus to community in February 2018. This webinar highlights the benefits of AARC membership and is available as a resource to programs.

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

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

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

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

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

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

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

Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, and the Fall Student webcast (October 2017) was shared to help educators schedule this within their calendar or as part of curricula. Similar plans will be developed for fall 2018.

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

Status: Section resources are regularly shared at the two in-person section meetings each year. The PowerPoint file is shared within Connect for members who cannot attend. AARC resources are highlighted as appropriate for all communications and presentations given.

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

Board Report and updated for each Board report.

Status: The Swap Shop will be updated by Christine Gluvna & Diane Oldfather during Spring 2018. AARC Connect library: is up to date and organized in folders by category and subtopic.

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

Status: This has been facilitated by discussion in the Specialty Section Chair AARC Connect discussion board. I will use this forum more frequently and establish discussion about joint initiatives. Management section and education section collaboration opportunities will be explored with possible focus groups at Summer Forum.

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

Status: Membership increased this quarter, and as of February 22, 2018 was 1332. The AARC Clinical Preceptor Education Recognition program is another method of guiding future educators towards resources in the section that will develop their careers. The inaugural class of 14 preceptors were announced late summer. We currently have 17 recruiters in 15 states. Last year, a template letter was created with the assistance of several section members to highlight section benefits. This past July, the letter was updated. This letter was shared with our state recruiters along with the list of respiratory care program directors who are not current Education Section members in mid-September.

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

Status: Educational topics that address practicing therapists and hospital-based educators were included in the programming for the International Congress, the meeting that attracts most members from this group. The inaugural Preceptor Recognition program recognized 14 preceptors and will continue to include section membership as nomination criteria. Recipients of this recognition come predominantly from clinical environments. As a new initiative, I plan to engage a hospital educator to facilitate a quarterly discussion in AARC Connect about the transition from campus to the clinical environment. I plan to use a case study approach (discharge instructions from campus to clinic) to engage educators on both ends of the educational process.

Management Section

Submitted by: Cheryl Hoerr – Spring 2018

Recommendations

None

Report

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

Status: Requests for proposals were communicated to the membership as soon as the submission site was opened; members in attendance at the Management Section Membership Meeting in Indianapolis were reminded to submit proposals for presentation. Several reminder postings were made on the section list service as well as in the section Newsletter. Section Chair collaborate with the Program Committee Liaison to review 95 individually submitted proposals; an additional 6 submitted proposals were re-classified to other sections. Presentation slots for both the Summer Forum and the International Respiratory Congress and Exhibition will be populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.

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

Status: A management specialty section meeting was held on Thursday, October 5th in conjunction with the International Respiratory Congress. Scott Reistad helped us kick off the latest session of the Leadership Book Club in February and we are currently reading It's Your Ship: Management Techniques from the Best Damn Ship in the Navy by Captain D. Michael Abashoff. Nine of twelve chapter leaders are members of the management specialty section. We are planning on reading Juggling Elephants for our next selection beginning in May.

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

Status: Information on AARC membership numbers as well as management section membership is always shared during section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. Posts on the AARC management list serve emphasize the drastic changes affecting healthcare and encourage RT leaders to transform their practice to add value in the forming healthcare environment. Managers are encouraged to join the Leadership Book Club community on Connect and contribute to the discussions. The programing for the management section at the International Congress highlights

topics that the members of the management specialty section have identified as critically important to their practice and to keeping RT relevant and growing.

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

Status: On an ongoing-basis section members are encouraged to (1) contribute content to the management section list serve, (2) attend the Summer Forum in order to meet other RC leaders, (3) join the Leadership Book Club to grow their skills, and (4) to submit proposals for the Summer Forum and/or International Congress and Exhibition. SevLanohaeral new management speakers presented at the 2017 Congress in Indianapolis and have been encouraged to continue their participation and development in the section. Recruiting for the next section chair has also included identification and solicitation of several potential qualified candidates as well as continued interaction and development of interested but less qualified members.

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

Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads continue to be started each month. Many topics are requests for technical information as well as process and policy assistance. Many topics are recurring themes and similar conversations appear with regular frequency. The most discussed topics in the past 3 months included The Joint Commission standards, oxygen cylinder storage requirements, ventilator selection processes, and neb vs. MDI – all of which are perennial conversations. Interestingly enough, the topic that generated by far the most responses was a question about departmental organizational structure and departmental titles. The section membership remains very active and engaged.

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

Status: No work has been able to be accomplished on this project due to other, more urgent priorities.

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

Status: As of this writing there are 1,556 total management specialty section members. There has been a very slight increase in membership of 36 members since the fall board meeting when there were 1,520 total management specialty section members.

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

Status: Nominations for the Management SPOTY were solicited via the management list serve and at the management section meeting in Tucson. Dave Crotwell, BA, RRT-NPS, FAARC was named the 2017 Management Section Practitioner of the Year. Dave currently works as the Director of Respiratory Therapy Service at Seattle Children's Hospital in Washington. Solicitations for our 2019 SPOTY will be made via the list serve and at the management section meeting in San Antonio in July.

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

Status: Ideas have been solicited from the membership, but no specific indicators have been chosen at this point. The discussion will continue. Information will be presented to the BOD once measures have been discussed by the membership and are ready for implementation.

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Spring 2018

Recommendations

None

Report

The Neonatal Pediatric section submitted many proposals for the 2018 Summer Forum as well as the 2018 Congress. Awaiting the response to the program committee as to what lectures were selected.

The list serve has been very active with highly related content daily.

This year the section will hold an election for section chair elect to take office at the 2019 national congress in New Orleans. As chair I have been reaching out to potential candidates and will also be posting to the section to encourage exemplary candidates.

Post-Acute Care

Submitted by Krystal Craddock – Spring 2018

Recommendations

None

Report

Activities to date:

- Continually monitoring and responding to posts and/or connecting members with others as needed.
- Merger of Continuing Care/Rehab, Long-term Care, and Home Care Section went live January 2018 with 1199 members to date.

Other

- Section merger connect website merged successfully (Thank you Amanda Fell and team!).
- Members continue to be involved on the connect discussion board, now with questions pertaining to DME and PR that connects all of the merged sections.

Goals moving forward:

- Plan to connect with Gene Gantt and Zach Gantt with membership engagement moving forward. Possible activities include journal discussions and live online discussion.

Sleep Section

Submitted by Jessica Schweller - Spring 2018

Recommendations

None

Report

- Survey completed in late fall 2017 to evaluate educational needs of current members. Survey consisted of several questions to help improve submissions/attendance to Congress 2018 and to help drive the educational needs of the upcoming year.
- Survey also invited new presenters with opportunity for mentorship to present at their first Congress. A list of mentors was created to help advise anyone who may need assistance.
- Future collaboration with other specialty sections may be considered for Congress presentations as this may help bridge the gap between several sections and improve membership for those who may overlap.
- Submission quality for Congress 2018 was improved overall and interest was gauged as to why or why not participants would attend Congress to try and improve attendance.
- Membership for sleep section currently: 697 members
- Beginning to advertise for the Specialty Section Member of the Year to improve nominations and have a sleep section recipient this year.

Other

- Continue to increase membership numbers to sleep section
- Begin monthly case conference/journal club to enhance clinical promotion
- Propose review questions/study materials for the RRT-SDS exam to assist members interested in the exam
- Propose review at Congress 2018 for the RRT-SDS as a pre-course symposium

Surface to Air Transport Section

Submitted by Tabatha Dragonberry - Spring 2018

Recommendations

None

Report

1. Apex Award for transport teams work group completed the first-round draft to be moved through the approval process. Thank you to Steve, Olivia, and Shawna. Background: AARC was contacted by a transport team that was not part of a respiratory department who wanted to apply for Apex award. Criteria was reviewed to meet the quality standards and relate to transport domain.
2. Tabatha will work with Olivia in transitioning section chair at AARC Congress.
3. Tabatha will contact AARC Times Editor to feature an article outlining important factors for respiratory therapists interested in becoming transport specialists.

Other

Need to work on completing a case study and solicit volunteers for discussion online.

Need to work on membership.

Special Committee Reports

Advocacy & Government Affairs Committee

Submitted by Frank Salvatore – Spring 2018

Recommendations

None

Report

4. Find ways to gain support for the Telehealth bill. **(Ongoing)**
 - We're working on a pilot project that may take us in a slightly different direction but will continue to advocate for any and all Telehealth bills that include RTs.
5. Investigate ways for Respiratory Therapist to be recognized as professionals by the government. (Department of Labor, Department of Defense, etc.) **(Ongoing)**
6. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to states that begin moving toward RRT and/or BS entry for those seeking new license. **(Ongoing)**
 - Committee leadership continues to stand ready to help state affiliates with this.
7. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care. **(Ongoing)**
 - Communication in preparation for the Virtual Lobby Campaign 2018 is in the works and will begin in mid-April for our May 1st visit to D.C.
8. Oversee the virtual lobby week and/or any calls to action that come up over the year. **(Ongoing)**
 - The virtual lobby week is set to begin April 11, 2018 and will continue through May 2, 2018. We are ramping up our communication to both the PACT and the HOD-President's List Serves.
9. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods. **(Completed)**
 - The committee members have been assigned states and will be the primary liaison to those states for both federal and state issues.
10. Assist in coordination of consumer supporters. **(Ongoing)**

Measures of success:

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

Benchmarking Committee

Submitted by: Chuck Menders – Spring 2018

Recommendations

None

Report

1. The new, AARC Benchmarking 2.0 was launched in October 2017. It contained many of the enhancements that the committee had been working on over the past year, including streamlined demographic profiles, improved reporting and graphics capabilities, time standard updates using AARC Reporting Manual 5th Edition, Option of user-defined metrics, and patient outcome metrics.
2. New site tools were developed to aid in using AARC Benchmarking 2.0, including Quick Start Guide, Navigation Tips, Data Entry Definitions and Formulas, Report Definitions and Formulas, and Compare Group Creation. A Resource section was also updated with resources to benchmarking, utilization and best practices.
3. Marketing and introductory subscription pricing along with loyalty pricing for current and returning subscribers was implemented.
4. An Administrators Dashboard has been completed that will provide data to monitor and manage user subscriptions.
5. We are planning a committee conference call to discuss current concerns and plans going forward.
6. We need to reassess the membership in the committee and look at adding a couple of additional members to replace those who are no longer active on the committee.
7. A plan needs to be developed to follow up on data that is entered into the system as some entries do not appear to be accurate and will skew data in compare groups.
8. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
9. AARC Benchmarking 2.0 began with 16 subscribers. As of 2/14 we are up to a total of 45 current subscribers.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Spring 2018

Recommendations

None

Report

In December the NCCI Edits were released by Medicare. In Chapter XI, J. Pulmonary Services, (page 23) there was a description for the use of code 94640 (pressurized or non-pressurized inhalation treatment for acute airway obstruction...). This document stated that treatments could only be coded once per “episode of care”. The previous statement by the NCCI Edits stated that the code could be used once “per single patient encounter”. This change gave some of our members a renewed concern and confusion. Anne Marie H wrote to Ms. Dietz at Medicare to get clarification. We received a response back and this was posted on the Coding List Serve. Also, the Coding Guidelines were updated to reflect this and other recent changes. See the changes below.

Inhalation Treatment for Acute Airway Obstruction

CPT code 94640 describes treatment of acute airway obstruction with inhaled medication **and/or** the use of an inhalation treatment to induce sputum for diagnostic purposes.

