



American Association for Respiratory Care

Board of Directors Meeting

March 20-21, 2020

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Executive and Finance Committee Meeting – March 19, 2020
Board of Directors Meetings – March 20-21, 2020

IMPORTANT: all times listed are in the CST timezone

Thursday, March 19, 2020

3:00-5:30 pm **Executive Committee Meeting (Committee Members only)**

5:30-6:30 pm **Finance Committee Meeting**

Friday, March 20, 2020 **Board of Directors**

8:00 am Roll Call
 Conflict of Interest
 Announcements/Introductions
 Approval of Past Minutes *p.6*

8:30 am **Merrill Lynch Investment Report**-Nancy Bellow and John Barrett (*Attch U*)

9:00 am **Legal Update**-Larry Wolfish

9:45am E-motion Acceptance *p.23*
 Motion to Approve Consent Agenda
 • *Listing of Reports to pull out*

10:15am ***Cavarocchi · Ruscio · Dennis Associates, LLC (CRD)*** – Erika Miller and Stephanie Rinehart
 Anne Marie Hummel – Advocacy & Government Affairs Report *p.50*

10:30am **Auditors-Audit Presentation**-*Tung Pham and team*

-----Consent Agenda-----

Standing Committee Reports *p.67*

Elections *p.68*
Bylaws **R, A** *p.69 (Attch GH)*
Executive Committee **VR** *p.70*
Finance **VR** *p.71*
Audit Subcommittee *p.200*
Judicial Committee *p.72*
Program Committee (Sputum Bowl) **R** *p.73*
Strategic Planning **R** *p.76*

Special Committee Reports *p.77*

Benchmarking Committee *p.78*
Billing Codes Committee *p.81*

Diversity and Inclusion Committee **E** p.82
Fellowship Committee. **R, A** p.84 (Attch H)
Advocacy & Government Affairs **R, A** p.86 (Attch I)
Vision Grant Committee **R, A** p.88 (Attch J)
International Committee p.89
Membership Committee p.92
Position Statement Committee **R, A** p.93 (Attch K-Q)
Virtual Museum Committee p.94
Career Pathways Committee p.95
BS Entry to Practice Committee **E, R, A** p.96 (Attch QZ)
Oxygen Safety Committee p.97
Advanced RT Practices, Credentialing, and Education p.98
AS to BS Conversion Committee p.99

Specialty Section Reports p.100

Adult Acute Care p.101
Diagnostics p.103
Education p.105
Management **R, A** p.111 (Attch R)
Neonatal-Pediatrics p.121
Ambulatory and Post-Acute Care **NR**
Sleep p.122
Surface to Air Transport **A** p.125 (Attch S)

Special Representatives p.126

Society for Airway Management **NR**
AMA CPT Health Care Professional Advisory Committee p.127
American Association of Cardiovascular & Pulmonary Rehab (AACVPR) **NR**
IPEC. **R** p.128
American Heart Association p.130
Committee on Accreditation of Medical Transport Systems **A** p.131 (Attch T)
Chartered Affiliate Consultant **NR**
CoBGRTE **NR**
Extracorporeal Life Support Organization (ELSO) p.136
International Council for Respiratory Care (ICRC) p.133
NAAHP p.137
Neonatal Resuscitation Program **NR, E**

Other Reports p.138

ARCF p.139
NBRC **E** p.165
CoARC p.140

---Consent Agenda Ends---

10:45 am **RECOMMENDATIONS** p.23

12:00 pm **LUNCH**

12:30 pm **RECONVENE**

General Reports p.27

President p.28
 Past President **NR** p.49
 Executive Director **R, A** p.31 (Attch D,E,F)
 Advocacy & Government Affairs p.50
 House of Delegates p.61
 President's Council **A** p.66 (Attch G)
 BOMA p.65

1:15 pm	UNFINISHED BUSINESS <i>p.191</i>
1:45 pm	NOMINATIONS FOR AWARDS <i>p.169</i>
2:45 pm	POLICY REVIEW <i>p.193</i> Elections Policy <i>p.191</i> Travel Policy <i>p.194</i> Disaster Relief Policy <i>p.198</i>
3:30 pm	NEW BUSINESS CEO Evaluation Confirm Outcomes LARS (<i>Attch ZB</i>)
4:30 pm	ESTABLISH OUTCOMES ANNOUNCEMENTS TREASURER’S MOTION ADJOURNMENT

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

Thursday, November 7, 2019. New Orleans, Louisiana

Minutes

Attendance

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

Absent

Dr. Neil MacIntyre, MD, FAARC, BOMA Chair

Consultants

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President
Keith Siegel, MBA, RRT, CPFT, Past Speaker

Staff

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

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 9:06 a.m. CST.
Secretary/Treasurer Lynda Goodfellow called the roll and declared a quorum.

STUDENT VISITORS

President Schell asked the student guests to introduce themselves. As part of introductions, President Schell asked the guests to share with the board what prompted them to pursue their careers in the respiratory field.

APPROVAL OF MINUTES

Lynda Goodfellow moved to approve the minutes of the July 23, 2019 meeting of the AARC Board of Directors.

Motion carried

Lynda moved to approve the minutes of the July 24, 2019 meeting of the AARC Board of Directors.

Motion carried

CONSENT AGENDA

Lynda Goodfellow made a motion to suspend the rules and allow a consent agenda.

Motion carried

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

President Schell granted that the Bylaws, Executive, Finance, Diversity, Fellowship, Advocacy and Government Affairs, IPEC, Program Committee, Elections Committee, Post Acute Care, CoARC, and NBRC reports would be removed from the Consent Agenda.

Sheri moved to accept the Consent Agenda as modified.

Motion carried

GENERAL REPORTS

President

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

Past President

Past President Brian Walsh had nothing to report.

Executive Office

Tom Kallstrom gave highlights of his written submitted report and reviewed the Executive Office referrals from the last Board of Directors meeting. Tom called special attention to our new legal representation and resources.

President's Council

Dianne Lewis covered a few brief key points from her report.

House of Delegates

Brian Walsh moved to bring **Recommendation 19-3-6.1** "Resolve, that in order to optimize communication, writers of HOD resolutions which are passed (or their co-sponsor designee) continue to represent the resolution before the AARC Board of Directors during its consideration." to the floor.

Motion carried

Lynda Goodfellow made a **Friendly Amendment** for **Recommendation 19-3-6.1** to include the guidelines to specify that the HOD representative return to the House prior to the BOD conducting a discussion and vote on the proposed resolution.

Motion Carried for friendly amendment

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 10:04a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 10:17a.m. CST.

PULLED CONSENT AGENDA REPORTS

STANDING COMMITTEE REPORTS

Bylaws Committee:

Lynda Goodfellow moved to accept **Recommendation 19-3-9.1** “That the AARC Board of Directors find that the California Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “California - AARC Chartered Affiliate Review 9.29.19”)”

Motion carried

Lynda Goodfellow moved to accept **Recommendation 19-3-9.2** “That the AARC Board of Directors find that the Oregon Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Oregon - AARC Chartered Affiliate Review 9.29.19”)”

Motion carried

Lynda Goodfellow moved to accept **Recommendation 19-3-9.3** “That the AARC Board of Directors find that the Wisconsin Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Wisconsin - AARC Chartered Affiliate Review 9.29.19”)”

Motion carried

Lynda Goodfellow moved to accept **Recommendation 19-3-9.4** “That the AARC Board of Directors find that the Louisiana Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Louisiana - AARC Chartered Affiliate Review 09.29.19”)”

Motion carried

Finance Committee

Lynda Goodfellow moved to accept the 2020 Budget as presented.

Motion Carried

Lynda Goodfellow moved to accept the 2020 Capital Budget as presented.

Motion Carried

SPECIAL COMMITTEE REPORTS

Diversity and Inclusion Committee

Sheri Tooley introduced **Recommendation 19-3-19.1** “We recommend to the Board to change the name of the Diversity Committee to the Diversity and Inclusion Committee.”

Motion Carried

Fellowship Committee

Cheryl Hoerr moved to bring **Recommendation 19-3-20.1** “The AARC Board of Directors approve the attached revisions of Policy CT.009 to reflect changes to the program to allow for better alignment of the committee when making choices for AARC Fellow-elects.” to the floor.

Motion Defeated

Floor Motion 19-3-20.3 Jakki Grimball made a motion to send **Recommendation 19-3-20.1** back to the Fellowship Committee to work with the Executive Office to promote further discussion regarding the implementation of new guidelines and criteria for the selection process of FAARC recipients.

Motion Carried-Referred back to the Fellowship Committee

Then Cheryl Hoerr moved to accept **Presidential Recommendation 19-3-20.2** “The committee requests the addition of one new member from academia to be placed on the committee. It is within the policy (Chair and up to six members) and we would like to continue the plan to ensure continuity.”

Motion Carried

NEW STUDENT INTRODUCTIONS

President Schell asked the student guests to introduce themselves. As part of introductions, President Schell asked the guests to share with the board what prompted them to pursue their careers in the respiratory field.

GENERAL REPORTS CONTINUED

Advocacy and Government Affairs

Sheri Tooley moved to bring **Recommendation 19-3-2.1** “That the Position Statement Committee update the statement on e-cigarettes. The last review was November 2015. Since that time, AARC has gone on record supporting the ban of non-tobacco flavored e-cigarettes, including mint and menthol, and raising the age to purchase tobacco to 21. According to the Campaign for Tobacco Free Kids, there is conclusive evidence that flavors play a critical role in youth initiation and continued use of tobacco products and our current statement does not address this issue.” to the floor.

Motion Carried

SPECIAL COMMITTEES (CONTINUED)

Position Statement Committee

Lynda Goodfellow moved to bring **Recommendation 19-3-26.1** “That the position statement entitled “Health Promotion and Disease Prevention” (1985) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved.” to the floor.

Motion Carried

SPECIALTY SECTIONS

Post Acute Care Committee

Sheri Tooley brought **Recommendation 19-3-57.1** “Section name revision: Ambulatory and Post-Acute Care Section” to the floor.

Motion Carried

Lynda Goodfellow moved to close out Specialty Section reports.

Motion Carried

SPECIAL REPRESENTATIVES

IPEC

Sheri Tooley introduced **Recommendation 19-3-63.1** “Create announcements, graphics, or flyers, advertising USPHS IPEC Award encouraging RT-inclusive teams to prepare and submit applications.”

Motion Carried

Sheri Tooley then presented **Recommendation 19-3-63.2** “Survey AARC membership regarding current interprofessional education and collaborative practice efforts and highlight them in AARC Times or other official media communication”

Motion Carried

GENERAL REPORTS (CONTINUED)

Advocacy and Government Affairs

Sheri Tooley moved to bring **Recommendation 19-3-2.1** “That the Position Statement Committee update the statement on e-cigarettes. The last review was November 2015. Since that time, AARC has gone on record supporting the ban of non-tobacco flavored e-cigarettes, including mint and menthol, and raising the age to purchase tobacco to 21. According to the Campaign for Tobacco Free Kids, there is conclusive evidence that flavors play a critical role in youth initiation and continued use of tobacco products and our current statement does not address this issue.” to the floor.

Motion Carried and referred to the Position Statement Committee for Review

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 11:02a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 11:08a.m. CST.

STANDING COMMITTEE REPORTS

Program Committee

Doug Laher gave an update on the current projects and initiatives that the committee is working on.

Jakki Grimball moved to bring **Recommendation 19-2-15.2** That the AARC Board of Directors approve Nashville, TN as the host city for AARC Congress 2023 back to the floor.

Motion Carried

Susan Rinaldo-Gallo moved to close out Standing Committee reports.

Motion Carried

SPECIAL COMMITTEES (CONTINUED)

Position Statement Committee

Cheryl Hoerr then moved that the Board consider **Floor Motion 19-3-26.2** “The Board charges the Position Statement Committee to review all AARC Position Statements related to tobacco and other non-prescribed or controlled substances and prioritize updates by the end of 2019“

Motion Carried and referred to the Position Statement Committee for Review

Kari Woodruff moved to close out the Special Committee Reports.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 11:50a.m. CST.

JOINT SESSION

Joint Session was called to order at 1:34 pm CST. Lynda Goodfellow called roll and declared a quorum.

Anne Marie Hummel provided updates to her written submitted report on Advocacy & Government Affairs.

Karen Schell called the HOD and the BOD into Executive Session at 2:02pm CST.

At 2:15pm CST Karen Schell called the HOD and BOD out of Executive Session.

Ed Borza gave a brief report on key items from the Elections Committee.

Dennis Guillot performed a second reading of the Bylaws.

President Schell opened up the floor for a Town Hall style session. It focused on the following:

Recruiting new members to the AARC

Public relations/information related to forms of media advertisement

Joe Goss presented the HOD Delegate of the Year award to Julie Jackson.

The Outstanding Affiliate Contributor Award was given to Earnestine “Mikki” Thompson.

President Schell adjourned Joint Session at 3:08pm CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 3:19pm CST.

STUDENT VISITORS

President Schell asked the student guests to introduce themselves. As part of introductions, President Schell asked the guests to share with the board what prompted them to pursue their careers in the respiratory field.

GENERAL REPORTS CONTINUED

Advocacy and Government Affairs

Lynda Goodfellow then moved that the Board reconsider **Recommendation 19-3-2.1** “That the Position Statement Committee update the statement on e-cigarettes. The last review was November 2015. Since that time, AARC has gone on record supporting the ban of non-tobacco flavored e-cigarettes, including

mint and menthol, and raising the age to purchase tobacco to 21. According to the Campaign for Tobacco Free Kids, there is conclusive evidence that flavors play a critical role in youth initiation and continued use of tobacco products and our current statement does not address this issue.”

Motion Carried to Refer to the Position Statement Committee for further evaluation

POLICY REVIEW

CA.009 Chartered Affiliate Leadership Boot Camp Assistance Program

Sheri Tooley moved to accept the new policy as presented.

Motion Carried

CT.003 Elections Committee-Nomination Process

Revisions to this policy were not ready to be presented to the board at the time of this meeting

Motion Postponed

CA.005 Chartered Affiliate Travel Policy

Lynda Goodfellow moved to accept the changes as presented

Motion Carried

E-MOTION ACCEPTANCE

Lynda read the recent E-motions that were previously voted on prior to the Congress BOD meeting

Advanced RT Practices, Credentialing and Education Committee

E 19-3-31.1 The committee requests support and approval of the attached APRT scope of practice.