Hospital inpatient services: If more than one inhalation treatment is performed on the same date of service, the code should be reported by appending modifier 76. If inhalation drugs are administered in a continuous treatment or a series of “back-to-back” treatments exceeding one hour, CPT codes 94644 and 94645 should be reported instead of CPT code 94640. Inpatient services are generally paid under a diagnosis-related prospective payment to the hospital and therefore are not billed separately to insurers or Medicare. However, hospitals will keep track of the number of procedures as an indication of productivity which can guide staffing requirements.

Hospital outpatient services, such as emergency departments: If inhalation treatments are administered in an outpatient setting, the use of CPT code 94640 is subject to NCCI edits which are described on pages 1 and 2 of these guidelines. This means CPT code 94640 shall only be reported once during an episode of care regardless of the number of separate inhalation treatments that are administered. If CPT code 94640 is used for treatment of acute airway obstruction, spirometry measurements before and/or after the treatment(s) shall not be reported separately. It is a misuse of CPT code 94060 to report it in addition to CPT code 94640. The inhaled medication may be reported separately. An episode of care begins when a patient arrives at a facility for treatment and terminates when the patient leaves the facility. If the episode of care lasts more than one calendar day, only one unit of service of CPT code 94640 shall be reported for the entire episode of care.

If a patient receives inhalation treatment during an episode of care and returns to the facility for a second episode of care that also includes inhalation treatment on the same date of service, the inhalation treatment during the second episode of care may be reported with modifier 76 appended to CPT code 94640.

If you have questions about the use of CPT code 94640 or use of modifier 76 (repeat procedure or service by the same physician or other qualified health care professional), we strongly recommend you check with the coding and billing representatives at your facility. **If further clarification is necessary, the facility should check with the Medicare contractor that pays its claims.**

Diversity Committee

Submitted by: Crystal Dunlevy/Jakki Grimball – Spring 2018

Recommendations

None

Report

1. Web page:
 - a. Jakki is continuing to collect input from committee members about improvements and edits that need to be made to the current web page.
(<http://www.aarc.org/resources/professional-documents/cultural-diversity-resources/>).
2. Diversity video series
 - a. No suggestions have been made from committee members to date. Crystal will re-introduce this during the March conference call, and if necessary, expand the pool of individuals from whom to get recommendations.
3. There are currently no CRCE offerings that are related to diversity.
 - a. Washington, D.C. requires that 2 CRCEs be dedicated to LGBTQ sensitivity. State boards will likely follow suit.
 - b. Crystal has completed an outline for a two-hour CRCE (approved by Shawna and Jakki) and is currently writing the module. Once completed, it will be sent to the committee members for review and revision.
4. Provide education aimed at both reducing implicit bias and increasing and appreciating diversity at National meetings.
 - a. Crystal gave two presentations at the 2017 Congress on implicit bias and cultural diversity.

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Joel Brown
Joseph Buhain
Cheryl Hoerr
Edgar Mercado

Miguel Muniz
Daniel Rowley
Mikki Thompson

Executive Office Support: Doug Laher/Shawna Strickland

Fellowship Committee

Submitted by: Frank Salvatore – Spring 2018

Recommendations

None

Report

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

International Committee Report

Submitted by John Hiser – Spring 2018

Recommendations

That the AARC investigate methods of teaching international members how to renew their membership.

Justification: 7.5% of previous international members stated they did not renew their AARC membership because they did not know how.

That the AARC initiate a marketing campaign directed towards past international members and that the campaign includes and highlight the previously approved membership rates based on income levels where potential members reside.

Justification: 73% of previous international members stated they are interested in renewing their AARC international membership.

That the AARC offer country specific list-serves as a benefit to members from countries that have International Affiliate Status.

Justification: 61% of previous and current international members suggested that to improve communication amongst members within different countries that international affiliate/country specific list-serves on AARConnect would be beneficial.

That the AARC in collaboration with the ICRC to develop resources aimed at advancing the practice of respiratory care outside the US and at developing resources to assist with advocating for development of the profession in other countries.

Justification: Over 50% of previous and current international members suggested that to improve communication amongst members in different countries that resources for advancing the practice and for advocating for the profession would be helpful and improve the perceived benefit of membership.

That the AARC offer reduced rates for educational products, registration for meetings, and all other products based upon the income levels where potential international members reside and that these discounts be highlighted in marketing campaign presented in recommendation number two.

Justification: A more affordable rate for these products can potentially increase the perceived benefit to international members and also increase sales of products and the number of international members attending our meetings and purchasing our products. Comments from the international survey support this recommendation.

Report

1. Coordinate market and administer the International Fellowship Program.

We are in the process of gearing up for this year. The web site and the online application have been updated. A call for applicants has been posted on AARC Connect, various list serves and in AARCTimes.

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

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

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

We continue to work on improving communication and on targeted activities. We are currently in the process of reviewing the AARC International Membership Survey. Our survey work group has met via conference call to discuss the survey summary and the proposed recommendations based upon survey results.

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.

We continue to correspond with other medical associations, societies and practitioners.

Measures of Success

1. Host at least 5 International Fellows this year.

The ARCF determines how many fellows to fund each year.

2. Production of collaborative educational programs guidelines, recommendations or position statements.

The committee stands ready to assist in any way possible.

3. Track and publicize AARC leadership travel to countries outside the USA in support of our Mission and Vision.

Several articles have been published in the past regarding leadership travel outside the US. I would encourage all members of the Board and the House, and also individual members to let me know of any travel for seminars, workshops, medical mission trips or

other activities related to international activities. Each year I try to include as many of these as possible in the *AARCTimes* international issue.

Discussions with Doug Laher concerning future content of international articles is ongoing.

4. Increase the number of international members by 10% per year.
This past summer the BOD passed the following recommendation which will hopefully increase the number of international members.

That the AARC BOD offer 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.

This past summer 2017 the BOD referred the following recommendation to the Executive Office with a report back in October 2017. Results of this referral have not been reported to the committee.

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.

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, RRT, ACCS, ViJay Desphande, MS, RRT, FAARC, Hector Leon Garza, MD, FAARC, Derek Glinsman, RRT – Emeritus, Yvonne Lamme, MHA, RRT, Debra Lierl, MEd, RRT, FAARC, Natalie Napolitano, MPH, RRT-NPS, FAARC, Bruce Rubin, MD, FAARC, Jerome Sullivan, PhD, RRT, FAARC

Other

(see attachment “AARC International Membership Survey”)

AARC International Membership Survey

Summary

1. Are you a current member of the AARC?
 - a. Yes - 48%
 - b. No - 52%198 answered

2. How long have you been an AARC member? *Only if answer yes to question 1 – open text box response, enter numbers only in field*
Range - 1 to 37 years
31 to 37 years - 5
20 to 30 years – 10
10 to 19 years – 26
5 to 9 years – 20
2 to 5 years – 10
1 or less – 10
81 answered 117 skipped

3. What value do you receive from your AARC membership?
Respiratory Care Journal – 92%
Networking/ AARConnect – 43%
Best Practices – 45%
Continuing Education – 50%
Other – 6%
86 answered 112 skipped

4. How many years were you an AARC member? *Only if answer no to question 1 – open text box response, enter numbers only in field*
Range - 1 to 25 years
20 to 30 years – 2
10 to 19 years – 14
5 to 9 years – 13
2 to 4 years – 31
1 year – 24
No answer or couldn't remember 2
86 answered 112 skipped

5. Why did you not continue your AARC membership?
I did not know how to renew – 7.5%
It was too expensive – 48%
I did not get a benefit from being a member – 38%

- Other – 24%
92 answered 106 skipped
6. Would you be interested in renewing your AARC membership?
Yes – 73%
No – 27%
92 answered 106 skipped
7. Why did you initially join the AARC? (**Select one**)
a. Awarded membership with International Fellowship – 13%
b. Access to Respiratory Care Journal – 28%
c. Networking – 7%
d. Gain information to improve care of patients – 31%
e. Paid for by my job – 9%
f. Other - 12%
175 answered 23 skipped
8. Do you belong to other professional organizations?
a. Yes – 78%
b. No – 22%
176 answered 22 skipped
9. Please list the organizations: ***Only if answer yes to question 5 - comment box – open ended response***
129 answered 69 skipped
10. What would you suggest to improve communication amongst members in different countries? (**Select all that apply**)
International affiliate/country specific listserves on AARConnect – 61%
Information on advancing practice outside of US – 58%
Educational offerings geared more toward the physician/nurse specializing in Respiratory Care – 38%
Resources to assist with advocating for development of Respiratory Therapy profession – 52%
Links between ICRC and AARC – 37%
Access to Mentors – 34%
Other – 5%
158 answered 40 skipped
11. What benefit(s) would you like to see added to international AARC membership? (**comment box**) – ***open ended response***
71 answered 127 skipped
12. Additional Comments you would like us to know about AARC membership: (**comment box**) – ***open ended response***
37 answered 161 skipped

Membership Committee

Submitted by Amanda Richter – Spring 2018

Recommendation

None

Report

- This year, the membership committee plans to put a major focus on student membership benefits.
- Student membership: We are reviewing some of the efforts made in various states on student membership efforts. We are currently in the process of working to develop a toolkit for students and new grads to help align AARC member benefits that are relevant throughout the time as a student as well as leading up to and following graduation. Our plan is to make these state-specific to include information on the state affiliate as well as licensure which is often a key concern for students and new grads. We hope that by providing guidance on the benefits that are available and timely, the benefits will be utilized and bring value to the membership.
- State Affiliates: This year we are planning to try a different approach in hopes to better engage and support the affiliate leaders. In the past we have had assigned liaisons to each affiliate, this year we are planning to introduce the entire membership committee. The thought is that if someone already has a connection with someone on the committee, they may be more willing to reach out and connect. Same with just placing names and faces, many of committee members travel to various state meetings or attend AARC events, so we hope this may assist in strengthening the relationships with the affiliates so we can work together more.

Other

- A special thanks to Amanda F. for all of her work, particularly with the state affiliate introductions and compiling data for our group, we greatly appreciate her!

Position Statement and Issue Paper Committee

Submitted by Pat Doorley – Spring 2018

Recommendations

That the position statement entitled “Respiratory Therapist Education” (11/2015) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 1 below)

Rationale: The revisions made in this position statement update the language to reflect currently used terminology and provide information regarding the recently enacted CoARC requirement for newly accredited educational programs. Also highlighted are the respiratory therapist’s pertinent responsibilities and competencies as identified in the statement as well as a clear statement that the baccalaureate degree is the preferred education for entry-to-practice.

That the position statement entitled “Telehealth and Respiratory Therapy” (04/2013) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 2 below).

Rationale: The revisions made in this position statement explicitly define the many aspects of telehealth to demonstrate the broad group of activities/services that this term encompasses. A list of telehealth activities/services that are encompassed in the Respiratory Therapist’s scope of practice are specifically highlighted. Language related to these services being provided under insurance programs was removed in order to separate the ability of Respiratory Therapists to provide the activities/services from the reimbursement systems.

That the position statement entitled “Home Respiratory Care Services” (07/13) be approved without revisions, and the words Reviewed 03/18 be added to the date list at the bottom of the document.

Rationale: This position statement was reviewed and there were no recommendations for revision of the document. Placing the date of the review at the bottom of the statement will provide notice that the document has been reviewed within the past 5 years per BOD Policy CT .008.

That the issue paper entitled “Utilization in Respiratory Care” (no date) be retired.

Rationale: There is not a date of publication available for this document, but it does state that it was developed to provide a comparison between the utilization review practices of hospitals and those of alternate care sites. With the advancement of technology and the increased use of diagnostic and therapeutic services in both inpatient and outpatient settings, the types of care sites has expanded beyond those identified in the paper making the content of the paper obsolete.