Voting Tally: 13 yes, 0 no

Lynda moved to ratify the E-Motion.

Motion Carried

SECOND READING OF THE BYLAWS

Sheri Tooley moved to accept **Recommendation 19-2-9.4**, a proposed amendment to the AARC Bylaws

1. Delete current Article II, Sections 1 which reads:

Section 1. Mission and Vision

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

2. Replace Article II, Sections 1 Mission and Vision Statement to:

Mission: The AARC is the foremost profession association promoting respiratory therapists.

Vision: The AARC advances professional excellence and science in the practice of respiratory therapy, serving the profession, patients, caregivers and the public.

Motion Carried

BREAK OUT GROUPS

The BOD numbered off and broke up into four workgroups who had brainstorming discussions surrounding the following worksheet that was given out: *AARC BOD Working group Activity: Use a Logic Model to Create an Implementation Framework for BS-RRT 2030*

ADJOURNMENT

President Schell adjourned the AARC Board of Directors meeting at 4:52 p.m. CST

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting

Friday, November 8, 2019. New Orleans, Louisiana

Minutes

Attendance

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

Consultants

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President,
Neil MacIntyre, MD, FAARC, BOMA Chair
Keith Siegel, MBA, RRT, CPFT, FAARC, Past Speaker

Staff

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

CALL TO ORDER

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

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

STUDENT VISITORS

President Schell asked the student guests to introduce themselves. As part of introductions, President Schell asked the guests to share with the board what prompted them to pursue their careers in the respiratory field.

NBRC

NBRC Executive Director Lori Tinkler and NBRC President Kathy Fedor gave highlights of their written report and answered questions from Board members.

INTERNS

Doug Laher introduced the student interns that had been selected to attend AARC's Fall Congress session and participate and help at several special events and functions.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 8:36a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 8:43a.m. CST.

WORKGROUPS

Georgianna Sergakis reviewed the results of the workgroup breakout sessions that had occurred the previous day.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 9:04a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 9:15a.m. CST.

WORKGROUPS

Each person on the board was given 30 seconds to express thoughts and contribute ideas to a collaborative discussion.

PRESENTATION: CoARC

CoARC Representative Shane Keene presented the CoARC report and answered questions from the AARC Board of Directors.

Sheri Tooley moved to accept the Other Reports as presented.

Motion Carried

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 10:08am CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 10:21am CST.

STUDENT VISITORS

President Schell asked the student guests to introduce themselves. As part of introductions, President Schell asked the guests to share with the board what prompted them to pursue their careers in the respiratory field.

GENERAL REPORTS (CONTINUED)

BOARD OF MEDICAL ADVISORS (BOMA)

Dr. Neil MacIntyre referred members to his submitted report. He addressed questions from the Board.

Sheri Tooley moved to accept the General Reports as presented.

Motion Carried

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

Lynda Goodfellow provided a brief update on the progress/status of the new Executive Director evaluation.

PRESENTATION: LEADERSHIP

Joe Army, the CEO of Vapotherm, gave a motivating lecture on the key elements of successful leadership in the respiratory field. He emphasized the importance of continually educating and developing their skills.

PRESENTATION: COPD AWARENESS

Veteran journalist, Ted Koppel, led another motivating talk to help further awareness of COPD.

STUDENT VISITORS

The students were asked to give feedback regarding on what they had experienced so far with this year's Congress and their attendance at a portion of the Board meeting.

REVIEW OF ACTION ITEMS

Lynda Goodfellow reviewed action items from the past 2 days.

TREASURERS MOTIONS

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

Motion Carried

MOTION TO ADJOURN

Lynda Goodfellow moved "To adjourn the meeting of the AARC Board of Directors."

Motion Carried

ADJOURNMENT

President Schell adjourned the meeting of the AARC Board of Directors at 12:21pm CST.

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachments “A and B”

Attachment A- CA.009 Chartered Affiliate Leadership Boot Camp Assistance Program -New
Attachment B- CA.005 Chartered Affiliate Travel Policy

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
2019 ANNUAL BUSINESS MEETING

November 10, 2019 • New Orleans, LA

Minutes

CALL TO ORDER

The 65th Annual Business Meeting of the American Association for Respiratory Care (AARC) was called to order by President Karen Schell at 7:33 a.m. CST.

President Schell presented the officers and guests seated at the head table.

SCRUTINIZING COMMITTEE REPORT/APPROVAL OF MINUTES

Co-Chair of the Scrutinizing Committee, Melanie McDonough, stated that the 2018 minutes of the AARC Business Meeting held in Las Vegas, NV were reviewed, corrected where necessary, and found to be consistent with the AARC bylaws and policies of the Association.

OUTGOING MEMBERS OF THE BOARD OF DIRECTORS

President Schell presented plaques to the outgoing members of the Board of Directors: Susan Rinaldo-Gallo, Steve Sittig, Neil MacIntyre and John Wilgis. Neil MacIntyre was not present to receive his plaque due to a schedule conflict.

ANNUAL REPORT OF THE TREASURER

Secretary-Treasurer Lynda Goodfellow reported that the AARC is, and remains, financially sound thanks in part to a fiscally responsible Executive Office and Board of Directors.

ANNUAL REPORT OF THE EXECUTIVE DIRECTOR

Executive Director, Tom Kallstrom, reported the AARC had a financially successful year. He also gave a brief update on the activities of the Executive Office, such as the new IT Director, status of the IT upgrade project, and upcoming building renovations.

ANNUAL REPORT OF THE BOARD OF MEDICAL ADVISORS

In Dr. MacIntyre's absence, Tom Kallstrom gave a brief report. Tom emphasized that the Board of Medical Advisors is very supportive of AARC and its initiatives and also announced the installation of a new member, Dr. William "Claibe" Yarbrough, a representative from the Veteran's Administration.

ANNUAL REPORT OF THE AMERICAN RESPIRATORY CARE FOUNDATION (ARCF)

ARCF President, Michael Amato, reported that the fundraiser – A Night Under the Sea – was held at the New Orleans Audubon Aquarium on Friday, November 8, 2019 and it was an overwhelming success. He encouraged all members to continue promoting support of the ARCF.

ANNUAL REPORT OF THE HOUSE OF DELEGATES

House Speaker Elect, Joe Goss, gave an annual report from the House of Delegates. He highlighted the HOD's plans to continue their focus on strengthening each affiliate-

JERRY BRIDGERS DELEGATE OF THE YEAR AWARD

Joe Goss presented the 2019 Jerry Bridgers Delegate of the Year Award to Julie Jackson of Iowa. Julie Jackson was unable to attend; however, Cindy Duncan, the president of the Iowa Society for Respiratory Care, accepted the award on her behalf.

AARC SUMMIT AWARD and OUTSTANDING CONTRIBUTOR AWARD

Lanny Inabnit, the AARC Chartered Affiliates Chair, joined President Schell and Joe Goss to present the 2019 AARC Summit Award to the Nebraska Society for Respiratory Care. They also presented Mr. John Steinmetz of Nevada with the 2019 AARC Outstanding Affiliate Contributor Award at the state level. Mr. Steinmetz was not present to accept his award.

BILL LAMB AWARD

Joe Goss presented the Bill Lamb Award to Ms. Mikki Thompson of Florida.

UNFINISHED BUSINESS

There was no unfinished business to be considered at this meeting.

NEW BUSINESS

There was no new business to be considered at this meeting.

ELECTION COMMITTEE REPORT

Election Committee Chair, Ed Borza, reported that a count was taken of the general election ballots for AARC Officers and Directors at the AARC Executive Office in Irving, Texas on October 8, 2019. The following is certified as the official count:

President-Elect:	Sheri Tooley - 1168 votes of 52.8% Lynda Goodfellow - 1032 votes or 46.7%
Directors at Large:	Kerry McNiven - 1086 votes of 46.9% Raymond Pisani – 1179 votes or 50.9% Curt Merriman – 696 votes or 30.0% Michael Madison - 848 votes or 36.6%
Chair: Adult Acute Care Section	Maria Madden – 150 votes or 63.83% Madison Frazke– 84 votes or 35.74%
Chair: Education Section	Jennifer Anderson – 201 votes or 61.47% Aaron Light – 126 votes or 38.53%
Chair: Management Section	Kim Bennion – 169 votes or 55.96% Julie Jackson – 133 votes or 44.04%
Chair: Diagnostics Section	Ralph Stumbo – 152 votes or 98.06%

Write-in candidates for Officers and Directors received no more than 1 vote(s) each.

INSTALLATION OF 2020 OFFICERS

Parliamentarian Ellen Becker proceeded with the installation of the 2020 Board of Directors, and Officers of the House of Delegates. She summoned the following to be installed:

President-Elect, 1-year term	Sheri Tooley
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At-Large Director, 1-year term	Timothy Op'Holt Lisa Trujillo
At-Large Director, 2-year term	Dana Evans Jacklyn Grimball John Lindsey Kari Woodruff
At-Large Director, 3-year term	Raymond Pisani Kerry McNiven
Director (Section Chair) 1-year term:	Carl Hinkson, Adult Acute Care Georgianna Sergakis, Education
Director (Section Chairs) 3-year term:	Bradley Kuch (Neonatal Pediatrics Section)
Director, Section Chair-Elect 1-year term	Maria Madden (Adult Acute Care Section) Jennifer Anderson (Education Section) Ralph Stumbo (Diagnostics Section)
Chair, Board of Medical Advisors:	Dr. Peter Papadakos
Chair, President's Council:	Dianne Lewis
Vice-President of Internal Affairs: Past Speaker, House of Delegates Speaker Elect, House of Delegates Secretary, House of Delegates Treasurer, House of Delegates Current President, BOD Immediate Past President, BOD	Cheryl Hoerr Keith Siegel Joseph Goss Jodi Yeager Jennifer Anderson Karen Schell Brian Walsh

Parliamentarian Ellen Becker administered the oath of office and declared the above officers installed for 2020.

Secretary/Treasurer-Lynda Goodfellow and Management Section Chair-Kim Bennion were not summoned to be sworn in at the time of this meeting. They were, however, officially sworn in at the 2020 Board of Director's Meeting two days later.

2019 PRESIDENT'S ADDRESS

President Karen Schell gave her presidential address. She placed special emphasis on the horizon goals and her plans on measuring their progress and outcomes.

NEXT ANNUAL BUSINESS MEETING

President Karen Schell advised members that the next Annual Business Meeting will be held Nov. 13, 2020 in Orlando, FL.

ADJOURNMENT

There being no further business, President Karen Schell adjourned the 65th Annual Business Meeting at 8:11 a.m. CST.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

2020 Board of Directors Meeting

Thursday, November 12, 2019 • New Orleans, Louisiana

Minutes

Attendance

Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, President
Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC, VP External Affairs
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Kim Bennion, MHS, RRT
Dana Evans, MHA, RRT-NPS, FAARC
Jakki Grimball, MA, RRT, AE-C, FAARC
Carl Hinkson, MS, RRT-NPS, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C, FAARC
Georgianna Sergakis, PhD, RRT, FAARC
Lisa Trujillo, DHSc, RRT, FAARC
Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC
Kerry McNiven, MS, RRT
Bradley Kuch, MHA, RRT, RRT-NPS, FAARC

Excused Absence

Kari Woodruff, BSRC, RRT-NPS, FAARC
Aaron Light, DHSc, RRT-ACCS, FAARC

Consultants

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

Staff

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

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 3:30 pm CST.

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

SPEAKER: DR. ERIC SIEFER

Dr. Siefer gave a brief presentation on Dynamic Dialogue as it relates to Leadership.

INTRODUCTIONS

President Schell asked everyone to introduce themselves. The new board members were recognized.

Certain members of the board were sworn in by Parliamentarian, Ellen Becker.

CONGRESS RECAP

Doug Laher gave a brief summary of the latest stats, facts and figures in relation to this year's Congress.

BOARD EXPECTATIONS

A brief overview was given on how the reporting process works with the committees and members.

RATIFICATIONS

Brian Walsh moved to ratify Jakki Grimball as the VP of External Affairs.

Motion carried

Carl Hinkson moved to ratify Aaron Light as a temporary Director-At-Large.

Motion carried

Lynda Goodfellow moved to amend the motion by replacing the term “temporary” with “one-year term”.

Motion carried

2020 GOALS AND OBJECTIVES

President Schell reviewed the 2020 Goals and Committees. (See Attachment “A”)

FM 19-3-4.1 Lynda Goodfellow moved to approve the 2020 appointments, goals and objectives with revisions as presented.

Motion carried

2020 MEETING INFO

The 2020 meeting dates and locations were announced.

TREASURER'S MOTION

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

Motion carried

ADJOURNMENT

President Schell adjourned the meeting of the AARC Board of Directors at 5:33pm CST.

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

Lynda Goodfellow
AARC, Secretary/Treasurer

Date

Attachment “C”

Attachment C-2020 GOALS AND COMMITTEES

Recommendations and E-Votes

Recommendations, Policies, E-Votes, and Open Referrals

AARC Board of Directors Meeting
March 19-21, 2020 Grapevine, TX

Executive Office

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

Recommendation 20-1-1.2 That the AARC Board of Directors approve the release of \$TBD in capital improvement monies for the renovation of the Employee Breakroom/Kitchen at the AARC Executive Office.

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

Bylaws Committee

Recommendation 20-1-9.1 “That the AARC Board of Directors find that the Illinois Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Illinois-AARC Chartered Affiliate Review 02.20.20” and cover letter)

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

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

Program Committee

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

Recommendation 20-1-15.2. The committee recommends the following for the Sputum Bowl committee for 2020:

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

Fellowship Committee

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



Advocacy and Government Affairs Committee

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



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

Vision Grant Committee

Recommendation 20-1-22.1. "That the AARC BOD approve the attached Vision Grant 2020 Request for Proposals."



Position Statement Committee

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



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



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



Recommendation 20-1-26.4. That the position statement entitled "Tobacco Use Control and Inhaled Controlled Substances" (1991) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved. (see attachment)



Recommendation 20-1-26.5. That the position statement entitled "Definition of Respiratory Care" (1999) with noted revisions (language to be removed appears as



strikethrough and language to be inserted appears as **bold and underlined**) be approved. (see attachment)

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



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



Strategic Planning Committee
Floor Motion 20-1-16.1. TBD

BS Entry to Practice

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

Management Section

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

IPEC

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

E-VOTES

Diversity and Inclusion

E-Vote 20-1-15.1. It has been recommended that Gabby Davis become the new chair of the Diversity and Inclusion Committee.

Results-February 19, 2020

Yes- 16

No- 0

Not Voting - 3

BS Entry to Practice

E-Vote 20-1-29.2. It has been recommended that Dr. Christy Kane be added as an additional member to the BS Entry to Practice Committee.

Results-February 27, 2020

Yes-13

No-0

Not Voting-5

NRP

E-Vote 20-1-76.1. It has been recommended that Teka Siebenaler become the new ARRC special representative for the Neonatal Resuscitation Program's Steering Committee to replace John Gallagher.

Results-February 25, 2020

Yes- 16

No- 0

Not Voting - 3

NBRC

E-Vote 20-1-81.1. The NBRC's Board of Trustees requests the nomination and approval of Daniel Whitt and Amanda Roby to serve 4-year terms on their BOT as representatives of the AARC.

Results-February 12, 2020

Yes- 15.5

No- .5

Not Voting - 2

General Reports

President's Report

Karen Schell, AARC 2020 President

March 2020

Thank you for your commitment, passion, and energy during my first year as president. We have been busy growing and changing our culture at the AARC to be more accountable, transparent, and informing to our members. 2020 promises to be another busy, exciting year. I look forward to the work ahead and working with each of you to grow the profession.

My personal goals for 2020:

- Continue to work with AARC Executive office with society issues as they arise, letters of support with stakeholders and issues, policy updates, and issues facing the public and our patients.
- Continue to work with HOD speaker and members to align and collaborate to achieve our Horizon goals.
- Continue to improve processes including reporting, communication, and transparency.
- Continue to reach out to members and state society to be more engaging.
- Continue to work with professional organizations to grow the profession with visibility, value, and commitment to bring the best practice to our members and our patients.

Next steps: Top Priority

Measurable outcomes! Showing progress on our horizon goals to our membership and our stakeholders. We have purposely made changes and revisited processes to be more efficient and more accountable while working towards our horizon goals. We have many moving parts and activities to narrow down to the top priorities. Now that we have recognized those priorities, the works begins to come up with measurable outcomes to show movement.

Update since Congress 2019:

- *Weekly 3Ps call scheduled*
- *Weekly call with AARC office scheduled*
- *Weekly skype with Parliamentarian scheduled*
- *Monthly catch up with HOD speaker scheduled*
- *Monthly BOD executive committee calls scheduled*
- *Monthly BOD/HOD executive committee calls scheduled*
- *Mentoring President Elect with frequent phone calls to share important information*

December:

- *Committee book updated, finalized*
- *NBRC meeting – Tucson, Arizona – CoARC present (time to plan ahead for joint work)*

- *Thank you notes to committee members leaving committee*
- *Zoom announcements “Ventilate the profession” sent out through Management, Education, HOD-President AARConnect communities*
- *Worked with Frank S. – FAARC improvement process*
- *Assign mentors to new board members*

January:

- *Call to new board members and mentors*
- *Appointment letters out to committee chairs and members*
- ***First AS to BS lunch and learn zoom – Jan. 24th***
- *Zoom meeting “Ventilate the Profession” Hospital Department*
- *AARC/NBRC/CoARC brainstorming meeting KC – Jan. 31st.*

February:

- *Zoom meeting with Committee Chairs and Section Chairs – Feb. 5th*
- *Appoint NRP representative*
- *Appoint New Chair Diversity and Inclusion*
- *Add committee members as needed*
- *Article to the AARC Times, From the President*
- *Zoom “Ventilate the Profession” to students in Idaho – Feb. 19th*
- *Zoom “Ventilate the Profession” to Connecticut Society with HOD speaker*
- *Zoom To HOD members and Presidents – Feb. 27th*
- ***2nd AS to BS Zoom lunch and learn – Feb. 28th***
- *Attended CCBA in Seattle, WA for networking opportunities*
- *Call to Elections chair Kevin F. to work on process improvement for nominations and elections*

March:

- *Attend Patient Safety movement in California – March 5-7*
- *Zoom “Ventilate the Profession” 2020 Graduates – March 11th*
- *NAMDRC – Scottsdale, AZ – March 12 -13*
- *AARC BOD Meeting – March 19,20, 21*
- *AARC Leadership workshop – March 22-23*
- *Zoom – “Ventilate the Profession” - Department meeting*
- ***3rd AS to BS Zoom lunch and learn – March 27th***

Events coming up before July: (to date)

April:

- *Zoom “Ventilate the Profession” Utah society – March 3 with HOD Speaker*

- *Zoom “Ventilate the Profession” Massachusetts Society – March 9 with HOD Speaker*
- *Speaking – KRCS Annual Education meeting – April 16*
- *Zoom “Ventilate the Profession” – Virginia Society with HOD Speaker*
- ***3rd AS to BS Zoom lunch and learn – April 24th***
- *NBRC Meeting – April 25th*
- *AARC Article – From the President due April 27*
- *Speaking – Minnesota – NRRCC meeting – April 27*
- *Speaking – Connecticut Society – April 28*

May:

- *NBRC/CoARC meeting – May 2*
- *PACT – Washington DC – May 4-5*
- *Washington DC VA – painting – May 6th*
- *Allergy and Asthma fund raiser – Washington DC May 6th*
- *Canada Society of Respiratory Care – Montreal Speaking May 7-9*
- *4th AS to BS Zoom lunch and learn – May 22nd*

June:

- ***AS to BS learn (TBA)***
- *AARC Times Article Due – June 22nd*

July:

- *Summer Forum July 13-15*
- *AARC/NBRC/CoARC – planning meeting – July 14*
- *AARC BOD meeting July 15-17*
- ***AS to BS Learn (TBA)***

Events coming up after July (to Date)

- *AARC Times Article due – August 24*
- *Speaking at Kentucky Society – Sept. 24-25*
- *AARC Congress/BOD meeting – Nov. 11-17*

It has been an honor to serve the BOD, Executive Committee, HOD, members, stakeholders, and most of all, our patients.

A special thank you to Ellen Becker, my parliamentarian for her continued support, guidance, and keeping me organized.

My Best,

Karen

The positive thinker sees the invisible feels the intangible and achieves the impossible. Winston Churchill

**Executive Office Report
Tom Kallstrom-Spring 2020**

MEMBERSHIP

Membership by Bylaws Classification:

Bylaws Classification	Quantity
Active*	40,175
Associate^	4,049
Special+	238
Total	44,462

Membership by Member Type:

Member type	Quantity
Active*	37,618
Foreign^	426
Honorary+	32
Industrial^	180
Life*	78
Physician^	98
Senior*	570
Early professional	5,254
Graduates*	1,909
Non-graduates^	3,345
Special+	206
Total	44,462

Section	Active Quantity	Quantity
Adult Acute Care	1,866	1,971
Ambulatory & Post-Acute Care	601	652
Diagnostics	922	961
Education	1,284	1,350
Management	1,499	1,556
Neonatal/Pediatric	1,977	2,088
Sleep	676	711
Transport	353	382

ATTACHMENTS

-  Open Referrals
-  Investment Article
-  Strategic Plan Update

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

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

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

The AARC is in the process of developing an outreach program. A focus group of multiple stakeholders is scheduled for March 2020 and an updated plan will be provided in Q2 2020.

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

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

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

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

The AARC began progress on the 2020 Human Resources Survey, which is expected to be sent to respiratory therapists, educators, and managers for input in April 2020. A final report will be provided to the Board in Fall 2020.

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

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

At the end of January 2020, our total membership numbers were 44,699. We will have more current figures to report at the board meeting in March.

Tactic 5.3.2: The AARC will continue to collaborate with state affiliates to identify state-specific membership patterns and identify areas of opportunity for recruitment

Due to the attendance demand in 2019, we have secured space that will allow us to accommodate more attendees in 2020 and 2021. The 2020 Leadership Boot Camp will be March 21 - 23, 2020. Registration is full; 54 people from 37 different states are scheduled to attend. Three states are joining us for the first time, and 92% of registrants have never attended Leadership Boot Camp. Topics for the 2020 event will focus on the 2019-2020 horizon goals.

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

Tactic 5.4.1: The AARC will collaborate with state affiliates to identify the perspective of non-members and identify gaps in member services. [pending]

This activity will be explored in more detail during the 2020 AARC Leadership Boot Camp in March

EDUCATION

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

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

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

The educational survey was sent to a random sample of 1,000 AARC members who used AARC educational courses in the past year; however, only 49 responses were received. The majority of the respondents (26%) prefer to learn from on-demand video courses and 48% stated that they pursue education to stay current in the field. The most common content preferred is respiratory care-related. The most credentials identified as “most important” to the respondents career were, in rank order, RRT-ACCS, AE-C, RRT-NPS, CPFT/RPFT, and CRT-SDS/RRT-SDS. The most important topics identified were mechanical ventilation, disease updates, and updates on new medications and treatments in respiratory care.

Tactic 3.1.2: Support smoking cessation and healthy lifestyle education and certification to RTs and other professions. [ongoing]

The AARC has partnered with the CDC *Tips from Former Smokers* Campaign and the Smoking Cessation Leadership Center to deliver content relevant to respiratory therapists. In 2020, a free-for-members course focused on vaping was made available. However, on the survey conducted in the fall of 2019, zero respondents indicated they were interested in pursuing the CTTS credential.

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

10 of the scheduled webcasts each year are focused on the RESPIRATORY CARE editor's choice and provide attendees with an analysis of the evidence and clinical application.

The 6 Clinical Practice Guidelines started in late 2017 are expected to be completed and published in 2020. The six projects are: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning.

The AARC Education Section continues to publish the *Respiratory Care Education Annual*. Volume 28 was published in September 2019. The *Respiratory Care Education Annual* is indexed in CINAHL and Ulrich's (ISSN 2372-0735). The call for papers for the 2020 issue is open until the end of February 2020. Dr. Dennis Wissing is the 2020 Editor and Dr. Georgianna Sergakis is the 2020 Associate Editor.

Strategy 3.2: Increase the educational levels of the profession.

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

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

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

The AARC promotes the baccalaureate degree through programs such as the APEX award and the Preceptor Recognition program. The Career Pathways committee has developed artifacts that will be used in marketing campaigns (AARC website and social media) to promote earning a BS degree.

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

The APRT, Credentialing and Education Committee is addressing the advance practice respiratory therapist profession. In 2019, a systematic review was published in CHEST and made available as an open access resource to respiratory therapists. The needs assessment conducted in 2018 is in final stages of development for a manuscript submission to RESPIRATORY CARE. The AARC published the scope of practice in 2020 and is currently working on developing a website to keep members up-to-date.

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

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

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

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

In 2020, the AARC released the Be an RT promotional website. To date, over 60 inquiries about respiratory therapy as a profession have been received through the website's "contact us" feature. The AARC is working on developing new artifacts to add to the website, which will feature adult critical care and testimonials from patients. In addition, the AARC continues to explore different ways to engage and partner with HOSA. The AARC's ad in the 2019-2020 HOSA Affiliation packet was distributed to the 5,000 schools that participate in HOSA.

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

cardiopulmonary health.

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

In 2019, customers registered for 56,532 on-demand courses through AARC University and 11,333 earned CRCE through the live AARC webcasts. Bundles providing CRCE that addresses specialty credentials were released in 2020. Planned for 2020 development is the Advanced Leadership Institute and an update of the 2014 Clinician's Guide to Treating Tobacco Dependence. See table below for progress on major education products.

2020 Educational Product Sales/Attendance Trends at a glance (as of 1/31/2020)

	2019 YTD	2019	2018	2018	2017	2016	2015	2014	Comments for 2019
Live webcasts & JournalCasts			11,402 (480)	11,402 (480)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	
Asthma Educator Prep Course	19	273	223	223	241	246	183	268	Above budget
Ethics	524	4,392	4,498	4,498	4,299	4,242	1,928	1,757	Above budget
Exam Prep (F&P grants in 15, 16, & 18)	6	57	131 Grant (90) + 41	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	Above budget
Leadership Institute	22	83	52	52	60	99	68	89	Above budget
Asthma & the RT	57	575	547	547	512	604	446	172	Above budget
ACCS	15	169	192	192	140	164	121		Above budget
PFT: Spirometry	8224	544	659	659	575	422	228		Above budget
PFT: Pediatrics	24	162	195	195	132	117	43		Above budget
PFT: Advanced Concepts	28	289	358	358	280	264	79		Above budget
Tobacco Training	15	233	227	227	188	259	85		Under budget
Congenital Heart Defects	17	104	77	77	72	122			Above budget
Pulmonary Disease Educator	52	633	413	413	319	32			Above budget
NPS	5	155	143	143	124				Under budget
Pulmonary Rehabilitation	66	353	354	354					Above budget

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

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

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

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

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

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

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

In 2019, the AARC engaged with the Smoking Cessation Leadership Center for the cross-promotion of AARC content. Further partnerships are being explored. In addition, the AARC is coordinating the 2020 ASPR/SNS workshops with the ASPR team. The current plans include workshops in Michigan, Virginia, New York, and Kentucky, as well as at AARC Congress 2020. AARC members Dario Rodriguez, Olivia Kaullen, Jenn Watts, and Jon Inkrott are serving as key faculty.

ATS

AARC leadership was part of a committee with ATS that developed an Oxygen CPG. It is expected to be published this year. In May, the AARC Executive Office leadership will be presenting at a session at ATS entitled: Optimizing Home Oxygen Therapy Workshop Report.

CUSTOMER SERVICE

The customer service department continues to analyze daily practices and identify areas of improvement. The team is diligently working to ensure member needs are met and efficiencies are maximized.

MEETINGS & CONVENTIONS

Congress 2019

AARC Congress 2019, held in New Orleans, LA was successful in meeting the education needs of our members. Attendance was 4,970 attendees. According to survey results, the delivered education 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 Ted Koppel was well received by attendees with several favorable remarks noted in post-con survey regarding his message about COPD.