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 current AARC Position Statements and 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 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 has completed the review/revision of the following three Position Statements following the process described in BOD Policy CT .008:
 - 1) Respiratory Therapist Education – revised and recommended for BOD approval following membership review
 - 2) Telehealth and Respiratory Therapy – revised and recommended for BOD approval following membership review
 - 3) Home Respiratory Care Services – reviewed with no recommended changes following membership review
 - 4) Utilization in Respiratory Care – reviewed and recommended for BOD retirement following membership review
2. Inventory the current Position Statements and Issue Papers and convert to the new format by end of 2017.
 - Completed by the Executive Office.
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.

Other

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

Position Statement and Issue Paper Committee Report Attachment # 1

Respiratory Therapist Education

Respiratory therapists provide direct patient care, patient education, and care coordination. A respiratory therapist practices in various in-patient and out-patient settings (e.g. acute care facilities, long-term and sub-acute care facilities, skilled nursing facilities, assisted living centers, subacute care units, rehabilitation centers, diagnostics units, physician's offices, and in the home).

A respiratory therapist's responsibilities and competencies include:

- Their ~~e~~ Clinical decisions ~~that~~ are increasingly data-driven and evidenced based, by ~~scientifically supported algorithms (protocols) to deliver respiratory care.~~
- Involvement ~~They are involved in research and need to be adept at understanding the practical ramifications of published research.~~
- ~~Respiratory therapists~~ The use of sophisticated medical equipment and performance of complex therapeutic procedures and diagnostic studies. They also provide education to patients and other members of the public.
- ~~Respiratory therapists must possess a~~ An in-depth understanding of human physiology and the ability to apply that knowledge in the clinical setting workplace.
- Excellent teamwork skills, including effective communication when interacting with other health care providers.

The ~~continually~~ continuously expanding knowledge base of today's respiratory care field requires a ~~more~~ highly educated professional ~~than ever before~~. Factors such as increased emphasis on evidence-based medicine, focus on respiratory disease management, demands for advanced patient assessment, and the growing complexities of ~~American~~ healthcare, ~~overall~~, clearly mandate that respiratory therapists achieve formal academic preparation commensurate with an advanced provider practice role.

The primary purpose of a formal respiratory care educational program is to prepare competent respiratory therapists for practice across multiple health care venues. Respiratory care educational programs are offered at ~~technical and community~~ two-year colleges, four-year colleges, and universities. The preferred ~~Training and~~ education for entry-to-practice as a respiratory therapist should be provided within programs awarding a bachelor's baccalaureate or master's degree in ~~R-Respiratory e-Care~~ (or equivalent degree titles). If such programs are not available then entry level, associate degree programs should offer a pathway to obtaining a baccalaureate degree in Respiratory Care (or equivalent degree title). Since January 1, 2018 and all newly accredited respiratory care educational programs must award, as a minimum, the bachelor's baccalaureate degree in ~~R-Respiratory e-Care~~ (or equivalent degree title). Associate degree respiratory care programs which ~~are currently accredited~~ hold continuing accreditation by the Commission on Accreditation for Respiratory Care (CoARC) ~~are should be allowed to continue in good standing as long as they remain in compliance with all other CoARC policies and standards. The AARC supports existing and future articulation agreements between associate and baccalaureate respiratory therapy programs.~~ encourages all R-respiratory therapists to obtain a baccalaureate degree.* Respiratory therapists seeking to practice in advanced practice ~~clinical~~ settings, leadership roles, research, and in professional educator roles should seek higher education at the masters or doctoral levels.

***The AARC Statement of Continuing Education, 2015, “The AARC encourages Respiratory Therapists who have completed the required entry level education to pursue baccalaureate and graduate degrees relevant to their professional pursuits.”**

Effective 1998
Revised 03/2009
Revised 04/2012
Revised 07/2015
Revised 11/2015
Revised 03/2018

Position Statement and Issue Paper Committee Report Attachment # 2

Telehealth and Respiratory Care Therapy

~~Telehealth is the broad use of electronic synchronous or asynchronous communication technology.~~ **Telehealth is an interactive audio and video communication system designed to improve patients' health status by allowing face-to-face communication between patients at an originating site and physicians, and other health care providers, at a distant site. Telehealth, in addition to clinical services, also refers to remote non-clinical services such as provider training, administrative meetings, and continuing medical education. Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status. The terms "telemedicine" and "telehealth" are often used interchangeably.**

Additionally, telehealth includes remote patient monitoring conducted via a coordinated system that uses one or more home-based, or mobile, monitoring devices to automatically transmit vital signs or other information wirelessly. This information is then reviewed and interpreted by a health care professional and becomes part of the patient's plan of care. Store and forward telehealth, sometimes referred to as asynchronous telehealth, involves the acquisition and storing of clinical information such as data, images, sound, or video that can then be forwarded to (or retrieved by) a distant site for clinical evaluation. ~~to provide virtual health care services and consultations (telemedicine) for patients or providers residing in separate locations. Services can include patient assessment and education, diagnostic evaluation, sleep testing, monitoring, disease management, disease prevention, health promotion, and rehabilitation as well as specific patient consultations.~~

Telehealth provided by respiratory therapists may include:

- **Patient assessment and education**
- **Diagnostic evaluation**
- **Sleep testing**
- **Home ventilator monitoring and management**
- **Monitoring patient health and activities**
- **Managing patients with chronic conditions**
- **Disease prevention**
- **Health promotion**
- **Rehabilitation**
- **Patient consultations**

The American Association for Respiratory Care (AARC) supports efforts to provide patients **with** access to respiratory **care** therapy services via telehealth. ~~Furthermore, the AARC and supports the recognition of respiratory therapists as providers of telehealth services. under Medicare, Medicaid, commercial and other health insurance programs.~~

Effective 03/01

Revised 07/~~2010~~, 04/13

Revised 04/2013

Revised 03/2018

APPENDIX A: Position Statement and Issue Paper Review Calendar 02/22/2018

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		Oct 17	Revised				
Best Practices in Respiratory Care Productivity and Staffing		Jul 15				X	
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14				X		
Continuing Education	2015					X	
Cultural Diversity		Apr 13		Summer 2018			
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	Retired				
Hazardous Material Exposure		Nov 11	Retired				
Health Promotion and Disease Prevention		Apr 14			X		
Home Respiratory Care Services		Jul 13		Reviewed -- to BOD			
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15				X	
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15				X	
Interstate Transport License Exemption		Jul 14			X		

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
Licensure of Respiratory Care Personnel	Apr 15					X	
Pre-Hospital Ventilator Management Competency		Jul 14			X		
Pulmonary Rehabilitation		Apr 14			X		
Respiratory Care Scope of Practice		Jul 13		Summer 2018			
Respiratory Therapist Education		Nov 15	Revision Request Received	Revised - to BOD			
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist	Jul 13			Summer 2018			
Respiratory Therapists in the Emergency Department		Jan 18	Revised				
Respiratory Therapy Protocols	Apr 13			Summer 2018			
Telehealth and Respiratory Therapy		Apr 13		Revised - to BOD			
Tobacco and Health		Apr 14			X		
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Oct 17	Revised				
Verbal Telephone Orders		Jul 14	Retired				
Total			3	7	6	8	1

Issue Papers	Reviewed	Revised	2017	2018	2019	2020	2021
Safe Initiation and Management of Mechanical Ventilation	2016						X
Utilization in Respiratory Care	No Date		X	Retire to BOD			
RRT Credential	2003	2013		X			
Development of Baccalaureate and Graduate Education Degrees	No Date		Retired in Summer 2015				
Respiratory Care: Advancement of the Profession Tripartite Statements of Support	No Date		X				
Improving Access to Respiratory Care (Respiratory Therapy Access Working Group)	04/2016						X
Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates	No Date		Retired				
Ventilator Acquisition Guidance Document	2006		X	Under Expert Revision			
Total			3	1			2

NOTE: Issue Papers reclassified to Guidance Documents by the Executive Office and are not included in the charges of the Position Paper and Issue Paper Committee

Guidance Documents	Reviewed	Revised	2017	2018	2019	2020	2021
Best Practices in Respiratory Care Productivity and Staffing	2012		Reclass-ified from Issue Paper				
Guidance Document on Scope of Practice	2003		X				
Guidance Document Regarding RRT Entry to Licensure	No Date (2017)						
Smallpox Guidance Document	2003		X				

Virtual Museum Committee

Submitted by: Trudy Watson- Spring 2018

Recommendation

None

Report

The committee continues to work on updating and expanding existing galleries in the Virtual Museum. We would appreciate any assistance you can provide in obtaining images for new or existing galleries.

The request letter and nomination form for the 2018 Legends of Respiratory Care were updated by the committee and distributed to the CoARC, NBRC, and ARCF in early February under President Walsh's signature. As you may recall, each of the Boards of the nominating agencies may each submit up to five nominations. This year the deadline is July 31, 2018. The committee will review the nominations received from the four nominating agencies and will select up to five new Legends to be announced during the Awards Ceremony at the 2018 AARC Congress.

We were so pleased that an article featuring the AARC Virtual Museum appeared online in the Washington Post on December 30, 2017

http://wapo.st/2C90eAN?tid=ss_mail&utm_term=.b421bd517aec

Vision Grant Committee

Submitted by: Lynda Goodfellow- Spring 2018

Recommendation

That the AARC Board of Directors accept and approve the LOI and application guidelines for 2018 as presented.

Call for Proposals – Vision Grant 2018

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**.

Review of projects that focus on clinical trials and outcomes research, the impact of previously published AARC Clinical Practice Guidelines, and how clinical interventions by respiratory therapists affect overall health of patients are encouraged. In 2018, proposals that include how the *BS Entry to Practice* in respiratory care impacts patient care are urged.

Deadline:

LOI deadline: **TBA**

Submission requirements:

Once a letter of intent is approved, an electronic (PDF) copy of the application in ONE document (a detailed description of the proposal requirements is included below) is requested. Submit to Dr. Shawna Strickland at: Shawna.Strickland@aacrc.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

Report

The AARC Vision Grant Committee wants to thank the AARC BOD for approving the name change from "Ad Hoc" and for classifying this committee as a "Special Committee" in November 2017. Thanks also to Dr. Shawna Strickland for her efforts in assisting last year's vision grant recipient in getting funding and progress reports underway.

Members:

Lynda T Goodfellow, chair

Gregg Ruppel

Georgianna Sergakis

Special Representatives Reports

AMA CPT Health Care Professional Advisory Committee

Submitted by: Susan Rinaldo Gallo – Spring 2018

Recommendations

None

Report

From the Fall 2017 AMA CPT meeting:

1. Carbon Dioxide Tension Monitoring

Consultants for SenTec brought a proposal forward for non-invasive blood gas monitoring of CO₂. This was the second proposal for this technology. It was rejected by the Panel. The reason given is that this did not meet the criteria for a Category I code and that the procedure is not unique. I think that because there wasn't any physician work involved in this code; no interpretation or reports that the panel felt a code was not necessary. SenTec brought two knowledgeable physicians to give testimony. The code proposal was modeled after the pulse oximetry code (94760). I believe that if pulse oximetry was proposed in recent times, it also would not be granted a code.

2. Car Seat Testing

RTs in some departments conduct Car Seat/bed testing.

94780 (old code) – Car seat/bed testing for airway integrity neonate, for infants up to 12 months of age, with continual nursing observation and continuous recording of pulse oximetry, heart rate, with interpretation and report; 60 minutes.

With our input, this code was revised to reflect a broader age range and to change nursing to clinical staff.

94780 (new code) – Car seat/bed testing for airway integrity ~~neonate~~, for infants ~~up to~~ through 12 months of age, with continual ~~nursing~~ clinical staff observation and continuous recording of pulse oximetry, heart rate, with interpretation and report; 60 minutes.