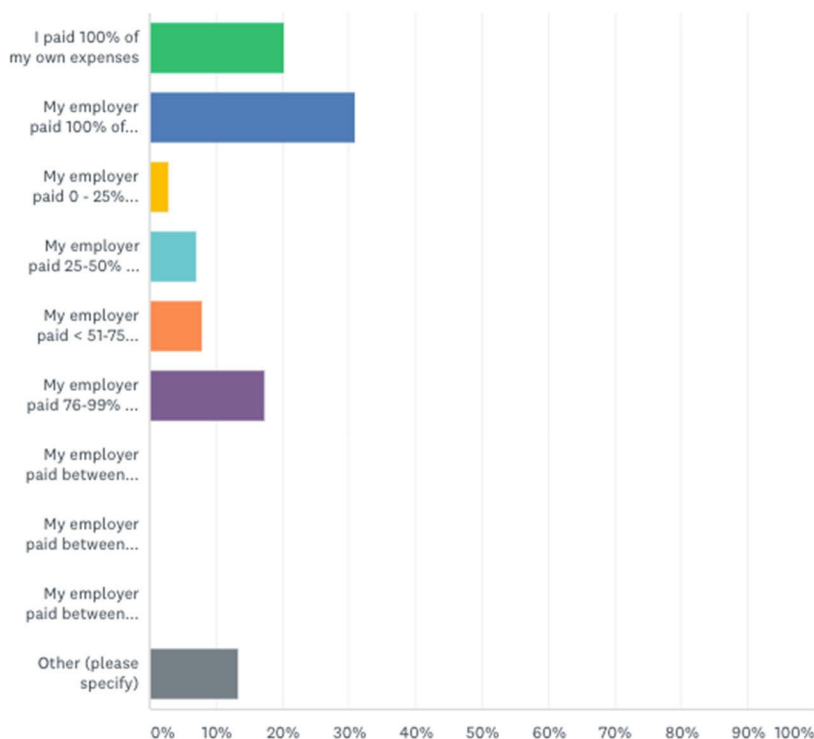
The Closing Keynote Address was delivered by Mr. Walter Bond, a retired NBA player who spoke to the changing environment in respiratory care and encourage those in attendance to embrace change and spoke specifically to our proposed educational and credentialing changes addressed in our Strategic Plan.

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, attendance was strong. There is still concern however and members' ability to afford travel to our meeting with limited employer support and hope for loosening of hospital. An estimated 20% of our attendees still pay 100% of their own expenses. While this is concerning, it does speak to the premise that despite cost, that those paying for the meeting exclusively out of their own pocket are consciously selecting AARC Congress as their source of continuing education. And we consider this a "good thing". The following is a breakdown of how expenses were paid by our attendees:

How were your expenses to AARC Congress 2019 paid?

Answered: 417 Skipped: 72



ANSWER CHOICES	RESPONSES	
▼ I paid 100% of my own expenses	20.38%	85
▼ My employer paid 100% of my total expenses	30.94%	129
▼ My employer paid 0 - 25% of my total expenses	2.88%	12
▼ My employer paid 25-50% of my total expenses	7.19%	30
▼ My employer paid < 51-75% of my total expenses	7.91%	33
▼ My employer paid 76-99% of my total expenses	17.27%	72
▼ My employer paid between 25-50% of my total expenses	0.00%	0
▼ My employer paid between 50-75% of my total expenses	0.00%	0
▼ My employer paid between 75-100% of my total expenses	0.00%	0

2020 Strategic Planning Meeting

On Jan. 14th, the Meetings & Conventions Dept. held a Strategic Planning Meeting to ensure goal alignment between the Strategic Plan created by the BOD, the Horizon Goals and event-specific goals and tactics. This was an enlightening experience for the team. Each strategy, goal and tactic was reviewed, discussed with some newly suggested goals/tactics and "Tactic Owners" identified. Proposed revisions and status updates to the Event-Meetings tab of the Strategic Plan can be found below:

<i>GOAL 4: The AARC is recognized at the #1 provider of world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.</i>	
<i>Strategy 4.1 (Proposed change): The AARC will make conferences more accessible to inter-professional audiences</i>	
<i>Tactic 4.1.1: (Proposed Change): Investigate the possibility of live streaming content; (Tactic Owner: Laher/Strickland)</i>	<i>Status: Engaged in conversations with Convention News Television regarding the potential of live streaming a small handful of lectures from AARC Congress 2020. CNTV has partnered with a virtual streaming company and has included this as a services/product from within their portfolio. PROS: Access of AARC Congress content to those unable to attend meeting. CONS: Cost, integration of platform in Protech, limitation of resources. This is being explored as an alternative to the monies currently being invested into Daily Headline Video production in conjunction with our meeting.</i>
<i>Tactic 4.1.2: Consider offering educational products in multiple languages. (Tactic Owner: Laher)</i>	<i>Status: Recommendation to remove tactic: Post-con survey from AARC Congress 2019: When asked if they would "have an interest in having an educational session/track delivered in a non-English speaking language", 94.17% of respondents said "NO". As a result, it is recommended NOT to pursue this tactic.</i>
<i>Tactic 4.1.3: Select locations for educational and research conferences that attract healthcare providers locally, nationally, and globally. (Tactic Owner: Laher/Program Committee)</i>	<i>Status: Completed: The AARC Program Committee is committed to rotating convention cities to geographical locations of the country which are attractive and accessible to members. This is done strategically so as to not disenfranchise segments of our membership.</i>
<i>Tactic 4.1.4: Consider hosting regional conferences for those members unable to attend/afford national meetings. (Tactic Owner: Laher/Program Committee/Executive Office)</i>	<i>Status: NOT INITIATED (LOW PRIORITY): Concerns over this tactic, while potentially successful for the AARC could (and would likely) cannibalize attendance at state affiliate meetings. Propose presenting to HOD about creating add-on (pre-courses) to state meetings in which AARC would absorb up-front operational costs. After costs are re-cooped, do a 50/50 revenue share with the state affiliate.</i>
<i>Tactic 4.1.5: Consider multi-year agreements with cities/hotels if such agreements yield reduced hotel room rates for AARC members. (Tactic Owner: Laher)</i>	<i>Status: COMPLETED: Tactic in progress. Is strategy of Meeting & Event Dept. when negotiating with cities for Summer Forum and Congress. Example: Harbor Beach - Ft. Lauderdale (2022 + 2025 SF), New Orleans (2022 + 2026 Congress).</i>
<i>Tactic 4.1.6: Consider incorporating</i>	<i>Status: Pending for 2021 - Budgeted monies not</i>

<i>grant/scholarship monies into annual operating budget to supplement members with financial hardships the ability to attend AARC educational meetings. (Tactic Owner: Executive Office)</i>	<i>available for 2020 budget. Will revisit for 2021 budget.</i>
<i>Tactic 4.1.7: Consider offering lower-priced registration tiers that make it more affordable for new members to the profession (typically making lesser salaries) to attend educational and research meetings. (Tactic Owner: Laher/Executive Office)</i>	<i>Status: NOT INITIATED: Could be implemented as part of a manual process, however our current CRM (Protech) only has a "Student" classification, not EP1, 2 or 3. Without significant monies investing into reconfiguring CRM, this would be a labor-intensive process and cost-prohibitive with current resources.</i>
<i>Tactic 4.1.8: Create generational-specific strategies (learning, marketing) to attract members of all generations to AARC educational and research meetings. (Tactic Owner: M&C Dept/Program Committee)</i>	<i>Status: PENDING/IN PROGRESS: Steps have been taken to address this tactic. Congress sessions have been tagged which (after claiming of previous year's CRCE credits) can be used for segmented marketing efforts in future years. Also, investments have been made into MarComm dept. which will allow for purchased marketing services from Informz to allow for re-targeted email communications as well as segmented marketing efforts.</i>
<i>PROPOSED Tactic 4.1.9: Consider bringing back archived content of delivered sessions for on-demand access (No CRCE). (Tactic Owner: Laher)</i>	<i>Status: Pending - Have asked for proposals from both CNTV and Freeman AV.</i>
<i>PROPOSED Tactic 4.1.10: Engage with AV provider to explore audio translations/closed caption offerings for certain session (i.e. keynote/plenaries). (Tactic Owner(s): Laher/Buchanan)</i>	<i>Status: Pending - Have informally discussed these technology offerings with Freeman AV. Some of this technology is proprietary and some they can offer. We have not yet asked for a proposal as we've not yet identified this is a bailiwick for Freeman AV. We may have to explore 3rd party contractors to offer these services.</i>
<i>Strategy 4.2: Proposed Change – Increase domestic and international conference attendance annually.</i>	
<i>Tactic 4.2.1: Charge the Program Committee to consider topics more relevant to an international audience for AARC Congress. (Tactic Owner: Laher/Program Committee)</i>	<i>Status: Consider deletion of tactic – What is "topics more relevant to an international audience?" More and more countries are developing RC based on the US model. Although there are some mild changes in practice from country to country, respiratory care is respiratory care.</i>
<i>Tactic 4.2.2: Explore opportunities to host educational and research meetings outside the borders of the United States. (Tactic Owner: Laher)</i>	<i>Status: Recommendation: Consider eliminating this tactic from the Strategic Plan based on Post-Con Survey responses.</i>
<i>Tactic 4.2.3: PROPOSED NEW TACTIC - Place editable/downloadable "invitation to attend" letter for international audiences on meeting website (Tactic Owner: Buchanan)</i>	<i>Status: NOT YET STARTED: Plan to initiate this for Congress 2020 meeting website.</i>
<i>Tactic 4.2.4: Collaborate with ICRC to develop page on meeting website designated for international audiences with tools/resources to simplify international travel to the U.S. (Tactic Owner: Buchanan)</i>	<i>Status: PENDING: Not yet initiated. Update to follow.</i>

Key Performance Indicators (KPIs) for Strategy 4.2	
Improve performance on the following Post-Con question: "Would you recommend AARC Congress to a friend or colleague? (by 5% compared to previous year for "Strongly Agree")	2019 Score: 74.6% Strongly Agree
Improve Performance on the following Post-Con Question: On a scale of 1-10 (1=Bad, 10=Exceptional) how would you evaluate the overall quality of the meeting? (by 5% from previous year).	2019 Score: 8.4 Average Star Rating
Strategy 4.3: The AARC will commit to enhancing the attendees "experience" at educational and research meetings.	
Tactic 4.3.1: Invest in technologies to enhance the attendee's pre/on-site registration experience. (Tactic Owner: Laher)	Status: Ongoing - Examples of current technology investments are: CDS (registration), a2z/Personify (Speaker/Conf. Management), a2z/Personify (Exhibitors/Floor Plan), a2z/Personify (Sponsorship Module), Orchestrate (Presentation Management)
Tactic 4.3.2: Invest in technologies which seamlessly and more accurately facilitate the reporting of Continuing Respiratory Care Education credits.	Status: Current cost-prohibitive, however Laher/Strickland continuously monitor costs of technologies and make recommendations to move forward when affordable.
Tactic 4.3.3: Add welcome signage and/or musical entertainment at airport to make immediate 1st impression of attending AARC Congress. (Tactic Owner: Blackmon)	Status: PENDING - Not yet initiated, however intend to do so for Congress 2020
Tactic 4.3.4: Proposed Change to Tactic: Create on-site photo opportunities for attendees which lend themselves to sharing/posting photos via social media: (Tactic Owner: Buchanan/Segura)	Status: PENDING - Not yet initiated, however intend to do so for Congress 2020
Tactic 4.3.5: Establish strategic signage/directional plan to assist attendees in navigating the conference space, to include the HQ hotel and convention center. (Tactic Owner: Buchanan)	Status: PENDING/IN PROGRESS - Already initiated during Planning Visit to Orlando (January, 2020)
KPI: Improve performance on the following Post-Con Question: "Would you recommend AARC Congress to a friend or colleague?" by 5% compared to previous year for "Strongly Agree".	
KPI: Improve performance on the following Post-Con Question: "On a scale of 1-10 (1=Bad, 10 = Exceptional) how would you evaluate the overall quality of the meeting?" by 5% from the previous year.	
Proposed Strategy 4.4: Provide AARC Program Committee with enhanced tools, resources and information for the development of content for AARC educational meetings	
Tactic 4.4.1: Develop sub-committee of the AARC Program Committee tasked with developing a new RFP process geared towards soliciting more valuable information for the committee. (Tactic Owner: Buchanan)	Status: PENDING - Not yet initiated, however presented concept at 2020 Program Committee and solicited volunteers.
Tactic 4.4.2: Add lecture/presentation at AARC Congress on how to submit an RFP for AARC Educational Meetings. (Tactic Owner: Laher/Buchanan/Program Committee)	Status: PENDING/COMPLETED: Discussed during 2020 Program Committee Meeting. Will be added to 2020 agenda. Speaker: Chair-elect

The following were post-con survey questions which were aligned with the AARC Strategic Plan as it relates to the Meetings & Conventions Dept.

Goal #4 – The AARC is recognized as the #1 provider of world-class educational and research conferences that attract respiratory therapists and inter-professional audiences.

Please identify your level of agreement with the following statement - "When compared to other respiratory meetings I attend, I consider the AARC as the #1 provider of world-class education & research conferences for the respiratory therapist." (1 = No Agreement, 10 = 100% Agreement).

Answered: 361 Skipped: 128

8.8★
average rating

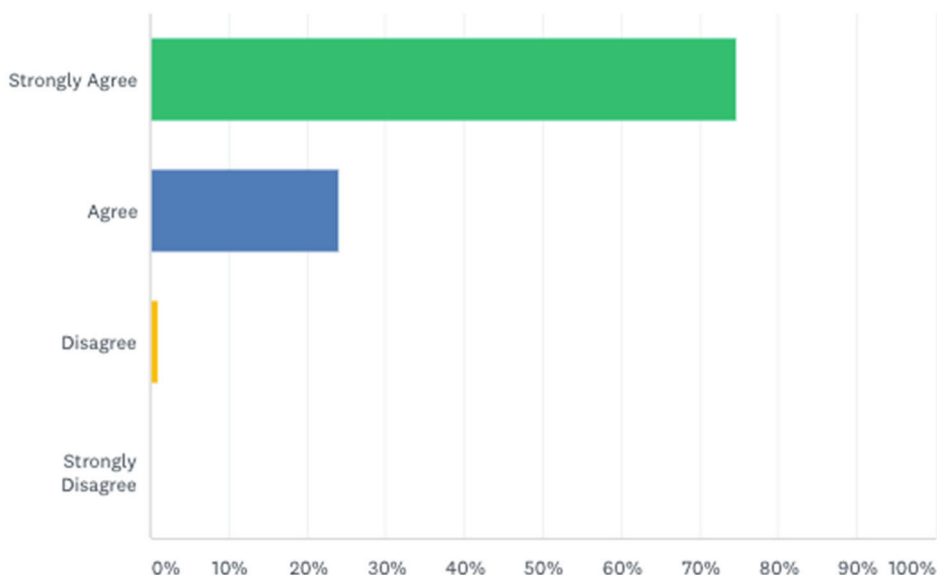


	NO AGREEMENT	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	100% AGREEMENT	TOTAL	WEIGHTED AVERAGE
★	0.83% 3	0.00% 0	1.39% 5	1.39% 5	3.05% 11	4.16% 15	6.37% 23	12.47% 45	17.45% 63	52.91% 191	361	8.81

Comments: This question will be asked with every post-con survey moving forward. Results will be trended from year-to-year to monitor progress of this Strategic Goal. Generally speaking, the results "appear" to be favorable, however we have nothing to compare this data to. There is a risk in assuming this data addresses the Strategic Goal. In and of itself, the results (while positive) could be trending in a downward pattern, thus the importance of trending the results of this question from year-to-year.

I would recommend AARC Congress to a colleague or friend.

Answered: 374 Skipped: 115

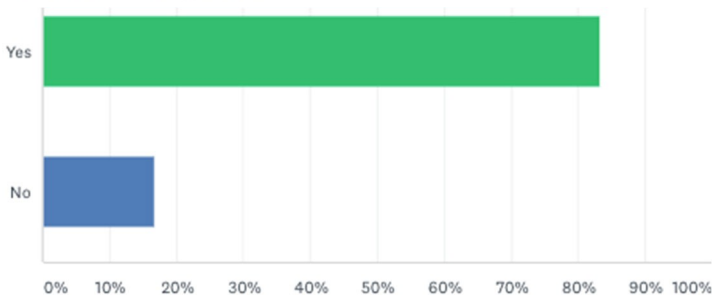


ANSWER CHOICES	RESPONSES
Strongly Agree	74.60% 279
Agree	24.06% 90
Disagree	1.07% 4
Strongly Disagree	0.27% 1
TOTAL	374

Comments: This question will be asked with every post-con survey moving forward. Results will be trended from year-to-year to monitor progress of this Strategic Goal. Generally speaking, the results “appear” to be favorable, however we have nothing to compare this data to. There is a risk in assuming this data addresses the Strategic Goal. In and of itself, the results (while positive) could be trending in a downward pattern, thus the importance of trending the results of this question from year-to-year.

Did you walk away from the meeting with AT LEAST ONE actionable item that will help you in advancing your job/career and/or improving the care you provide?

Answered: 353 Skipped: 136



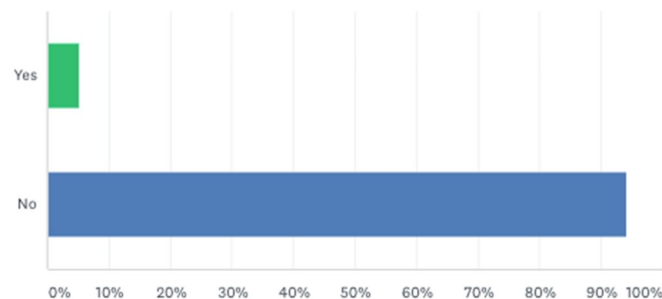
Yes	83.29%	294
No	16.71%	59
Total		353

Comments: This question will be asked with every post-con survey moving forward. Results will be trended from year-to-year to monitor progress of this Strategic Goal. Generally speaking, the results “appear” to be favorable, however we have nothing to compare this data to. There is a risk in assuming this data addresses the Strategic Goal. In and of itself, the results (while positive) could be trending in a downward pattern, thus the importance of trending the results of this question from year-to-year. Question to consider: Is just “one actionable item” enough value for an attendee to come back year-over-year if the primary goal is to “advance your job//career and/or improve the care you provide”?

Strategy 4.1 (Tactic 4.1.2) – Consider offering educational products in multiple languages

Would you have an interest in having an educational session/track delivered at AARC Congress presented in a non-English speaking language?

Answered: 360 Skipped: 129



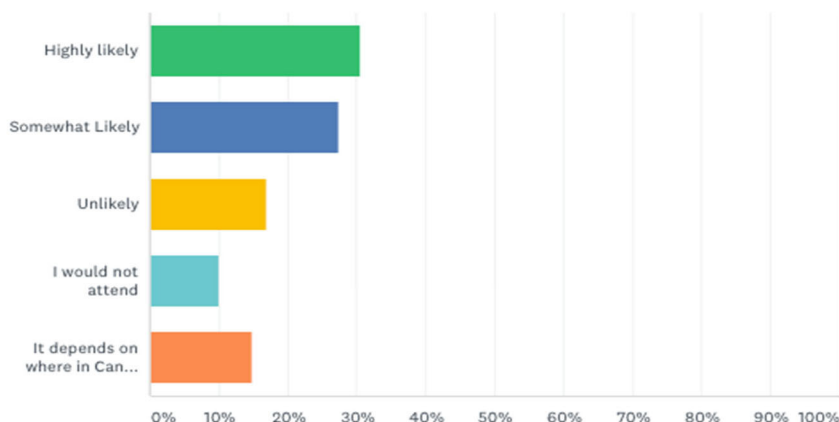
ANSWER CHOICES	RESPONSES	
Yes	5.28%	19
No	94.17%	339
TOTAL		360

Comments: Based on the result of the survey (from an international audience – the vast majority of which are English-speaking), delivering content in other languages is not of interest. Recommendation: Consider eliminating this tactic from the Strategic Plan

Strategy 4.1 and 4.2 (Tactics 4.1.3 and 4.2.1) – 4.1.3: Selection locations for educational and research conferences that attract healthcare providers locally, nationally and globally. 4.2.2 Explore opps to host educational research meetings outside the borders of the United States.

If AARC Congress were ever held in Canada, what is the likelihood you would attend?

Answered: 372 Skipped: 117



ANSWER CHOICES	RESPONSES	
Highly likely	30.65%	114
Somewhat Likely	27.42%	102
Unlikely	16.94%	63
I would not attend	9.95%	37
It depends on where in Canada the meeting would be held	14.78%	55
TOTAL		372

Comments: Difficult to ascertain. While this question does not address the “interest” of an AARC International Congress being held in Canada, it does appear that nearly 60% of respondents would “somewhat likely/highly likely” attend the meeting if it were held in Canada. Concerns: Traveling to Canada (and back) does require a U.S. passport for entry into the country. This could serve as a roadblock for access to our meeting by attendees. Excise and Value Added Taxes (VAT) would be a concern for exhibitors to ship equipment to another country.

Recommendation: Consider eliminating these tactics from the Strategic Plan

In lieu of the BOD’s recent action to postpone the 2023 Program Committee’s recommendation to host AARC Congress 2023 in Nashville AND subsequently appointed a consultant from the Diversity Committee to the Program Committee, the following question was asked regarding the diversity of Congress faculty.

Please identify your level of agreement with the following statement: "The AARC Program Committee offered a diverse faculty at this year's event".
Diverse = Range of Ages, Nationalities, Genders, LGBTQIA+ & New Speakers.
(1 = No Agreement, 10 = 100% Agreement)

Answered: 356 Skipped: 133

8.6★
average rating



	NO AGREEMENT	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	(NO LABEL)	100% AGREEMENT	TOTAL	WEIGHTED AVERAGE
★	1.12%	0.56%	0.84%	0.84%	3.93%	7.30%	7.58%	14.89%	14.61%	48.31%	356	8.58
	4	2	3	3	14	26	27	53	52	172		

Comments: This question will be asked with every post-con survey moving forward. Results will be trended from year-to-year to monitor progress of this Strategic Goal. Generally speaking, the results “appear” to be favorable, however we have nothing to compare this data to. There is a risk in assuming this data addresses the Strategic Goal. In and of itself, the results (while positive) could be trending in a downward pattern, thus the importance of trending the results of this question from year-to-year.

2020 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 decrease in the number of proposals that were submitted for the '20 Congress from last year with roughly 475 proposals submitted for consideration (600 in 2019).

Overall, we are seeing a downward trajectory in submitted proposals. As a frame of reference, there were nearly 800 submitted proposals as recently as 2014. Anecdotally, we suspect year-over-year “rejections” from the same submitters may play a role. As such, efforts to identify a more diverse faculty and new faculty remain important considerations for the committee.

The 2.5 day Program Committee meeting concluded with a full program developed for both Congress and Summer Forum (see Program Committee report). Pre-courses will be rebranded as “Master Classes” in 2020. Tentative Master Class offerings will include one on Vaping and one on Interventional Pulmonology.

Industry-sponsored symposia will be offered yet again in 2020. These are always in high demand and generate a significant revenue for the Association. Attendance at these events were down in 2019, primarily as a result of the hotel/housing which required shuttle busses to the HQ hotels from overflow properties. Lunch symposia at the convention center were well attended. We’re confident the location of the hotels in comparison to the convention center will resolve these issues in 2020.

Convention Technology

The AARC will partner with a new 3rd party for 2020 “Conference/Speaker Management” technology and use the same partner in 2021 for submission of RFPs. Our previous partner (a2z) excels in exhibit hall floor plan and eCommerce for booth sales, however “eShow” (our new provider) has larger market share and is better equipped for Conference/Speaker Management offerings and RFPs than a2z.

2020 AARC Summer Forum

The 2019 Summer Forum will be held July 13-15 in Snowbird, UT. The meeting will be held at Cliff Lodge.

Content for educators will once again focus on representation from CoARC and NBRC, with content that emphasizes program development, interprofessional education, and recruitment issues facing RT programs.

Content for Managers will be on an array of management and leadership topics with a focus on interactive discussion. Content for Managers was largely determined based on survey results from within the section.

A pre-course/Master Class has been scheduled for the AARC Summer Forum. Details will be forthcoming at launch of the SF website.

AARC Congress 2020

Progress is well underway for the logistical planning for AARC Congress 2020 to be held in Orlando, FL from Nov. 14-17, 2020. The program is well balanced and representative of all specialty sections, roundtables and content categories required for re-credentialing.

Schedule

Upon review (specifically in 2019) of previous year's meetings, the Program Committee has opted to make some schedule changes in 2020. Due to declining attendance at the start of the plenary session honor lectures, these will be moved to the later in the day to generate increased attendance. In turn, breakout lectures will kick each day off (starting later in the morning) with the hopes that the diverse offerings (vs. one plenary topic) will attract more people to the convention center each morning, of which will lead more people to the exhibit hall. Unopposed hours in the exhibit hall will not change, however the hours will be slightly modified and re-packaged in hopes of driving more traffic in the Hall.

The Program Committee, in an effort to drive more targeted content and increase attendance in breakout rooms have opted to decrease the number of breakout rooms from 8 to 7. Management content will be most impacted by this decision with the rationale that the Management Section has a dedicated Summer meeting full of targeted content. 10-20% of the Congress Management content is a repeat from Summer Forum anyways, so the impact on new content will be minimal.

The above changes, in addition to better "flow" at the event will likely reduce expenses. The change of the plenary sessions is estimated to save labor costs from our AV provider, and one fewer breakout room will yield reduced honoraria, travel, lodging costs for speakers as well as AV equipment and labor costs.

Sputum Bowl

The Program Committee has recommended a roster of names for consideration to the AARC BOD. Upon ratification, the new committee will immediately begin work on the 2020 competition. As in 2018/2019, this year's competition will be exclusively for students. Despite concerns from pockets of membership around the country that eliminating the Practitioner portion of the event would be detrimental, there has been no adverse effect on the competition. Both 2018 and 2019 were highly successful and 2019 saw an increase of 9 teams. The 2019 Finals event (evening day #3) also saw the return of the Finals competition of which was appreciated and embraced by the audience. This is also the preference of our sponsor (Medtronic) and as such, it is highly likely this format will stay for the foreseeable future.

Sponsorships

The Exhibitor Prospectus, Sponsorship Prospectus and Rules & Regulations have already been published on the AARC website. The AARC Meetings & Conventions team in conjunction with the MarComm and Advertising depts. We have worked hard to ensure this information was released earlier in the year. In turn, we've also purchased the "sponsorship" module from a2z which we believe will lead to increased sponsorship sales due to an increase user experience and eCommerce capabilities. The AARC has as of the date of this report secured \$31,500 in sponsorships for the 2020 Congress.

EXECUTIVE OFFICE BUILDING AND FACILITIES

Two new HVAC units are scheduled for installation in Q2 of 2020. These replacements are part of a 10-year plan to replace all HVAC units owned by the association. We're hopeful this will decrease maintenance expenses over the long-term and make for an improved and less dramatic capital improvement schedule/budget each year. In addition, the AARC is purchasing 19 app/web-based "smart" thermostats to run each HVAC unit in the building. This will assist with energy consumption and will save the Association money in the long run. No other building "maintenance" is pre-scheduled for 2020.

The Board of Directors AND Finance Committee approved in excess of \$90,000 in capital improvements and renovations to the Executive Office in 2019. While the planning and most costs for this project were initiated in 2019, the vast majority of these expenses rolled over in 2020 and combined with the \$75,000 budgeted for 2020. At the time of this writing, the Executive Office Board Room and Administrative Suites are under renovation.

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

Justification: The Administrative Suite/Board Room remodel was originally projected to come in near, but below the 2020 capital improvement budget. There were unanticipated costs due to code that caused unanticipated work which included HVAC duct replacement, fire sprinkler code relocation, and electrical work.”

Recommendation 20-1-1.2 That the AARC Board of Directors approve the release of \$TBD in capital improvement monies for the renovation of the Employee Breakroom/Kitchen at the AARC Executive Office.

Justification: The employment culture at the AARC has long-time been one of “Employer of Choice”; meaning a high value is placed on our Executive Office staff as it relates to their treatment, their compensation and benefits, and the environment they work in. The existing breakroom space/kitchen is in need of repair and improvements. Many cabinets/drawers are damaged or are in disrepair, several floor tiles are chipped or broken, the dishwasher no longer works, ceiling tiles need replaced etc.

AARC TIMES

The new, all-digital version of the magazine is flowing smoothly with minimal disruption to the production schedule or day-to-day operations.