RTs are considered “clinical staff”, so this is a step in the right direction.

I continue to monitor the AMA CPT activities on line and provide input as needed.

Anne Marie H and I will attend a meeting in February 2018.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors - Spring 2018

Recommendations

None

Report

1. Pulmonary Rehabilitation Certificate: Collaboration between AARC and AACVPR

- a. Certificate course is a series of 12 modules
- b. The Modules are:
 - i. Pulmonary Rehabilitation
 - ii. Pathophysiology and Assessment of COPD
 - iii. Assessment and Management of Patients other than COPD
 - iv. Pharmacologic Interventions
 - v. Supplemental Oxygen Administration
 - vi. Exercise Assessment, Prescription, and Training in Pulmonary Rehabilitation
Exercise Assessment Part 1
 - vii. Prescription, and Training in Pulmonary Rehabilitation, Part 2
 - viii. Tobacco Cessation
 - ix. Nutrition and Pulmonary Disease
 - x. Psychosocial Assessment and Intervention in Pulmonary Rehabilitation
 - xi. Collaborative Self-Management
 - xii. Outcomes Measurement in Pulmonary Rehabilitation
- c. Successful Completion is a score 70% or higher on post test
- d. Continuing Ed Credits: 12 CRCE-AARC OR AACVPR CE
- e. Cost: AACVPR Member: \$230; Non-Member: \$280 - **Please note: you must be logged in to the AACVPR website to access the course.**

2. AACVPR MAC M & MAC J Reimb. Committee

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

3. AACVPR Day on the Hill (DOTH) is March 5-6, 2018

- a. Medicare Statute; **Section 603 or Site of Service or Site Neutrality**
 - i. 250 yard from hospital rule and billing is either hospital outpatient billing OR physician fee schedule billing – NOT GOOD FOR PULMONARY REHAB PROGRAMS if it’s Physician FEE SCHEDULE BILLING...
 - ii. AACVPR ASK at DOTH is for a LEGISLATIVE FIX BUT AT THIS TIME NO BILL so asking for a SPONSOR on House and Senate side to sponsor a BILL
- 4. **Pulmonary Rehab Program Insurance Information:** New Medicare Cards issued by April 2019 to all Medicare patient’s: “ CMS news - The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires us to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. You can find more details in our 5/30/17 press release and latest Open Door Forum slides. Also, you can see the new card on our new Medicare card homepage.”
- 5. **AACVPR 5th Edition Pulmonary Rehabilitation Guidelines – updated, pending Release 4th quarter 2018**
 - a. Dr. James Lamberti and I are co-authored **Chapter 2 – Selecting and Assessing the Pulmonary Rehabilitation Candidate**
- 6. **AACVPR Pulmonary Rehabilitation Program Certification**
 - a. “only peer-review accreditation process designed to review individual facilities for adherence to standards and guidelines developed and published by AACVPR and other professional societies
 - b. “2018 Program Certification application, AACVPR will be moving to more of an outcomes-based process with the measurement of more meaningful outcomes. The new Performance Measures will highlight this change
 - c. Program Certification DATES:
 - i. **December 1, 2017:** Application opens
 - ii. **February 28, 2018:** Completed applications and payments due
 - iii. **March - May 2018:** Program Certification Committee Review Team completes initial application review
 - iv. **June - August 2018:** Program Certification Committee Chair and Board Liaison oversight review; and Inter-Rater Reliability (IRR) testing
 - v. **August 31, 2018:** Letters sent notifying programs of application decisions
 - d. Application Fees:
 - i. Certification for AACVPR Member: \$780
 - ii. Re-certification for AACVPR Member: \$660
 - iii. Certification for Non-Member: \$920
 - iv. Re-certification for Non-Member: \$810
- 7. **AACVPR 33rd Annual Meeting: Sept. 12-15, 2018 Louisville, KY**
 - a. Member of the Pulmonary Conf. Committee with speaker recommendation and scoring of lecture submissions

- b. Abstracts are due March 12, 2018
- 8. **VACVPR, affiliate of AACVPR:**
 - a. Active on BOD and Pulmonary Rehab Reimbursement Committee Chair
- 9. **AACVPR Pulmonary Expert Committee member, this committee is chaired by Trina Limberg**
- 10. **Pulmonary Hypertension Association, as a member of the PHPN PRACTICE COMMITTEE**
 - a. PHA's 2018 International PH Conference and Scientific Sessions
 - b. Conference is held once every two years, and 2018 marks the 13th year that PHA has hosted the PH community
 - c. June 29 to July 1, 2018, in Orlando, Florida, at the Renaissance Orlando at SeaWorld
 - d. Go to: <https://phassociation.org/education-programs/conference/>

American Heart Association

Submitted by Keith Lamb – Spring 2018

Recommendations

None

Report

Nothing to report.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Spring 2018

Recommendation

None

Report

As per the request of John Steinmetz, Nevada Society for Respiratory Care, and approved by AARC President Brian Walsh and AARC Executive Director Tom Kallstrom, I have been engaged to conduct a strategic and operational planning session with the NSRC February 23-24, 2018.

As per the request of Karen Good, Alaska Society for Respiratory Care and as approved by AARC President Brian Walsh and AARC Executive Director Tom Kallstrom, I am working with Karen to schedule a strategic and operational planning session with the Alaska Society for Respiratory Care in May.

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

Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE)

Submitted by Gary Wickman – Spring 2018

Recommendation

That the AARC Board of Directors appoint a CoBGRTE representative to the Ad Hoc Committee on Advanced Practice RT Practices, Credentialing, and Education.

Justification

- CoBGRTE has its own committee that is working on APRT model curriculum based on the competencies identified by CoARC with the ACCP members.
- CoBGRTE would like to work closely with and support the AARC on this project and suggest that the Chair of the CoBGRTE APRT Committee, David Burnett, be the CoBGRTE representative to this committee.

Report

I have communicated with CoBGRTE President Dave Shelledy and the CoBGRTE Executive Committee to discuss how best to communicate and support the relationship between CoBGRTE and the AARC. CoBGRTE is currently working on finishing a Strategic Planning process. They have finished an environmental scan and are now working on mid and long-term goals. The CoBGRTE Executive Committee would welcome any input from the AARC on setting their goals.

CoBGRTE wants to continue to be as supportive of the AARC as possible. Items which may be of particular interest on which they are working include:

1. Supporting an increase in BS programs and Respiratory Care Practitioners that have at least a BS degree in respiratory care by assisting Associate Programs in conversion to Bachelor's Programs and helping to increase the availability of degree completion programs.
2. Supporting and assisting the increase of graduate respiratory care programs, including entry level MS degree programs, leadership programs, and advanced practice programs.
3. Continue the work of the CoBGRTE APRT Committee working on model curriculum for an APRT that will provide the competencies identified by the CoARC and ACCP member DACUM process.
4. Planning activities for the AARC Summer Forum including:
 - a. In person CoBGRTE Board Meeting. I have been invited to attend this meeting as the AARC Liaison to CoBGRTE.
 - b. A brief seminar session for CoBGRTE members before or after the AARC Summer Forum (so there is no conflict with the Summer Forum) on Faculty development which will award CRCEs.
 - c. A Round Table discussion group one evening to work on ideas for CoBGRTE to work on.

- d. CoBGRTE President, Dave Shelledy, would like to have another meeting with the CoBGRTE Executive Committee and the AARC Executive Committee to continue the close working relationship.
- 5. CoBGRTE would like to support and assist increasing membership in the AARC. One idea would be to include articles in the Coalition Chronicle to promote AARC membership. They are open to any input from the AARC on how best this might work.
-
- CoBGRTE would also like to share their various 2018 Committee Goals with the AARC Board to highlight what they are working on and request input and comment:
-

1. The Coalition Chronicle Editorial Board Goals

- a. Review and edit draft copy of issues before publication.
- b. Submit two articles per year (each member).
- c. Invite Universities/Colleges/Medical Centers to submit Spotlight articles.
- d. Identify topics for special issues.
- e. Develop special sections of the Chronicle.
- f. Approve distribution list.
- g. Recommend and approve layout and design features.
- h. Approve publication policies.

2. CoBGRTE Graduate Council Goals

- a. Gather and share data that will support development of additional respiratory care graduate programs (e.g. first professional masters, RRT to master's leadership programs, advance practice masters, clinical doctorate).
- b. Serve as a means of communication between existing and planned respiratory care graduate programs.
- c. Assist with the development of proposals for respiratory care graduate programs.
- d. Assist current BS programs in the development and offering of entry-to practice first professional masters.
- e. Assist current baccalaureate programs in the development of advanced practice and leadership masters.
- f. Prepare two or more articles about graduate respiratory care education for the *Coalition Chronicle*.

3. Advanced Practice Graduate Committee Goals

- a. Work closely with AARC and CoARC to establish APRT programs.
- b. Continue to develop sample curricula for advanced practice respiratory care programs to include a model clinical doctorate.
- c. Work with AARC and other agencies to collaborate/assist/disseminate the advanced practice provider needs assessment.
- d. Work with AARC and state societies to assist in the feasibility of an APRT addition to state licensure.
- e. Prepare two or more articles during the year for the *Coalition Chronicle*.

4. International Outreach Committee Goals

- a. Continue to provide a list of BSRT and MSRT programs located outside of the USA and publish this list on the website.
- b. Contact programs outside the US and seek collaboration with CoBGRTE to include encouraging institutional and individual membership.

- c. Provide assistance for the development and implementation of baccalaureate and master's degree respiratory care programs located outside of the USA.
- d. Prepare two or more articles during the year about international respiratory care for the *Coalition Chronicle*.

5. Membership Committee Goals

- a. Increase active membership to 500.
- b. Increase institutional membership to 75.
- c. Increase student membership to 600.
- d. Increase corporate membership by three additional corporate members.
- e. Prepare at least one call or promotion for membership in each issue of the *Coalition Chronicle*.

6. New Program Committee Goals

- a. Assist in the development of new baccalaureate respiratory care educational programs to include:
 - i. Traditional programs.
 - ii. Conversion of associate to baccalaureate programs
 - iii. Associate to baccalaureate consortium programs.
 - iv. Baccalaureate degree completion programs.
- b. Assist the Graduate Council in the development of additional master's degree respiratory care educational programs.
 - i. First professional masters.
 - ii. Conversion of traditional baccalaureate to first professional masters.
 - iii. Establishment to new first professional degree masters.
 - iv. RRT to master's leadership programs.
 - v. RRT to advance practice masters.

7. Program Standards Committee Goals

- a. Develop a standard for clinical instruction.
- b. With the Program Committee, plan a clinical instruction workshop for before the AARC Summer Forum.
- c. Recommend a minimum enrollment size for BSRT programs.
- d. Prepare a status report on current BSRT and MSRC program outcomes.
- e. Prepare two or more articles during the year for The Coalition Chronicle.

8. Program Committee Goals

- a. Plan and implement a two-hour program for the 2018 Summer Forum to include location, registration fees, refreshments, speakers, and activities.
- b. Plan and implement a Round Table Discussion Dinner for the 2018 Summer Forum and Annual Meeting.
- c. Continue to implement a speaker honorarium and travel expense policy.
- d. Handle speaker invitations and arrangements.
- e. Arrange program logistics and marketing.
- f. Arrange for exhibitors at CoBGRTE events, to include associated fees and support.
- g. Plan and implement a CoBGRTE student event at the AARC Annual Meeting.
- h. Apply for AARC CEU credits for program offerings.
- i. Provide sufficient advertising and associated announcements regarding all Program.

9. Student Scholarship Committee Goals

- a. Continue to implement guidelines for applying for scholarships.