The magazine production, content and layout teams continue to meet monthly to discuss future plans of the magazine. At the moment, it is the plan that starting in 2021, the magazine will move from its current digital platform to a web-based site that will give more of a digital newspaper appearance with new, fresh content added multiple times per week. The vision of this new product will likely transition away from a magazine feel to something more like an on-line newspaper or “Newsroom”. This site will become the all-things AARC news site and will include Industry News, Professional News, web stories, recall information, Sections Bulletins/newsletters as well as human interest stories and traditional clinical content currently found in the magazine. This will allow us the ability to be more nimble and more flexible in adding content vs. our traditional method which requires a 2-3-month lead time. It is also likely that along with the rebranding of the style of the magazine and the way in which content is delivered, it is likely the name of the magazine (AARC Times) will be rebranded as well.

RESPIRATORY CARE JOURNAL

The number of manuscripts received continues to be robust, and the Journal continues to evolve as an original research journal, with most submissions in this category. The editors are being increasingly selective regarding manuscripts accepted, thus allowing the quality of the Journal to increase. In 2019, 837 manuscripts were received (28% accepted). Of these, there were 657 original research submissions (21% accepted).

The proceedings of the Journal Conference *Noninvasive Respiratory Support* were published in June 2019 issue. The 2019 conference, *Monitoring Respiratory Function in Adult Critical Care*, will be published in June 2020. The 2020 conference, *COPD: Current Evidence and Implications for Practice*, will be presented in June.

The Open Forum makes AARC members aware of the important role research plays in creating a scientific basis for their profession. Presenting an Open Forum abstract is the highlight of many respiratory therapists’ careers. The call for abstracts is now open:

<http://rc.rcjournal.com/content/call-abstracts-2020>. Deadline for submission is June 1, 2020.

As a member benefit, CRCE can be obtained through reading the Journal and a JournalCast most months is available to members for CRCE. In total, 22 CRCE are available each month through Journal activities. In 2019, 1,874 members received CRCE by attending the JournalCasts and 2,510 received CRCE through the Journal.

We welcomed our first Journal intern, Denise Willis MSc RRT RRT-NPS AEC, on January 1. The internship will allow respiratory therapists an opportunity to learn the processes of peer-review,

journal production, and other activities of RESPIRATORY CARE. Our second intern, beginning July 1, will be Andrew Miller RRT ACCS RRT NPs.

Our 2018 Impact Factor is 1.736, down a bit from 2.073 in 2017. The Impact Factor is a metric describing the number of times papers published in Respiratory Care are cited. On average, there are 1.7 citations for each paper published in RESPIRATORY CARE.

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

We are working with the Cochrane Collaboration to publish brief overviews of completed Cochrane reviews that we deem of interest to our readers. The first review on NIV for COPD exacerbation is scheduled for publication. A second on NIV for cystic fibrosis is under review at Cochrane, and several others are in preparation.

CORPORATE PARTNERS

We moved to a 3-tiered (Platinum, Gold and Silver) Corporate Partner program in 2019 based on a fixed rate for membership. Each partnership level has an established bundle of benefits based on the level or partnership selected. We have increased Corporate Partners from 8 (2019) to 11 (2020).

2020 Platinum Partners: Getinge (new), Glaxo Smith Kline (new), Mallinckrodt, Masimo, Medtronic, Monaghan, Fisher Paykel, Philips, and Vapotherm.

2020 Gold Partners: Medline (new) and Nihon Kohden (new)

2020 Silver Partners: Sunovion Pharmaceuticals

MarCom

We continue to look at new vehicles through social media sites and electronic newsletter to better market the AARC, as well as, its educational and professional products. We have budgeted for some new software tools in 2020 that integrates with our HigherLogic platform that will create “personas” (e.g. critical care, neonatal pediatrics, etc) for users. This artificial intelligence software will allow us to develop segmental marketing campaigns for various AARC activities later in 2020 and into the future.

In a newly developed role, we will be utilizing a marketing analyst that will development and setup monitoring and dashboards to measure various marketing campaigns in digital marketing that will provide us with enhanced ability to track and monitor our endeavors providing us critical feedback on the optimal methods of our marketing endeavors.

We are also continuing to look at “value added” products through our Membership Affinity program that may my find highly desirable. Geico Insurance remains are most profitable affinity partner.

ADVERTISING AND MARKETING

Advertising

At the time of this report, we are just 2 months into 2020. *AARCTimes* has taken a completely different turn with advertising as it went to all digital in January. We were very conservative in advertising projections as it is all brand new. Respiratory Care is off to good start. We are seeing some advertisers that are “print focused” shifting from *Times* to Respiratory Care as this is are only print opinion.

Digital advertising on aarc.org continues to remain consistent through our partner, Multiview. In fact, **all** of aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2020 and some already into 2021. We will sever our ties with Multiview on July 1, 2021 and takeover all digital advertising at that time.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads are off to a fantastic start for 2020 and ahead of budget.

Products

In 2020, we will look to provide an update to the URM product since it has been several years since it has been updated. We expect this edition to be released in second/third quarter as the URM team is currently preparing to survey US hospitals. New editions always generate strong interest and sales.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd that handle all products and the necessary shipping. 2019 was our seventh-year outsourcing RC Week products to Coleman. We came in slightly below our budget target in 2019.

We are looking at revisions of our professional and patient related brochures. These items were last updated about 6-7 years ago and remain a staple of our product sales items.

This is year 5 of Current Topics educational programs. This 8-set educational DVD series remains popular with our membership and had its highest level of sales in 2019

Sponsorships and Grants

We continue to work to acquire sponsorships and grants for our various educational products and other projects (Non-AARC Congress related) in 2020. I expect that 2020 will be a good year in both of these areas that meet and exceed 2020 budget projections and prior years for new projects not carried over.

ACCOUNTING

We currently preparing for our annual audit that is slated to begin soon and will conclude just prior to the Spring AARC Board meeting This will be our second year with our audit firm – Howard LLP.

We have almost completed the overhaul of our accounting resources and process through 2019 with changes in software, outsourcing accounts payable and streamlining banking resources. The new digital environment has allowed us to build in many efficiencies, cut fees and costs and streamlined processes to facilitate timely closure of monthly financials.

We are looking to finalize the integration of the Protech CRM with the Intacct software to eliminate import/export of financial data based on funds approved by AARC Board in Spring of 2018. We will provide you a final report on that purchase and implementation later in 2020.

IT SERVICES

It has also been another year of major transitions for the AARC IT department. As you are aware, Protech CRM launched at the end of September 2018. We have worked through all the major software glitches on the processing of membership dues into the correct accounts and created documentation to facilitate a smooth audit.

At the time of this report, AARC has resumed phase 2 of the Protech implementation with the additional funds that the AARC Board approved at Summer Forum 2018 and Capital Budget 2020. We are finalizing our Advertising and Fundraising modules and will be able to decrease manual processes and official retire financial transactions in IMIS (old database).

Plans for 2020

Board Related

- We are finalizing Standard Operating Procedures and installing software upgrades to allow us to implement credit card auto-renewal for AARC memberships by early March.
- We are currently investigating and implementing a new, more efficient Reporting System and Executive Office management solution for the Board and BOMA using our Sharepoint software

Executive Office

- We will look to fully integrate the Intacct accounting software into the Protech database as ALL financials are now being run through Protech for AARC
 - Board approved \$140,000 for this endeavor. To date we have spent \$91,000 and expect the rest of the project to be less than \$25,000
- We have implemented an office intranet by department to allow better project requests, communications and overall efficiencies using Microsoft's Sharepoint software which we already owned
- We will begin a Protech database cleanup of duplicate members and companies. This is a manual process to merge these records once identified, so that all historical interactions are maintained. We will be hiring temps to complete this work.
- We have recently completed a complete Inventory of all AARC computer hardware. This will allow us to develop a strategic plan on upgrades and replacements in a more timely and efficient manner.
- We recently renegotiated our AT&T Phone and Intranet contract. Ray was able to increase our internet bandwidth 2.5 times above where we are currently at and at a rate that was \$300/month cheaper (\$3,600 year savings).
- We are currently elevating all purchased software subscriptions used by AARC staff to determine if there are potential cost savings through group subscriptions
- Ray is currently investigating Audio-Visual Conferencing (web-based and phone) through Microsoft's Teams software we currently own. If this is a viable solution, we will be able to cancel paid subscriptions and make this available to some of our committees as well
- AARC was housing its IT servers offsite to avoid downtime and improve speed with IMIS and other websites and databases. With complete conversion to Protech, we have moved these servers back to AARC.
 - In doing so, we were informed that our server software and license expired at the end of 2019. We need to purchase additional new software and licenses that are good for 3 years (Total unbudgeted cost = \$ 10,508.95).
 - This conversion allowed us to cancel our contract with the offsite server hosting company at the end of February. Cost savings = \$33,000.

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

Past President

Submitted by Brian Walsh– 2020 Spring Report

Recommendations

N/A

Report:

N/A

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Spring 2020

REPORT

CONGRESSIONAL UPDATE

With a presidential election scheduled for later this year, Congress will do the majority of its legislating prior to the August recess. However, this Congress returned from their holiday break and focused on the Senate impeachment trial. Now that the President has been acquitted Congress can turn its focus to a number of pressing issues. They must address fiscal year (FY) 2021 appropriations, a number of expiring health programs, and drug pricing and surprise billing, two issues with bipartisan support that left unresolved last year.

Looking ahead, there are two important dates on the legislative calendar: May 22 and September 30. The former is the date health programs, like community health center funding and the Special Diabetes Program, will expire; the latter is the end of FY 2020. Both of these dates provide an opportunity for Congress to approve must-pass legislation as well as any other bills that are selected to be added to the packages. AARC must keep these dates in mind because the legislation we are tracking could be included in one of these packages.

Now Congress is hoping to move surprise billing and drug pricing legislation by the May 22 deadline. The House is in the process of reconciling three bills on the topic. Despite bipartisan agreement to protect patients from surprise bills, Congress has yet been unable to decide who other than the patient should cover these costs – providers or insurers.

Like surprise billing, members on both sides of the aisle and the President want to lower the costs patients pay for prescription drugs but have not been able to settle on the appropriate mechanism to do so. The House passed Speaker Pelosi's drug pricing bill, the Lower Drug Costs Now Act (H.R. 3), in December. The bill would allow Medicare to negotiate for as many as 250 of the costliest drugs in the health care system. Senate Finance Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) introduced the Prescription Drug Pricing Reduction Act. The bill would impose a penalty on drug manufacturers who raise the prices of their drugs faster than the rate of inflation. Both bills would also cap seniors' out-of-pocket drug expenses. The President expressed his support for the Grassley-Wyden bill, but Senate Republicans have been slow to do the same. Chairman Grassley has reported he revised the bill in an effort to gain more Republican support, but the new version of the bill has not been released.

At this point, it is unclear if there will be a deal to address either surprise billing or drug pricing by May 22.

LEGISLATIVE INITIATIVES

AARC's Advocacy Agenda - 2020

By now you are aware that we will be advocating for four bills this year, and that we plan to have a year-long campaign. The four bills and a brief description are as follows:

- **H.R. 4932/S. 2741 – Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act.** These bipartisan bills are identical and will allow the Medicare program to test the addition of health care professionals who are not currently eligible to provide telehealth to furnish telehealth services as part of the program’s new innovative health care delivery models. Respiratory therapists are included among the health care professionals. Over 120 organizations officially support these bills, including AARC.
- **H.R.4945 – Safeguarding Medicare Access to Respiratory Therapy (SMART) Act.** This bipartisan bill will remove noninvasive ventilators (does not include CPAP and BiPAP) from competitive bidding for 5 years while providing Medicare time to update its coverage policies that do not account for advances in technologies and which have driven up costs, leading CMS to make the decision to put them under competitive bidding.
- **H.R. 4838 – Sustaining Outpatient Services (SOS) Act.** This bill requires CMS to develop a financial threshold that would exempt certain outpatient therapeutic services, including cardiac and pulmonary rehabilitation programs, from drastic payment reductions based solely on the location of the program. Medicare law prohibits hospitals from billing at the hospital outpatient rate in certain off-campus provider-based departments if they are located greater than 250 years from the main hospital campus, resulting in a disincentive for hospitals to expand these valuable programs.
- **H.R. 2339/S. 3174 – Reversing the Youth Tobacco Epidemic Act.** These bills, which differ slightly, are among the most comprehensive tobacco bills introduced in Congress to date and include a wide-range of steps to protect kids from tobacco. The House bill is supported by over 60 public health and patient organizations, including AARC, and is expected to pass a full House vote shortly. The Senate bill was just recently introduced. Key provisions include prohibiting all flavored tobacco products, prohibiting online sales, and prohibiting unauthorized marketing to youth by the tobacco industry.

Developing the Phone2Action Platform

“Hats off” to Frank, who has done an amazing job of getting us ready for this campaign from the standpoint of developing the Phone2Action (P2A) platform. Unlike other types of systems used for messaging to the Hill, P2A enables an organization to send “thank you” messages for those members who are already co-sponsors of our bills. It saves the embarrassment of asking them to cosponsor a bill when they are already a cosponsor. But that means a lot of extra work to regularly keep track of the list of co-sponsors for each bill as new members sign on, load them into the system, and keep it updated. Frank also worked closely with our support manager at P2A in developing new links for “tweets” and text messages. We couldn’t have had a successful campaign without his help. A big “thank you” also goes out to our dedicated Executive Office staff, who wrote articles, developed reminder email messages, shaped the “Take Action” website page, created social media tweets and graphics, and found pictures for our P2A Action Center.

The original plan was to focus on the CONNECT and SMART Acts during the week of February 10-14 and the SOS Act and the “Tobacco” bill the week of March 9-13 because we weren’t sure we would have all four bills loaded by the February 10 deadline. We targeted these dates because they are just prior to members leaving town for a brief recess. However, as the cliché goes, “the best laid plans...often go awry.” Frank was able to get all four bills in place on the Action

Center in time and messages were sent for all four bills, although the majority were for the CONNECT and SMART Acts. But that's not a bad thing. In fact, we had 2,614 advocates write 30,394 messages which is outstanding considering we had a week-long campaign. It keeps the profession at the forefront of issues that are important to us and anytime we can use our voice to ask for support of these bills is a PLUS. Check out Frank's report for further information.