- b. Prepare announcements and articles for 2018 scholarship offerings and publish these in the *Coalition Chronicle*.
- c. Consider mechanisms to increase scholarship funding and make recommendations to the Board regarding scholarship amounts.

10. Social Media Committee Goals

- a. Continue to maintain the Facebook and LinkedIn sites and increase the number of followers and participants.
- b. Increase engagement in terms of clicks, likes, posts and comments.
- c. Increase interactions with other respiratory care social media groups.
- d. Increase Facebook page visibility across the web.
- e. Increase the news and events content.
- f. Prepare two or more articles during the year for the *Coalition Chronicle*.

11. External Affairs Committee Goals

- a. Continue to organize and activate the Institutional Membership Council.
- b. Continue to seek formal relationships with ASAHP, ACCP, ATS, ASA, SCCM, and COPD Foundation.
- c. Work closely with AARC Executive Committee and the CoBGRTE AARC representative.
- d. Prepare suggested agendas for the AARC Summer Forum CoBGRTE Executive Committee meetings with:
 - i. AARC Executive Committee
 - ii. CoARC Executive Committee
- e. Develop and present face-to-face reports to the CoARC as scheduled
- f. Prepare two or more articles during the year for the *Coalition Chronicle*.

12. Strategic Planning Committee Goals

- a. Review the Environmental Scan Completed in 2017.
- b. Develop a mission and vision statement for CoBGRTE.
- c. Develop strategic goals and associated action items to achieve the mission and vision.
- d. Submit proposed plan to the CoBGRTE BOD for their consideration at the 2018 AARC Summer Forum BOD meeting.

Other

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

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Spring 2018

Recommendations

None

Report

The CAMTS board has a busy year ahead with the continued updating of the 11th edition standards to be released during the Air Medical Transport Conference in Phoenix in October. This version will be the first to be approved by the American National Standards Institute (ANSI).

In this 11th edition we will be requiring an advanced certification for transport RT's. Options for advanced credentials will be the NBRC's NPS or ACCS and the CNPT credential from the NCC.

The standards committee is meeting monthly via phone conference to draft the 11th edition to ANSI standards. I am serving on this committee in addition to serving as the AARC representative to the board as well as on the CAMTS executive committee.

The formation of the independent CAMTS Europe continues as we accredited our first dual accreditation (both US CAMTS and CAMTS EU) to a children's transport team in the United Kingdom during a phone conference in January. There are several additional European programs awaiting their site survey.

Extracorporeal Life Support Organization

Submitted by Bradley Kuch – Spring 2018

No report submitted.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Spring 2018

Recommendations

None

Report

I. Follow up on AARC Membership for International Affiliates: The President of the International Council for Respiratory Care met to speak with the all the Governors to the ICRC to address the subject of international membership in the AARC. Particular attention was paid to countries with International Affiliate status and the need to maintain as a minimum, 20 active members of the AARC. Other countries were encouraged to solicit AARC membership among their members. These discussions were productive and instructional for many. There were a number of Governors who indicated they were interested in stronger and perhaps a more formalized relationship with the AARC (see **Item II** below regarding the Japan Society). The ICRC President and members of the Executive Committee are currently continuing a dialogue with the Governors regarding the membership issue.

II. Japan Society for Respiratory Care and Rehabilitation (JSRCR): For over two years informal discussions have taken place regarding the possibility of developing a relationship between the AARC/ICRC and the JSRCR. This is noteworthy as JSRCR has some 6,500 members and in the recent review of international membership in the AARC, Japan had the highest number of International AARC Members at 54.

These informal discussions have centered around the possibility of identifying areas of common interest and potential cooperation between the AARC/ICRC and the JSRCR. The preliminary discussions resulted in a formal meeting held in conjunction with the AARC Annual International Congress in Indianapolis, Indiana in October 2017. A formal invitation was extended to Professor Shu Hashimoto, MD, Division of Respiratory Medicine, Department of Internal Medicine, Nihon University School of Medicine. Dr. Hashimoto is also Chairman (President) of the Board of Directors of the JSRCR. In addition to several representatives of the JSRCR, the AARC, ICRC and the NBRC sent representatives to the luncheon meeting. A number of topics were discussed and the group planned to work together to share information, perhaps translate articles and Clinical Practice Guidelines between our specialty sections and JSRCR specialty practice disciplines. The group was committed to establishing a working group/committee with representatives from each organization with the goal of making recommendations on future plans.

III. International Committee - International Membership Survey Committee: The group has completed and analyzed results of a survey of international members (current and lapsed). The survey results are in and a number of action recommendations have been made by the committee and submitted this meeting by John Hiser, Chairman of the International Committee. The ICRC supports all these recommendations and is working in particular to address the recommendation: “That the AARC in collaboration with the ICRC develop resources aimed at advancing the practice of respiratory

care outside the US and at developing resources to assist with advocating for development of the profession in other countries.” This action is addressed immediately below in **Item IV** on the FRCSC.

IV. Update on Fundamental Respiratory Care Support Course (FRCSC): The project is going very well with 17 excellent manuscripts submitted and in the editing process. Seven additional chapters are in process and are scheduled for completion by the end of the second quarter of 2018. We are pleased and thankful for the support of the AARC BOD, the ARCF and many individuals and companies which have contributed to the project. We certainly believe you will be proud of the total compendium of work.

As indicated in previous reports to the AARC BOD the standardized Fundamental Respiratory Care Support Course (FRCSC) is a modular training course intended for implementation outside of the United States for health care providers not experienced in respiratory care as practiced in North America. This project directly addresses one of the needs identified by the recommendations from the International Committee on international membership, namely to “develop resources aimed at advancing the practice of respiratory care outside the US.....”. Plans are being made to beta test the program and have it ready to meet this demand.

V. International Education Recognition System (IERS): Currently there are six programs under review.

- **Puebla, Mexico Level I - under review**
- **Hangzhou, China Level II - under review**
- **Shanghai, China - Level I - under review**
- **Shanghai, China - Level I - under review**
- **Mexico DF, Mexico - Level I –under review**
- **Shanghai, China - Level I - under review**

National Asthma Education and Prevention Program (NAEPP)

Submitted by Natalie Napolitano – Spring 2018

Recommendations

None

Report

Webinar on 12/14/2017 to introduce the new core committee and updates of NAEPP.

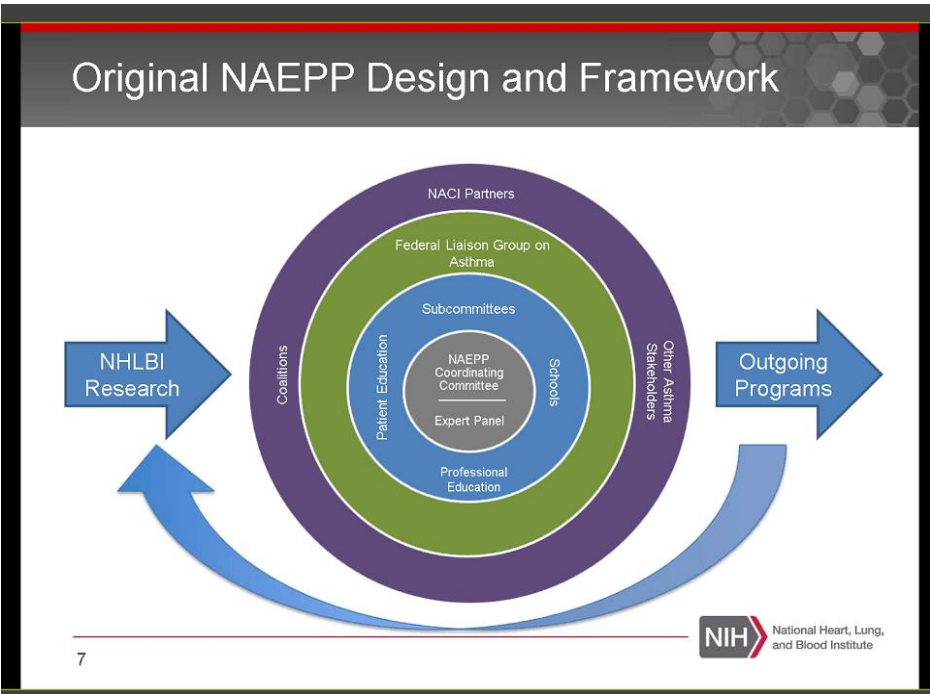
No RT's on the board. Only one RN. Most MD's. Still will have all meeting open to the public and want the public to be involved.

Committee is 15 members. Official FACA committee and regulation states structure.

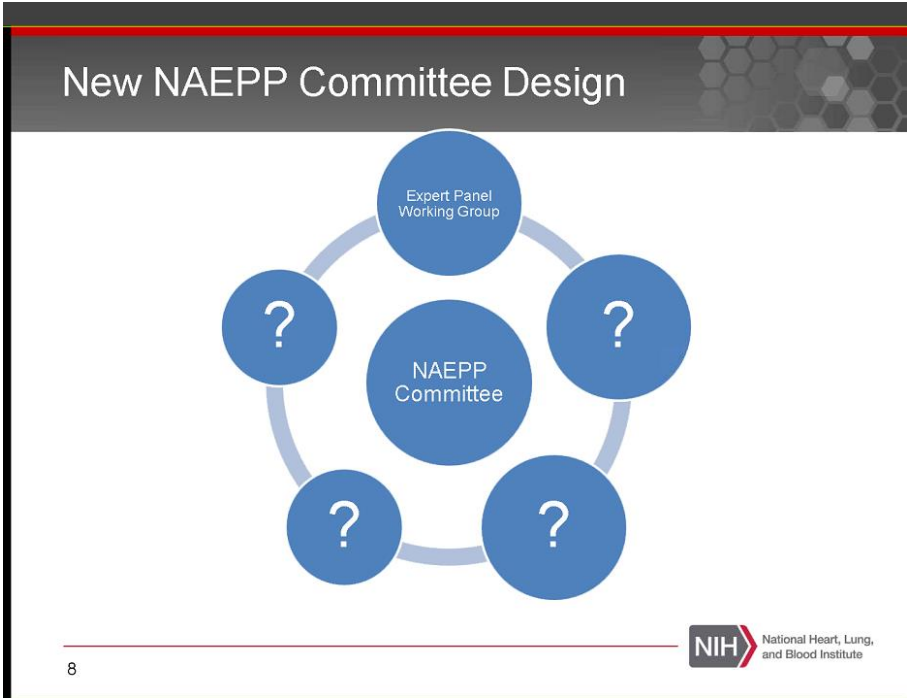
Mission:

- Advise NHLBI and other federal agencies on matters concerning asthma
- Facilitate exchange of information on asthma activities among the member agencies and voluntary health organizations in order to enhance coordination of asthma-related programs and activities.

Former committee structure:



Current Structure:



The Core Committee is established. Expert Panel Working Group has been through the public nomination period and is in the process of being established now. The question marks are the working groups that will be established going forward.

New website for NAEPP, it will have all meeting minutes and documents. Everything from this committee will be publically available and all meetings are open to the public. <http://www.nhlbi.nih.gov/about/org/naepp>

Workgroups will not be in a public forum but their summaries of their work will be.

They brainstormed what the other workgroups would be and will be looking for nominations for the members of these committees. They will have more meetings via webinar and will have an inperson meeting in about 5-6 months in Bethesda.

Neonatal Resuscitation Program

Submitted by John Gallagher – Spring 2018

Recommendations

None

Report

The NRP Steering Committee last met in October 2017 in Chicago, Illinois at the site of the American Academy of Pediatrics (AAP) National Conference. The major agenda items included an evaluation of grant proposals, instructor development initiatives, simulation enhancements, and other new business topics. As AARC liaison, I have spent time since that meeting responding to inquiries from providers nation-wide on topics centered on ventilation and airway management during resuscitation. In addition, we have been preparing for Webinar in April 2018 in which the AARC liaison will once again be a guest moderator.

The next meeting for the NRPSC is March 5-6, 2018 at the new headquarters of the AAP in Chicago, Illinois.

Society for Airway Management

Submitted by Monique Steffani – Spring 2018

No report submitted.

Policy Review

- MP.001 – Membership – General Operating Policies
- MP.002 – Membership – Membership Challenge Policy
(see attachment “Suggested Revisions MP.002 March 2018”)
- BOD.003 – Board of Directors – Use of AARC Corporate Credit Card
- BA.001 – Board of Medical Advisors – Medical Advisors

American Association for Respiratory Care

Policy Statement

Page 1 of 2
Policy No.: MP.001

SECTION: Membership

SUBJECT: **General Operating Policies**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~December 2009~~ March 2018

DATE REVISED: ~~December 2009~~ March 2018

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

Policy Statement:

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

Policy Amplification:

1. All personal records of Association members shall be the property of the Association and shall be held in strict confidence.
2. Members whose AARC membership has lapsed may reactivate their membership in the Association by payment of the current year's membership dues plus the fee set in the Annual Budget subject to the following conditions:
 - A. The lapse in membership has been for a maximum time period of one year.
 - B. The member must meet current Bylaws requirements for appropriate membership classification
3. AARC members shall be granted reciprocity of chartered affiliate membership without inter-affiliate transfer of current chartered affiliate dues paid.
4. All new and renewing members shall be required to complete the AARC membership application and subsequent renewal cards in their entirety.
5. The Membership Committee shall assure that a request for medical direction, when applicable, be included on the membership application.

American Association for Respiratory Care Policy Statement

Page 2 of 2
Policy No.: MP.001

6. All AARC Members shall receive a communication of congratulations and thanks from the President and Executive Director at 20 years and each subsequent decade of continuous membership.
7. All nominations for Life Membership submitted to the House of Delegates by a delegation shall include curriculum vitae as justification, and a resolution recommending such action shall be submitted to the House at least sixty (60) days prior to the Annual Meeting of the Association.
8. Life Membership shall automatically be bestowed upon an AARC President upon completion of his/her term as Immediate Past-president.
9. All Active and Life Members of the Association employed within the boundaries of chartered affiliates shall be permitted to vote in the election of the delegation of that affiliate, regardless of their separate affiliate membership status.
- ~~10. That students enrolled in an accredited respiratory therapy education program be permitted to join AARC as student members at no charge with the following qualifications:~~
 - ~~a. Access to AARC Times and RESPIRATORY CARE will be limited to the internet.~~
 - ~~b. That 100% of the faculty in the program where the student is enrolled be either an active or associate member of AARC."~~

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care Policy Statement

Page 1 of 1
Policy No.: BOD.003

SECTION: Board of Directors

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

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~November 2015~~ March 2018

DATE REVISED: ~~July 2005~~ March 2018

REFERENCES:

Policy Statement:

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

Policy Amplification:

1. Use of Association corporate credit cards shall require proper detailed reports.
2. The Executive Director shall determine which members of the Executive Office may use Association corporate credit cards.
 - a. All individuals issued Corporate Credit Cards should use these cards for **ALL** business-related expenses without exception.
 - b. Credit card expenses should be reconciled within 30 days of receiving monthly credit card statements
 - c. Monthly “reconciliation” includes (is defined as) sending receipts and accounting charge codes/departments to Accounting at the Executive Office.
3. The Board of Directors shall travel under the official travel policy of the Association.
4. The Controller shall be responsible for monitoring the use of corporate credit cards and assuring that use is properly reported.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care

Policy Statement

Page 1 of 1
Policy No.: BA.001

SECTION: Board of Medical Advisors

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~November 2013~~ March 2018

DATE REVISED: March 2018

REFERENCES:

Policy Statement:

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

Policy Amplification:

1. Medical Advisors shall be limited to:
 - A. Members of the Board of Medical Advisors
 - B. Physicians approved by the Board of Medical Advisors
2. Medical Advisors so identified shall be ~~appointed by the President,~~ subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

Ad Hoc Committee Reports

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

Submitted by John Wilgis – Spring 2018

Recommendations

That the AARC Board of Directors fund an expanded needs assessment to determine geographic location, physician specialty, and density of workforce need for non-physician advanced practice providers explicitly trained to provide care to patients afflicted with cardiopulmonary disease.

The survey should be conducted in a manner and with the sophistication required to inspire confidence in inferences made by identified stakeholders and the medical community in general.

2018 Charges

1. Create the framework for the needs assessment, retain a third-party consultant to conduct the needs assessment, conduct the needs assessment, and evaluate completed needs assessment to determine appropriate next steps.
2. Clearly define the pros and cons of both an “incident to” and a direct billing approach related to advance practice provider reimbursement and provide information that assists in determining the best approach to establish for future use.
3. Identify states where passage of advance practice provider licensure or certification would have the greatest chance of success.
4. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider.
5. General - Identify at least one educational institution to offer an educational pilot program(s) for advance practice provider.
6. Identify possible mechanisms to provide funding through the ARCF or other stakeholder(s) (e.g., employers) to support the pilot program(s).
7. Consider the development of the credential for the advance practice provider.

Report

- At the October 3, 2017 AARC Board of Directors approved the Committee Recommendation 17-3-31.1 *“That the AARC Board of Directors accept the NPAPP Needs Assessment Key Findings and the AARC Needs Assessment Study Methods and Item Results submitted to the AARC on August 17, 2017 by JBS International, Inc.”*
- A second motion was made and carried at the October meeting (FM 17-3-31.2) stating, *“That the AARC Board of Directors charge the Ad Hoc Committee on Advanced RT Practices, Credentialing, and Education to develop the next level of needs assessment with JBS International, Inc. and report back thru e-vote by January 15, 2018 with scope and budget.”*
- The committee held a conference call on November 27, 2017 to discuss carrying out the second board motion. A small workgroup was formed to review a second phase of a needs

assessment. The workgroup was made up by Drs. Lynda Goodfellow, Sarah Varekojis and Shawna Strickland.

- JBS, International, Inc. submitted a proposal* on January 5, 2018 for a Phase 2 (see attachment “AARC Needs Assessment Phase II...” survey to determine: 1) where the need exists for the role of a Non-Physician Advanced Practice Provider (NPAPP) who has training specifically to work with patients who have cardiopulmonary disease; and, 2) how widespread that need is, focusing on the following to build off Phase I survey –
 - Increasing the survey N (enough to be able to stratify by discipline and geographic region); or, use alternative methods (e.g., sampling) to be able to generalize results back to the larger population.
 - Identifying where there is a gap/need for an NPAPP position. Where = setting (inpatient/outpatient), discipline, and geography.
 - Identifying the size of the gap/need for an NPAPP position.

Subgroup analysis is a critical component of Phase 2 research and larger sample sizes will permit much more detailed analysis and insight than was possible in Phase 1. Similar to the prior study, all interviews will be conducted online – which permits significant time and cost savings – and the survey instrument will be relatively brief, consisting of approximately a dozen survey questions with a handful of demographic/screening questions.

* See proposal from JBS International, Inc. (Attachment “AARC Needs Assessment Phase II...”)

- The workgroup shared the proposal with the committee chairs, the AARC President, President Elect, the Immediate Past President and the AARC Executive Director for feedback.
- Questions revolved around identifying urban versus rural with any level of confidence and how the survey regions are selected. The biggest question identifying a justification (Return on Investment) for the increased cost of “Option A” offered in the proposal.
- Following a virtual feedback session, a call was held with the AARC Presidents and Executive Director, the workgroup and JBS International, Inc. Based on feedback and input from the AARC and committee representatives, JBS International, Inc. is developing a revised proposal expected to be released by the end of February.
- The published literature review subgroup of the APRT committee has been in the writing phase of the manuscript production for about 3 months. We plan to submit the publication to a peer reviewed journal within the next 30 days (mid-March). Our discussions have led to choosing CHEST as the journal to target, and if unsuccessful there, we would pursue publication in Respiratory Care.
- The committee presented its work to the membership at the AARC Congress.
- The committee is planning to present its continued work to the membership at the 2018 AARC Summer Forum.
- The committee has scheduled a call in March to discuss the report, along with the survey proposal.

Other

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

The 2018 Committee members include:

AARC Representatives:

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

CoARC Representatives:

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

NBRC Representatives:

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

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Spring 2018

Recommendations

None

Report

Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Lutana Haan, Tommy Rust, and Shawna Strickland. The committee has been very productive.

1. 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: The position statement is under review.

2. 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: Although we were hopeful to have our recommended edits adopted by the Bureau of Labor Statistics, they were not. Among the critiques they provided were space limitations and wording that was not understandable to the general public. Another strategy for the next round of revisions would be to review the language present in related health professions and modify our content similarly.

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

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

4. 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: A Survey Monkey form was drafted and was sent to program directors from the AARC to in January 2018. The data from this survey will be evaluated at the committee's next meeting on March 1, 2018.

5. 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/

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

Status: No further action on this specific goal has been addressed with NN2. However, the committee is actively working towards promoting the implementation of career pathways among associate and baccalaureate degree programs. A member of NA2RC was added to the committee, Peggy Spears, however she needed to rotate off due to other commitments and was replaced by Tommy Rust. Also, a representative of BS completion programs was added, Lutana Haan, to represent this important constituency. This committee decided to put together a set of resources for programs to implement to facilitate pathway development. To further highlight this issue, two proposals were submitted to the Program Committee and parts of both were accepted for presentation at the Summer Forum. One addresses career pathways for individual therapists. The other addresses a strategy that one associate degree respiratory care program utilized to create an AS to BS career pathway.

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

Status: See above.

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Spring 2018

The American Respiratory Care Foundation (ARCF) has been very active since the last Board of Trustees meeting in April 2017. The following are highlights of activities currently under taken by ARCF, which are all in addition to administering the extensive array of education recognition awards, fellowships, and grants.

As you are aware, the ARCF hosted its 5th annual ARCF Fundraiser Reception “Night on the Plaza” preceding the AARC Congress 2017. There were over 300 attendees and a net of \$53,926 was raised; this does not include an additional donation received by Teleflex. VapoTherm again was the sole sponsor of this event. Plans have begun for the 2018 ARCF Fundraiser Reception to be held on December 3rd in Las Vegas, Nevada with expectations for it to be a bigger success than previous receptions. I hope that you will make it a point to attend this year’s event, as we need the support of our peers to encourage the support from our AARC members.

This June 14-15, ARCF will present the 57th Journal Conference focusing on “Noninvasive Respiratory Support in Adults” (see attachment). The proceedings from this Conference will be published in a 2018 issue of RESPIRATORY CARE. As-to-date, we have received a commitment of sponsorship from Fisher & Paykal. Sponsorship request have been sent out and follow-up emails are taking place at this time.

Solicitation for the 2018 ARCF awards has begun. The deadline for applications to be submitted is June 1, 2018.

Solicitations for sponsorship for the International Fellowship Program will be sent out by the end of February. We also will host our first VIP International Fellow this year along with the other International Fellows.

With the exit of Tim Myers, MBA, RRT, FAARC as Trustee the Board of Trustees have filled this vacancy with Terry Volsko, MBA, MHHS, RRT, CMTE, FAARC who is Director of Respiratory Care, Transport, and the Communications Center at Akron’s Children’s Hospital. She is also a Board Member of the NBRC.