HR 4932/S 2741 – Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019

Congress has been slow to act on the CONNECT Act despite bipartisan support for the bill in both the House and Senate. In the House, Representatives Mike Thompson (D-CA) and David Schweikert (R-AZ) have requested the Ways & Means Committee hold a hearing on the bill, but until recently, the Committee has been preoccupied with its surprise billing legislation. They believe that a hearing will help resolve some of the contradictory thinking about the legislation, namely that expanding the use of telehealth will not save money. Thompson and Schweikert hope that the Congressional Budget Office will testify at the hearing to address some of the concerns about scoring. AARC is following up with the Committee in support of a hearing.

HR 2508 – Better Respiration Through Expanded Access to Telehealth (BREATHE) Act

The CONNECT for Health Act did not include condition-specific pilots like the BREATHE Act because the Senate sponsors preferred to keep the legislation more general. However, Representative Thompson is interested in developing another telehealth package with condition specific pilots. AARC is currently exploring the interest of other members to work with Representative Thompson on this legislation.

H.R. 4945 – Safeguarding Medicare Access to Respiratory Therapy (SMART) Act

AARC continues to lead efforts with our partner organizations to address our concerns with CMS's plan to add non-invasive ventilators to the durable medical equipment competitive bidding program. Representatives Peter Welch (D-VT) and Morgan Griffith (R-VA) introduced this legislation in late October to exclude ventilators from competitive bidding acquisition programs under the Medicare program for five years. The bill currently has 48 cosponsors. We continue to work closely with our partner organizations to get a Senate companion bill introduced. We have had several meetings on the Hill with key staff in Energy and Commerce (E&C) and Senate Finance to get more traction on this important bill before time runs out. AARC, along with other stakeholders, are asking the E&C committee to add the SMART Act provisions to any Medicare extenders bill that will be included in "must pass" legislation targeted for May. E&C staff are working to get a score from the Congressional Budget Office which will be necessary if there is to be any further movement.

H.R. 2339, Reversing the Youth Tobacco Epidemic Act

In addition to supporting this bill as part of our advocacy campaign, the AARC has signed several joint support letters to Congress. Most recently, we added our name to a print ad developed and paid for by the Campaign for Tobacco Free Kids that will run in Politico the week of February 24. The message is "PROTECT OUR KIDS. NOT BIG TOBACCO. CONGRESS: STAND WITH US. END THE SALE OF ALL FLAVORED TOBACCO. VOTE YES ON H.R.

2339. The bill will be coming to the House floor for a vote, so this ad is designed to coincide with that action.

H.R. 4742 – To amend the Internal Revenue Code of 1986 to impose a tax on nicotine used in vaping, etc.

This bill would impose an excise tax on nicotine used in e-cigarettes. This is a bipartisan bill introduced by Representatives Tom Suozzi (D-NY) and Peter King (R-NY). Currently, there is no federal tax on e-cigarettes. A federal e-cigarette tax is appropriate and long overdue given the youth e-cigarette epidemic. The bill was reported out of the Ways and Means Committee in October and is expected to be taken up by the full House. AARC signed on to joint comments in support of the legislation.

H.R. 3911/S. 2842 – Increasing Access to Quality Cardiac Rehabilitation Act

This legislation is spearheaded by the American Heart Association and has support of several other organizations, including the AARC and NAMDRRC. This bipartisan legislation would expand patient access to critical cardiovascular and pulmonary rehabilitation services (CR/PR). It would allow nurse practitioners (NPs), physician assistants (PAs), and critical nurse specialists (CNSs) to order and supervise cardiac and pulmonary rehab services beginning in 2021. Legislation passed last year would allow supervision by NPs, PAs and CNSs but not until 2024. Currently, only physicians can provide direct supervision for these programs. The AARC recently signed-on to letters to members of the relevant House and Senate committees encouraging Congress to make the provisions effective as soon as possible.

FEDERAL INITIATIVES

This is the “quiet before the storm” with respect to Medicare regulations. Having issued a flurry of final rules just prior to the end of 2019, CMS is now in the process of developing proposed rules impacting various prospective payment systems and the DME and physician fee schedules. We should start seeing prospective payment proposals around the end of April or early May and the beginning of July for fee schedule proposals. It is anticipated that in July CMS will announce the single payment amounts for the next round of competitive bidding that takes effect January 1, 2021. Unless we are successful in our campaign to get noninvasive ventilators removed from competitive bidding, they will be included in determining the payment amounts.

Chronic Care Management (CCM) Services

Chronic Care Management services are comprehensive care coordination services per calendar month, furnished by a physician or nonphysician practitioner (NPP) managing overall care and their clinical staff, for patients with two or more serious chronic conditions. As noted in the Winter Board report, the CY 2020 update to the physician fee schedule proposed to make refinements to these services. Changes involved adding three new temporary codes for non-complex and complex CCM services to be used in lieu of current established CPT codes that would provide additional minutes of clinical staff time that could include respiratory therapists.

In the final rule, CMS only added one new code given the fact that the AMA's CPT Editorial Panel would be reviewing proposals that might impact CMS' decision to create temporary codes. Recognizing what is believed an important gap in the current code set, CMS finalized G0258 to allow an add-on payment for an additional 20 minutes of clinical staff for non-complex care management services. According to CMS, finalizing only this single G code rather than the full range of proposed G codes will allow payment for these services while creating significantly less administrative burden and allow the CPT Editorial panel to carry out its review of proposed code changes.

Updating Noninvasive Ventilator Coverage Policies

As noted in the last Board Report, AARC and key physician groups met with the Centers for Medicare and Medicaid Services (CMS) in August 2019 to reopen the dialogue of removing noninvasive ventilators from competitive bidding for five years, thereby giving CMS time to convene an expert panel to make recommendations to update coverage policies we believe have been the cause of increased utilization. Emphasis was placed on the potential negative consequences to patient care and access to the clinical support of respiratory therapists if CMS' policy was implemented, putting patients at risk and severely compromising their quality of life due to lower reimbursement rates.

Subsequent to our meeting, and coming as no surprise, CMS responded they have numerous safeguards to protect beneficiaries who need access to ventilators, such as the monthly payment Medicare makes for all necessary items and services and frequent and substantial servicing of certain ventilators in order to avoid risk to a patient's health. The irony of that statement is all of that will change with competitive bidding because no other device under the "frequent and substantial servicing" payment category has ever been included in competitive bidding and the payment rate will undoubtedly be substantially lower than it is now, e.g., safeguards disappear and patients will be put at risk.

CMS also noted in its follow-up letter it would host a public forum to discuss the evidence base regarding changes to coverage and to continue engagement with stakeholders and patient advocates once they receive a final technology assessment from the Agency for Healthcare Research and Quality (AHRQ) on the use of noninvasive ventilators in the home which was received February 2, 2020. As an aside, one RRT who is a member of the AARC was listed as an investigator on the report. Ultimately, the report concluded that the "evidence was low to moderate in quality, the evidence on quality of life was insufficient, and the analyses for some outcomes were based on small numbers of studies." Based on this, it is unlikely CMS will act and a legislative fix will be necessary.

Administration's Policy on Banning Flavored E-Cigarettes Take as Step Backward

As reported earlier, on September 11, 2019, the Administration announced its intention to remove from the market non-tobacco flavored e-cigarettes, including mint and menthol until such time as the FDA approved them for marketing. Many public health groups issued press statements, as well as the AARC, in support of the move and encouraged quick action by the FDA. AARC was also one of over 60 organizations signing a joint statement supporting the policy at the time.

Jump to 2020 and the final policy which falls way short of the original announcement and is a capitulation to the tobacco industry, especially vape shops who rallied around the slogan “I VAPE, I VOTE.” Here are some key points about the new policy:

- The policy will leave menthol e-cigarettes on the market. Menthol tobacco products are uniquely appealing to youth.
- Exempting menthol will protect JUUL, the company that created the youth e-cigarette epidemic.
- Thousands of kid-friendly e-liquids will continue to be widely available.
- The policy will exempt new refillable pod systems that are becoming increasingly popular among kids.
- The policy protects vape shops, which are a popular source for youth users.
- The policy exempts disposable products which are becoming increasingly popular with kids. These products are cheap, come with a high nicotine content and are available in multiple flavors.

Determining Disability Benefits under the Black Lung Program

Earlier this year, the Office of Workers’ Compensation Programs (OWCP) in the Department of Labor announced, through a request for information, its plan to update standards for administering pulmonary function tests and arterial blood gas studies used to determine disability under the Black Lung Benefits Act (BLBA) in consultation with the National Institute for Occupational Safety and Health (NIOSH).

The OWCP sought input as to: 1) whether each person who administers a spirometry test should complete NIOSH-approved training and maintain a valid NIOSH certificate by periodically completing NIOSH-approved training courses; and, 2) whether it should require facilities administering Arterial Blood Gas (ABG) studies and analyzing samples to have either a Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate or be CLIA-exempt. AARC submitted comments to address these issues.

According to its website, the initial NIOSH training consists of at least 16 hours of instruction with formal lectures and/or audio-visual material, practical instruction, evaluation and testing. As such, it was felt the program provided a minimal level of instruction unlike that required of respiratory therapists who not only must successfully complete a minimum two-year national accredited education program but also must pass registry exams administered by the NBRC. Moreover, the NBRC offers specialty Pulmonary Function Technology (PFT) exams that confer the credentials of a Certified Pulmonary Function Technologist (CPFT) or a Registered Pulmonary Function Technologist.

AARC recommended that OWCP set the personnel qualifications for pulmonary function testing (PFT) to be an individual who holds either the CPFT or RPFT credential or is a licensed respiratory therapist, depending on the complexity of the testing. We also strongly recommended they require facilities to follow CLIA rules when conducting arterial blood gas analyses. A copy of the CLIA testing chart developed by the AARC which outlines the requirements for moderate and high complexity testing and competencies was provided for their use.

STATE INITIATIVES

Tobacco legislation once again dominates the state legislative scene. Everyday new bills are introduced, many of them designed to raise the age to purchase tobacco products to 21. Because just about every state has introduced a variety of bills to address the youth tobacco epidemic, I am not going to go into detail by state for this report, but rather will summarize some of the key initiatives. The report will focus more on issues directly impacting respiratory care. For example, we're seeing an uptick in bills that would provide an oversight layer to licensing and regulatory authorities in order to ensure compliance with anti-trust laws; however, it's too soon to determine what, if any, impact it will have on respiratory care moving forward. Additional details are provided below. State societies have been alerted to review further some of these bills that pose potential concerns.

General Overview of State Tobacco Legislation

At least 20 states have introduced legislation that includes age 21 as the minimum age to purchase tobacco products. For the record, when the President announced his policy regarding the partial ban on flavored e-cigarettes, it included a provision that raises the national age to 21 to purchase tobacco.

States are consistent in the types of tobacco legislation being introduced. Noteworthy topics include the following: 1) banning flavored tobacco products; 2) banning products that contain acetate E and/or tetrahydrocannabinol (THC) in response to respiratory illnesses and deaths associated with tainted products; 3) revising definitions of alternative nicotine products, e-liquids, nicotine electronic delivery systems and vapor products; 4) strengthening age verification requirements among retailers; 5) adding excise taxes to e-cigarettes and vapor products; 6) adding additional fines and penalties for anyone under age 21 to possess any cigarettes, tobacco products, tobacco related objects, alternative nicotine products, or vapor products; 7) requiring child-resistant packaging; and, 7) adding to public places where tobacco products are prohibited.

Increased Oversight of Professions and Occupations and Sunset Review

The following bills are consistent with legislation that has been introduced in the past few years in response to the Supreme Court ruling regarding the NC Board of Dentistry and its violation of anti-trust laws when it issued a "cease and desist" order to unlicensed technicians who were offering teeth whitening in shopping malls. The ruling noted the Board did not have the authority to discipline unlicensed individuals or to order non-dentists to stop violating the Dental Practice Act, resulting in legislation to provide additional oversight of professions and occupations.

Iowa: 1) Requires the legislative committee to verify that the legislation relative to unlicensed professions is the least restrictive method of regulation to protect the public; 2) requires the committee to review the usefulness, performance, and efficacy of the board of approximately one-fifth of all board for each calendar year in each five-year period prior to the date on which a board is scheduled to sunset; 3) requires reports to include descriptions of how the agency has improved efficiency, modernized processes, eliminated duplication and outdated processes, reduced costs, etc.; and 4) adds provisions related to investigations by professional licensing boards.

West Virginia: Establishes the Occupational Board Reform Act and creates the Office of Supervision of Occupational Boards which has the authority to actively supervise state occupational boards. The bill authorizes the office to play a substantial role in the development of an occupational board's rules and policies, including the approval and disapproval of certain proposed rules or policies, and provides for review and oversight by the Attorney General. The bill requires the Speaker of the House of Delegates and the President of the Senate to establish a position in the nonpartisan research staff to analyze occupational rules and provides for the Legislature's analysis of occupational rules.

South Dakota: Provides for the review of occupation regulation. Options for ensuring consumer protection involve review of the least restrictive to the most restrictive criteria. For example, if the department determines that harm involves health or safety, the department shall consider recommending regulation of the production or service process, or licensure of a facility.

Washington: Establishes a sunset review process for all licensing requirements regulated by the Department of Licensing to ensure that the rights and well-being of current and future practitioners of the profession be given full protection from unnecessary regulatory burden and that regulations meant to safeguard public health and safety are still warranted. Beginning in 2021, the department shall annually review and analyze approximately 20% of the professional licenses regulated by the department and prepare and submit an annual report to the legislature by August 31 of each year. The department shall complete this process for all professional licenses within its jurisdiction within five years and every five years thereafter. Each report shall include the department's recommendations regarding whether the professional licenses should be terminated, continued, or modified.

Florida: H.B. 1155/S.B. 1614 (Introduced January 14): Provides that certain requirements must be met before the adoption of a regulation of an unregulated profession or occupation or the substantial expansion of regulation of a regulated profession or occupation. "Substantial expansion of regulation" means to expand the scope of practice for current practitioners of a profession or occupation by regulating an activity that is not regulated by the state. Sets timelines to provide information to the state agency of jurisdiction and for the state agency to provide information to the Legislature.