Summary

The ARCF Trustees have been in frequent communication through quarterly phone conferences as well as a face-to-face meeting last year. We will be holding our first face-to-face meeting of 2018 on May 10 in North Carolina. I want to thank all of you that gave to the Foundation in 2017 and urge all of you who haven’t yet provided your support for the Foundation to consider making a tax-deductible donation. Your support is indispensable to our success.

CoARC Report

Submitted by Tom Smalling – Spring 2018

See attachment “CoARC Update March 2018”



Date: February 23, 2018

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

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

Subject: NBRC Report

I appreciate the opportunity to provide you my first update as President on activities of the NBRC. The NBRC is committed to providing continued excellence in respiratory therapy credentialing and ongoing competency. Since the last meeting, the Board of Trustees met in December 2017 to discuss business related items pertinent to the credentialing system and will convene in April 2018 in Kansas City to conduct examination development work as well as review final plans for implementation of a new credential maintenance program. The following information summarizes activities which the Board and staff are currently involved.

New Staff Leadership

In January, the Board of Trustees named Lori M. Tinkler, MBA as the new Chief Executive Officer. Lori's 26+ tenure with the NBRC and her vast knowledge of the respiratory care community made her the obvious choice and I look forward to what she will accomplish for both the NBRC and the respiratory care profession in the years ahead.

Continuing Competency Program

After a comprehensive review of the Continuing Competency Program (CCP) over the last several years, work has begun on the development of the new Credential Maintenance Program (CMP). Implementation of the new program will begin with a pilot phase in 2019 and full implementation for all credential renewals in 2020.

External Professional Initiatives

Advanced Practice Respiratory Therapist Ad Hoc Committee

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

BS Entry to Practice Collaborative

Three representatives from the NBRC participated in the first meeting of the AARC's BS Entry to Practice Collaborative workgroup on February 17, 2018. The focus of this meeting was to identify obstacles to achieving the AARC's goal of having 80% of respiratory care practitioners holding a baccalaureate degree. This day-long meeting resulted in several proposed solutions and action plans to move the profession in this direction.

NAMDRC and Respiratory Compromise Institute

The NBRC continues its participation in the Respiratory Compromise Institute by having a representative on its Clinical Advisory Committee. In addition, we also support NAMDRC as an Industry Advisor.

Job Analysis and Cut Score Studies

A thorough job analysis of respiratory care competencies was conducted and completed in 2017 culminating in modifications to the detailed content outlines of the Therapist Multiple-Choice and Clinical Simulation Examinations which are scheduled to be implemented in 2020. The Board will review and approve the final job analysis report at its April meeting. Cut score studies will be performed in April for the Adult Critical Care and Neonatal Pediatric Specialty Examinations; new test specifications for these programs will be implemented in June and October 2018, respectively.

Neonatal/Pediatric Admission Policy Change

At its December meeting, the Board approved on second 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). This policy change will go into effect when test specifications change for the NPS Examination in October 2018.

2017 Examination and Annual Renewal Participation

In 2017, over 28,000 examinations were administered across all programs. More than 61,000 individuals renewed their active status for 2017, with nearly 80% taking advantage of the \$5 discount available to those who renewed online. 2018 annual renewal is well underway and credentialed practitioners will once again receive a \$5 discount if they renew their active status online at nbrc.org. To date, we have processed over 40,000 active status renewals for 2018.

Examination Statistics – January 1 –December 31, 2017

Examination

Pass Rate

Therapist Multiple-Choice Examination – 13,738 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 71.8% |
| | Exceed Low Cut-Score – 81.5% |
| • Repeat Candidates | Exceed High Cut-Score – 25.9% |
| | Exceed Low Cut-Score – 45.1% |

Clinical Simulation Examination – 11,942 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 58.0% |
| • Repeat Candidates | 45.4% |

Adult Critical Care Examination – 897 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 74.9% |
| • Repeat Candidates | 53.3% |

Neonatal/Pediatric Examination – 978 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 78.0% |
| • Repeat Candidates | 45.7% |

Sleep Disorders Specialty Examination – 161 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 86.3% |
| • Repeat Candidates | 63.6% |

PFT Examination – 524 examinations

- | | |
|-------------------------|-------------------------------|
| ▪ First-time Candidates | Exceed High Cut-Score – 31.2% |
| | Exceed Low Cut-Score – 69.7% |
| ▪ Repeat Candidates | Exceed High Cut-Score – 17.8% |
| | Exceed Low Cut-Score – 57.2% |

Your Questions Invited

I am delighted at the opportunity to be serving as President of the NBRC and look forward to 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 let Excellence define us.

Unfinished Business

- CoBGRTE referral from October 2017 Board meeting:

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

Frank Salvatore moved that the president-elect work with the president to put together a committee to work with CoBGRTE on a research collaboration idea and report back by February 15, 2018.

Result: President-elect Karen Schell contacted Georgiana Sergakis (Education Chair) to assist in helping find key individuals from CoBGRTE to assist with the projects. Will provide verbal update at the meeting.

- ELSO recommendation from October 2017 Board meeting:

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

- ECMO Specialist

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

New Business

- Transition to BSRT/MSRT resources: Example Curriculum – Ad Hoc Committee on BS Entry to Practice Collaborative (see below)
- APRT Phase II
- Action Items from Michelle's presentation

(Proposed) **Ad Hoc Committee on BS Entry to Practice Collaborative**

Co-Chairs:

Brian Walsh and Lynda Goodfellow

Members:

NBRC Rep - Robert Joyner, Rob Shaw and Lori Tinkler

COARC - Brad Leidich, Shelly Mishoe, and Tom Smalling

NN2 - Gregory Ferenczak (not likely an AARC member) and Candace Ryan

NA2RC - Peggy Spears

CoBGRTE - Tom Barnes and Jon Nilsest

Staff Liaisons:

Tom Kallstrom and Shawna Strickland

Recommendations

That the AARC Board of Directors ratify the Ad Hoc Committee on BS Entry to Practice Collaborative.

That the AARC Board of Directors approve the BS Entry to Practice Collaborative “Recruitment” work group plan to survey current baccalaureate programs regarding successes, challenges and best practices with progress reports to be reviewed at the 2018 summer and fall BOD meeting.

That the AARC Board of Directors approve the BS Entry to Practice Collaborative “Category II and Category III” work group plan to successfully convert AS programs to BS programs with progress reports to be reviewed at the 2018 summer and fall BOD meeting.

That the AARC Board of Directors approve the BS Entry to Practice Collaborative “80% BSRT by 2020” work group plan and solicit AARC Vision Grant RFPs that demonstrate improved effectiveness and patient outcomes of baccalaureate prepared respiratory therapists. Progress reports will be reviewed at the 2018 summer and fall BOD meeting.

BS Entry to Practice Collaborative Meeting Summary

February 17, 2018

The purpose of the meeting was to discuss and develop ways to increase the number of graduates with baccalaureate degrees at entry into respiratory care practice and find common ground among the groups to create momentum to move forward. The current goal is to increase the number of baccalaureate prepared respiratory therapists to 80% of all therapists by 2020.

The meeting resulted in identifying solutions to major issues and challenges, prioritizing the solutions and developing an initial roadmap and action plan for three priority areas with proposed time frames and assigned accountabilities.

RECRUITMENT

Work group: Greg Ferenczak, Lynda Goodfellow, Tom Kallstrom, Bob Joyner, Candy Ryan, Karen Schell, Peggy Spears, Lori Tinkler

Action Items:

1. Survey current baccalaureate degree programs regarding successes, challenges and best practices
 - Bob, Karen, Lynda, Rob Tom S will develop survey questions by summer forum - July 2018
2. Share survey results by January 2019
3. Engage individuals to use results
 - Phone call follow up with programs, develop mentors from successful programs and connect with those programs that need help
4. Develop a match program – Work with other health professions to acquire students when they don't get accepted into their first choice health profession/ work with Deans CoBGRTE to facilitate
 - Lynda will talk to CoBGRTE by 3/31/18
5. Initiate a Media Campaign – generate pride and professionalism
 - NBRC has plans for a media campaign. Lori will talk with the NBRC Executive Committee about collaborating with the other groups.
 - Use a multi-pronged approach – local media, industry focused, consumer focused, national media
 - Lori will report to AARC at March 25, 2018 meeting
 - Tom to solicit vendor support

**WORK WITH CATEGORY II AND CATEGORY III PROGRAMS TO HELP THEM
MOVE TO A BACCALAUREATE DEGREE**

Work group: Brad Leidich, Tom Smalling

Goal: Increase the number of baccalaureate degree programs from Category II and Category III

Action Item	Who's Accountable	Milestone
Obtain list/contact info of programs currently in Category II and III	CoARC	AARC Board meeting March 2018
Obtain information already collected by AARC plus area programs that offer baccalaureate degree	CoARC	AARC Board meeting March 2018
Develop interactive map that provides information obtained above	CoARC	AARC Summer Forum July 2018
Develop survey/interview checklist to determine program-specific reasons why conversion has not taken place in Category II	CoARC	AARC Summer Forum July 2018
Administer survey and collect results	CoARC	AARC Summer Forum July 2018
Develop process for offering discounted accreditation fees (and other fiscal incentives, such as grant money) for programs to convert to baccalaureate	CoARC/AARC/CoBGRTE	AARC Summer Forum July 2018
Follow up on survey results with phone interviews	CoARC	AARC International Congress December 2018
Present results to AARC/NBRC	CoARC	AARC International Congress
Make programs aware of existing resources for conversion and develop new resources if necessary	CoARC/CoBGRTE/AARC	AARC International Congress December 2018
Market the programs that have successfully converted	AARC/CoBGRTE	AARC International Congress

DEVELOP RESEARCH STUDY COMPARING OUTCOMES FROM BACCALAUREATE AND ASSOCIATE DEGREE PREPARED THERAPISTS

Work group: Jon Nilsestuen, Shelley Mishoe, Rob Shaw, Shawna Strickland, Brian Walsh

The goal: Increase to at least 80% baccalaureate degree respiratory therapists

The focus: encourage managers/HR departments to hire baccalaureate prepared respiratory therapists

The strategy: demonstrate improved effectiveness and patient outcomes with baccalaureate prepared respiratory therapists

The Timeline:

Project #1: Team focused

- Develop an RFP through the AARC Vision Grant to fund a study with the purpose of measuring patient outcomes of acute care facilities and comparing that with the demographics of the RT department March 24, 2018: Lynda Goodfellow
 - Patient outcomes: ventilator days, length of stay, readmission rates, reintubation rates, VAE rates
 - Demographics: education level of RT (MS, BS entry, BS completion, AS, Certificate), years of experience in the field, credentials earned, use of protocols

Project #2: Individual focused

- Develop an RFP through the AARC Vision Grant to fund a double blind study that measures indicators of quality patient care delivered by respiratory therapists through a simulated critical care patient interaction.
 - Examples: recognizing/resolving patient deterioration on mechanical ventilator, recognizing/resolving acute disease exacerbation, recognizing/resolving airway emergencies, etc.
 - Null hypothesis: there is no difference in the performance of an associate degree prepared respiratory care student in their last term of studies compared to a bachelor's degree prepared respiratory care student in their last term of studies.
 - Participant variables to include student degree, age, gender, number of clinic hours, etc.

Time Line:

Submit recommendation for 2018 RFP to AARC Board	March 24 - 25, 2018
Call for proposals up on web site	April 2, 2018
Applications accepted	until July 31, 2018
Assess applications	October 2018
Finalize funding	December 2018
Project start date	January 2019

- Rob will also look at the 2014 Human Resource Survey data to highlight the advantages of advanced degrees for use by the recruitment workgroup

Respiratory Care Collaborative – February 17, 2018
Work Group Detail

PRIORITIZED ISSUES AND OBSTACLES

- No requirement (40)
- Employer requirements/ HR expectations, lack of employee incentives (32)
- Programs not meeting workforce demand, not running at capacity (30)
- Not enough faculty with Masters, PhD level to teach at baccalaureate level (14)
- Program instability – personnel turnover, development cost of new programs (13)
- Lack of current baccalaureate programs (8)
- No graduate degree pathway (7)
- Faculty development (3)

ISSUE AND OBSTACLES FLIP CHARTS

Issues and Obstacles: Moving Associate Degree to Baccalaureate

Lack of external pressure to encourage affiliations

Funding resources, accreditation & regulations

Workforce hiring practice

Gaining access to appropriate student pools

Lack of student exposure to profession

Program stability due to changes in key personnel

Actual changes in program director (new, retiring, etc.)

Higher education institutions not interested in low yield, high resource programs (funding)

Current program faculty not motivated to improve/grow/transition

Cost of programs

New program must generate revenue or be revenue neutral

Cost of starting program

Lack of faculty administrative expertise

Budget, human resources, accreditation

Faculty welfare

Pipeline: proper preparation

Development (credentials, professional advancement)

Preceptor preparation

No local or regional access to baccalaureate programs

Programs not meeting workforce supply and demand

Total capacity, BS capacity, rural vs urban

Issues & obstacles to increase the # of graduates with baccalaureate degree at entry to practice

- Students don't have necessary pre-requisites to transition to a baccalaureate degree
- Financial resources to attend a 4 year baccalaureate program/cost of tuition
- Transfer of community college credits/proprietary institution credits
- Employer requirements/ HR expectations/incentives
- Geography/access to baccalaureate programs
- Lack of awareness about how to get to a baccalaureate degree (individual knowledge about types of programs)
- Lack of current baccalaureate entry programs
- Current generation/millennials
- Visibility and recruitment/finances (of the profession)
- Current baccalaureate programs are not running at capacity

PRIORITY SOLUTIONS – THE GROUP SELECTED THREE * TO BEGIN WORKING ON

- Recruitment – national media campaign
- Survey baccalaureate degree programs about recruiting success, challenges and best practices
- Match Program – work with other health professions to acquire students where they don't get accepted into their first choice health profession, work with deans
- Work with Category 2 and Category 3 programs to help them move to a baccalaureate degree
- Research Study – outcomes comparing baccalaureate and associate degree prepared therapists use standardized simulations
- Create best practices/evidence/examples for baccalaureate education managers
- Study the Top 100 hospitals against a control group

SOLUTION FLIP CHARTS

How do we help existing baccalaureate degree programs increase capacity/work force demands?

- Career days
- Aptitude tests (contact ACT, add RT as option)
- Visibility, recruitment, time
 - Match program (work with Deans), high schools (high school counselors – get RT program into their hands, other health programs, community colleges – current ladder to baccalaureate, guest lecture at community colleges)
- Best practices
- Dedicated activity at Summer Forum
- Marketing the benefit to potential students and employers
- Conduct a survey of baccalaureate program directors
- Research studies – outcomes where baccalaureate degree prepared employed v. associate degree w/large databases
- Category 4 institutions
 - Articulation agreements, concurrent enrollment with community colleges
 - How many current programs have these in place?
 - Engagement – finances, community, visible relationship between community college and university
- Mentorships (students)

How do we overcome that there is currently no requirement for a baccalaureate degree at entry to practice?

- One hospital, one employer at a time
- We lack strong directors/managers – need to give them best practices
- Charge state societies to help engage with department directors and managers and follow up with them one on one
- Write article for AARC Times, etc., or direct mail, face to face hospital consortium meetings, webinars, and activities at Summer Forum.
- Category 2 – 79 programs that are in a 4 year degree granting institution

- Category 3 – community colleges that are allowed by state law – help them move/offer a baccalaureate degree
- Increase advanced degree (PhD and Masters degree programs); Offer pathway for faculty
- New baccalaureate programs where other health professions exists

How to make the requirement obtainable?

- X % of RT programs – BS degree required
- X % of graduates from RT program – BS degree required
- RT programs in states allowed; partner AS to BS institutions
- Where/what resources to be made available to assist AS programs
- Need incentives for programs to upgrade fees
- Full capacity of existing BS programs
- Manager discussions about difference of BS graduates
- Partner AS/BS curricula to interconnect
- Recruitment of BS programs at freshman and sophomore level
- 100 or 1000 level freshman intro RT class
- Managers are part of recruitment
- State societies to take some ownership
- Tool kit of best recruitment practices and retention
- BS/AS class connections – class seminars, etc.
- 1+2+1= AS/BS degrees
- Fund studies on care/safety of patients if care by BS grad – Vision Grant
- Data to generate market force – hire this grad = demand
- Leadership academy – development of program administration
- Private schools – BS programs public programs GA funding models
- ID schools – best practices & ID struggling schools
- Data base of non-accepted students
- Top 100 hospitals – what is makeup of staff
- Respiratory Care Editor articles specifically addressing AS/BS RRT and invite reviews

GROUND RULES

Appreciate past – move forward
Be future focused
Keep an open mind
Listen and be heard
Be respectful
Be thoughtful
Full participation
Any idea is a good idea
Recognize each other's strengths

Recognize this is bigger than us
Outcome based on consensus
Keep focus at professional level not organization
Be open to possibilities & opportunities
Appreciate multiple perspectives
Be pragmatic
Driver is the patient

ARCF Achievement Awards

Forrest M. Bird
Lifetime Scientific Achievement Award

Dr. Charles H. Hudson Award
for Cardiopulmonary Public Health

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

Mike West, MBA, RRT Patient Education
Achievement Award

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



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<http://www.aarc.org>, E-mail: info@aarc.org

February 7, 2018

Brian Walsh, PhD, RRT, MBA
President
American Association for Respiratory Care
9425 N MacArthur Blvd
Irving, TX 75063

Dear Brian,

I am seeking your Board's nominations for the 2018 *Legends of Respiratory Care*.

As you may recall, the criteria for the designation of *Legends of Respiratory Care* includes, but shall not be limited to:

- Recognized professional achievements related to the clinical practice, education, or the science of respiratory care, publication of scientific articles or other activities bringing significant, sustained career recognition.
- Sustained personal service, representation, or advocacy on behalf of the respiratory care profession, and/or individual's creativity or ideas that resulted in historic advancement of the profession or its professional societies.
- Scientific achievements and/or inventions of historical significance that revolutionized, or remarkably enhanced delivery of respiratory care.
- Singularly distinctive individual actions during historic professional events, above and beyond reasonable expectations, that resulted in advancement of respiratory care and/or resolution of a significant crisis or issue facing the profession.
- Other sustained historic achievements as determined by the Boards of the AARC, ARCF, CoARC, and NBRC.

The Boards of the AARC, ARCF, CoARC and NBRC may each nominate up to five (5) individuals who have made a **significant** *historic impact* on respiratory care. Nominations must be supported by a two-thirds (2/3) majority vote of the agency's board. Please consider the early pioneers in the profession and individuals responsible for founding the nominating agencies as you submit your nominees.

Please summarize each nominee's activities, honors, and contributions on the attached Legends Nomination form. The completed forms must be submitted by **July 31, 2018** to Trudy Watson at tjwatson@mchsi.com.

The recipients of this prestigious designation will be announced at the 2018 AARC Congress in December. They will be featured in the *Legends of Respiratory Care* gallery of the Virtual Museum along with the previous recipients: Dr. Mary Ellen Avery, V. Ray Bennett, Dr. Forrest M. Bird, Dr. Roger C. Bone, Dr. George Burton, Vijay Deshpande, Dr. Donald F. Egan, John H. “Jack Emerson, Sam P. Giordano, Dr. H. Fred Helmholz, Jr., Sister M. Yvonne Jenn, George A Kneeland, Dr. Robert M. Lawrence, Brother Roland Maher, Ray Masferrer, Dr. William F. Miller, Dr. Walter J. O’Donohue, Jr., Dr. Theodore Oslick, Dr. Thomas L. Petty, Dr. David Pierson, Margaret Traband, Gregg Ruppel, James Whitacre, and Jimmy A. Young.

Sincerely,

Trudy Watson

2018 Legends of Respiratory Care Nomination

Nominating Board: _____ AARC _____ ARCF _____ CoARC _____ NBRC

Nominee _____

Degrees/Credentials _____

1. In the space provided below, describe the nominee's *historic impact* on respiratory care.

2. Has the nominee held continuous active, associate, life, or honorary membership in the AARC for 25 years or more?

_____ Yes _____ No/Not applicable. If no/not applicable, please explain:

3. In which decade(s) did the nominee's primary service/contributions to respiratory care occur?

_____ Prior to 1960 _____ 1960-1979 _____ 1980-1999 _____ After 2000

4. Which of the following awards/honors has the nominee received?

_____ AARC Jimmy A. Young Medal _____ AARC Life or Honorary Membership

_____ AARC Fellow (FAARC) _____ NBRC Albert H. Andrews, Jr. Award

_____ NBRC Robert H. Miller Award _____ NBRC Sister Yvonne Jenn Award

Has the nominee received any of the following awards or honors?

_____ Emeritus - Board ARCF, NBRC, CoARC

_____ ARCF Hector Leon Garza, MD International Achievement Award

_____ ARCF Forrest Bird Lifetime Scientific Achievement Award

_____ ARCF Dr. Charles Hudson Award for Cardiopulmonary Health Award

_____ ARCF Dr. Thomas Petty Invacare Award for Excellence in Home Care Award

_____ ARCF Mike West Patient Education Achievement Award

_____ ARCF NBRC/AMP Gary Smith Innovation in Education Award

_____ CoARC Bonner Smith Service Award

_____ CoARC Dr. Ralph Kendall Outstanding Site Visitor Award

_____ ICRC Toshihiko Koga Medal, MD Medal

_____ Lambda Beta Society National Honorary Member

_____ Other (specify) _____

5. How many total years did the nominee serve as an elected/appointed member *
of the Board(s) of:

_____ AARC _____ NBRC _____ CoARC _____ ARCF

*Do not include years as an elected officer

6. How many years did the nominee hold elected office in any of the nominating
agencies?

_____ President (include President-elect, Past-President in presidential term)

_____ Vice President _____ Secretary _____ Treasurer

_____ Secretary/Treasurer _____ No elected offices held

7. How many years did the nominee serve as Chair* of any committee(s) of the

nominating agencies?

_____10+ _____5-9 _____1-4 _____0/Unknown

*includes Chair of AARC Specialty Sections and Editorial Board

8. How many years did the nominee serve as a member of any committees of the nominating agencies? (Combine service years to single or multiple committees)

_____20+ _____10-19 _____<10 _____0/Unknown

9. Does the nominee hold any patents for devices or inventions of historical significance to the respiratory care profession?

_____3 or more patents _____1-2 patents _____0/Unknown

10. Are any national scholarships, awards, or lecture series offered in this nominee's name? _____Yes _____No

Please specify _____

11. Has this nominee authored or co-authored a textbook related to respiratory care **or** contributed 10 or more chapters to respiratory care-related textbooks?

_____Yes _____No _____Unknown

11. Has this nominee presented at the AARC Congress or the AARC Summer Forum?

_____Yes _____No _____Unknown

If yes, list the approximate number of 30-50 minute presentations:

_____30 or more _____10-29 _____1-9

12. Has the nominee authored/co-authored journal articles published in a peer-reviewed scientific journal?

_____Yes _____No/Unknown

If yes, list the approximate number of published journal articles:

_____30 or more _____10-29 _____1-9