Indiana: Establishes the Legislative Services Agency which is required to determine whether a bill may impose a regulatory requirement on businesses and individuals, and, if so, to include a statement in the fiscal analysis of potential economic and regulatory costs. By November 1, 2020, the Small Business Ombudsman is required to submit an executive summary listing each state agency that may issue a license, and each of the specific license types that may be issued by each state agency with recommendations, if any, for streamlining regulatory oversight, eliminating barriers of entry for small businesses, and promoting a competitive business climate, innovation, and the least restrictive regulatory environment.

Rhode Island: Establishes a policy for the regulation of occupations, specifying criteria for government regulation to increase opportunities, promote competition, encourage innovation, and protect consumers. Commencing January 1, 2021, the speaker of the house of representatives and the president of the senate shall assign committees the overall responsibility to analyze

existing occupational licenses. Each relevant standing committee of the legislature is responsible for reviewing approximately 20% of the current occupational licenses under the committee's jurisdiction per year. Commencing January 1, 2022, the committees shall report on an annual basis thereafter the findings of their reviews.

Mississippi: Authorizes the occupational licensing review commission to review the substance of any existing occupational regulation that was promulgated on or after July 1, 2012, by any occupational licensing board and to determine whether such occupational regulations comply with state policy. Provides that if the commission determines that any occupational regulation does not comply with state policy, then the commission shall either declare the regulation to be invalid after sixty days, rendering it unenforceable under the law, or allow the occupational licensing board to revise the regulation to ensure compliance with state policy.

Sunset Provisions: Several states have introduced legislation to increase the timeframe for sunset provisions impacting respiratory care: **Alabama:** 2024; **Illinois:** 2026; **Iowa:** 2024; and **West Virginia:** 2028.

Legislation Related to Respiratory Care

California: Creates the Broadening Research, Education, Awareness, Treatment, and Health (BREATHE) Act of 2020. The bill would require the State Department of Public Health to review, fund, and oversee research projects by grantees from public and private entities in California related to the prevention, treatment, and awareness of chronic obstructive pulmonary disease (COPD).

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

Maryland: Adds new exemptions from licensure for certain individuals licensed by and residing in another jurisdiction to practice respiratory care in MD: 1) if the individual practicing respiratory care is participating in the transportation of a patient from that individual's jurisdiction of licensure into the state; 2) the individual practices respiratory care only during the transportation of the patient; and 3) the individual does not practice respiratory care on another individual who is not the patient being transported into the state.

New Jersey: Requires providers of residential use oxygen and oxygen delivery systems to prepare and adopt emergency action plans in the event of a public health emergency. The purpose of the emergency action plan is to set forth the procedures that will be followed by a pharmacy or any other provider in the event of a public health emergency in order to: (1) ensure

the availability of oxygen to that patient, to the maximum extent practicable; and (2) be responsive to inquiries or requests made concerning the patient's need for, or receipt of, oxygen or an oxygen delivery system.

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

Another bill would add a new section to public health law on Rescue Treatment Inhaler Devices. No one may use a rescue inhaler treatment device on behalf of an eligible person or entity unless he or she has successfully completed a training course conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity or individual approved by the commissioner, or is directed in a specific instance to use a rescue inhaler treatment device by a health care practitioner. Defines “health care practitioners” as licensed, certified, or authorized to practice under title eight of the education law who is authorized thereby to administer drugs, and who is acting within the scope of his or her practice.

Ohio: Deals with Certified Registered Nurse Anesthetists (CRNAs). During the time period that begins on a patient's admission for a surgery or procedure to a health care facility where the CRNA practices and ends with the patient's discharge from recovery, the nurse may engage in certain activities, one of which, as necessary for patient management and care, directs registered nurses, licensed practical nurses, and respiratory therapists to perform either or both of the following activities if authorized by law to perform such activities: 1) providing supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; 2) administering treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.

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

Another bill would permit nursing homes to use unlicensed, trained individuals to administer medication under the direction of a registered professional nurse which has been prescribed by a health care professional to be ingested through the mouth, inhaled through the nose or mouth using an inhaler or nebulizer, among other things. "Approved Medication Assistive Personnel (AMAP)" means a staff member, who meets eligibility requirements, has successfully completed the required training and competency testing developed by the authorizing agency, has passed a national medication aide certification examination, and is considered competent by the authorized registered professional nurse to administer medications to nursing home residents. The authorizing agency developing and approving the training curricula must consult with the WV Board of Respiratory Care RCPs relative to use of an inhaler or nebulizer. The State Society worked to include the Board of Respiratory Care in the language. They were also successful in stopping the bill twice in the past 2 years.

Emergency Medical Personnel/Paramedics

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

Ohio: A proposed rule would amend the paramedic scope of practice to allow a paramedic to perform non-emergent ambulance transport of a stable patient less than sixteen years of age who has a chronic condition requiring a tracheostomy tube and a ventilator provided the patient's caregiver accompanies the patient during transport and the patient's caregiver has received appropriate training in use of the patient's ventilator. A caregiver is not required to accompany the patient if the patient is accompanied by an Ohio licensed registered nurse or respiratory therapist, or other appropriately trained and licensed Ohio healthcare provider.

Missouri: Defines community paramedic as an individual currently certified as a paramedic and who has successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice arrangement with a physician or BY a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services to the patient from another provider.

Verbal updates on issues subsequent to this report will be provided at the Board meeting.

House of Delegates Speaker Report

Reporter: Teri Miller, MEd, RRT, CPFT

February 21, 2020

Recommendations

None

Report:

The following are the Speaker goals and updates:

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

- President Schell and I have communicated regularly (at least monthly) via President/Speaker conference calls; President/Executive Committee/HOD Officer calls; email and as needed.
- I have joined and will be joining President Schell on her Zoom conference calls with affiliates.
- I have participated in President Schell's quarterly HOD/Affiliate President conference calls.
- In the coming year I will work collaboratively with President Schell and President-elect Tooley and Speaker-elect Goss to assure intentional transition of leadership to optimize continued momentum of initiatives.

Goal 2: Use HOD time and talents productively

- We have worked to align officers and delegates on HOD committees and activities, giving attention to interests, talents, and need.
- We have worked to build an agenda which aligns with President Schell's in order to minimize duplication, utilize HOD time effectively and build opportunities for robust engagement and action.
- We have worked to facilitate a meaningful opening ceremony which honors our military, veterans, and first responders.
- HOD Speaker and Speaker-elect will be participating in meetings with President Schell and EO leadership for reorganizing the Annual Business Meeting with its new timeframe. Key issues to address:
 - Assurance of access to membership
 - Optimizing awards and recognition
 - Minimizing impact to HOD meeting time and duplication of content
 - Improving Delegate participation, as dictated by AARC Bylaws

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

- We have worked to continue activities which encourage student engagement, delegate engagement, and which support activities that help strengthen the affiliates.
- We have worked to support activities such as the AARC's Leadership Boot camp and I will be participating in this year's event.
- The Orientation Committee, along with Asha Desai and Parliamentarian Kauffman has worked to update Delegate orientation materials to facilitate a smooth transition into the Delegate role.
- I have developed a Bill Bitzel Memorial Scholarship Adhoc Committee, populated by representatives of the ARCF/AARC, the BOD, scholarship originator, and Delegates. Brief history:
 - Bill Bitzel was a delegate from GA, when he passed. Beth Brown (the other delegate at the time) and the GSRC established the Bill Bitzel Memorial Fund through the ARCF. Its intent was that once endowed, funds could be used by affiliates to support student initiatives, such as student camps or meetings, with the intent to develop students as longer-term professionals and AARC members. The GSRC (and a few other affiliates) has worked to endow this fund, which is approximately 2/3 funded now. This committee is working to develop policies to propose to the ARCF in order implement a system to award affiliates so ultimately we will have a process in place once awards may be given. This will hopefully encourage affiliates and others to contribute to the fund to have it fully endowed soon at its minimum of \$50, 000. Kerry McNiven is serving as chair of this committee, which also has GSRC representation. The hope is to ultimately impact student professional development and AARC membership and engagement for the future.
- The HOD has a number of new delegates. The coming summer will be focused on educating and developing new delegates in processes which optimize affiliate communication and engagement.

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

- We have worked to design collaborative time between the HOD and BOD at the upcoming meeting and to improve communications related to resolutions and issues of importance.
- We have given attention to incorporating best practices and relevant presentations which will support affiliates and delegates.
- We have worked collaboratively with the AARC Audit Subcommittee and HOD Chartered Affiliates Committee to develop HOD Policy which supports AARC Policy CA. 002 related to Chartered Affiliate financial management responsibilities. We are now in the education and implementation stage, with the first group of affiliates having their financial verification/documentation due in the coming year. Lanny Inabnit, CAC chair, and Joe Goss, Audit Subcommittee chair and Speaker-elect, have been instrumental in continuing to lead this initiative forward this past year.

- Parliamentary Kauffman was invited to present on management issues facing our profession in summer 2019. HOD membership was very responsive, sharing concerns they are seeing and ideas. Work from this between Parliamentary Kauffman and the Management Section Chair Kim Bennion is ongoing.

Speaker Charges:

1. Preside at all meetings of the House – in progress; Due to a family health issues, I was unable to attend the 2019 HOD meeting; however, I designed the agenda and worked with HOD officers and liaisons to assure a smooth transition in my absence, which was successfully completed.
2. Prepare an agenda for each meeting and submit it to each delegation at least twenty-three (23) days prior to such meeting- completed for Winter 2019; in process for Summer 2020
3. Appoint a Parliamentary and may appoint a Sergeant-at-Arms- completed
4. Appoint the chairs and members of House standing and special committees – completed for all committees
5. Remove the chairs and members of House standing, special and elected committees- N/A
6. Invite persons other than delegates to participate in House activities- In progress
7. Be an ex-officio member of all House committees except the Elections committee- In progress
8. Forward all House-recommended changes to the AARC Bylaws to the Bylaws Committee for review- In progress
9. Serve as Chair of the House Executive Committee- In progress
10. Attend a minimum of four meetings a year, House of Delegates summer and winter meetings, and spring and winter Board of Directors meetings – In progress
11. Schedule and facilitate House of Delegates officer calls, average three to five a year, and participate in Association conference calls, average two to four a year- In progress
12. Perform other duties that the House may authorize. – In progress

Other

I would like to thank the HOD officers and Parliamentary for their support and continuous attention to the needs of the HOD, especially with the recent passing of my father and absence from the Winter meeting. Speaker-elect Goss and this officer group led the meeting successfully, establishing the foundation for a successful 2020. I would also like to thank Asha Desai for her expertise and willingness to “be there” when needed for everyone, and the many Committee Chairs and Co-chairs who are leading us through our many initiatives. Many thanks to Lanny Inabnit and Joe Goss for their considerable work with the Audit Subcommittee and Policy CA. 002, as it has been time intensive and thoughtfully done. Many thanks go to President Schell for her collaboration and open

communication. Finally, many thanks to the Board of Directors, Executive Office and Delegates for all you do for our profession!

Board of Medical Advisors

Submitted by Peter Papadakos– 2020 Spring Report

Recommendations

N/A

Report:

BOMA is working closely with AARC leadership to develop a plan of action on the COVID 19 pandemic.

We are recommending a data base of available ventilators including anesthesia machines and personnel that can work with ventilation in each state.

BOMA is also available to assist in any guidelines or white papers on how to care for respiratory failure from this pandemic.

President's Council

Submitted by Dianne Lewis—Spring 2020

Recommendations

N/A

Report:

Following are several items of importance that were discussed at the Presidents Council meeting in New Orleans. Two recommendations were made, however an objection was raised by a member concerning voting and the right of the Council to make recommendations. In looking at the AARC Policies, there are no Policies regarding the President's Council. When looking at the AARC Bylaws, there is no stipulation specific for "business decisions/recommendations" for the Council outlined. Therefore, I would hypothesize that AARC President's Council's business decisions/recommendations would default to those of the AARC. In order to alleviate any concern, the Council will be reviewing attendance records and voting records, establish a policy and put it in writing. A committee is being appointed to begin the process. Dianne Lewis presented concern regarding the current AARC travel policy that suspends coverage of expenses for the outgoing Past President immediately following the Annual Business Meeting. This would also impact the Presidents Council Chair, if the Chair is not re-elected. Additionally it can affect members of the BOD financially who run for office and are not re-elected to a position since travel arrangements are usually made prior to election results being announced. Tim Myers stated that President Shell announced the 2020 Annual Business Meeting will be moved to Friday afternoon, November 13, 2020 preceding the start of the Congress on Saturday, November 14, 2020. A lengthy discussion followed the announcement regarding the benefit of primarily accommodating the Delegates versus disenfranchising the general membership. Concern was also expressed about holding other events while the business meeting is occurring. Ray Masferrer announced that the NBRC offers their members the option to donate a portion of their dues to one of three organizations: American Lung Association, Cystic Fibrosis Foundation, Asthma and Allergy Foundation of America. Following a discussion, Dianne Lewis was directed to request that President Schell suggest to the NBRC that the ARCF be added to the list of options. Questions were raised regarding VIP seating at the Congress: many empty VIP seats in most sessions while rooms were otherwise full, confusion on who was a VIP, many unaware of the additional fee, etc. Suggestions were expressed that perhaps the Executive Office might reconsider the VIP option. A brief discussion was held regarding the declining attendance at the Presidents Council meeting in recent years. Concerns were expressed that some members have not attended meetings nor participated in Presidents Council activities in years, if ever since leaving office.

Other-Info:

The BOD will need to nominate individuals for Life and Honorary membership. Criteria and a list of previous winners will be provided.

Standing Committee Reports

Elections Committee

Submitted by Kevin Fischer– 2020 Spring Report

Recommendations

N/A

Report:

We are all in on our 2020 AARC elections cycle, call out for nominees. We've worked as a committee in getting this process started and making sure that we meet our advertised deadlines.

I also had a phone meeting last week with President Schell as we both agree that the Elections Committee needs a rubric in place as a guide to a better process. I am waiting to hear from Pres. Schell's parliamentarian who is going to help me get this process started and to the full committee by end of week next week. Our goal is to have a rough draft rubric to the BOD by the March board meeting.

So we are engaged as a committee and in full election mode :)

Other-Info:

2020 AARC BYLAWS COMMITTEE REPORT
by Brian Cayko - March 2020

Recommendations:

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



That the AARC Board of Directors find that the **Connecticut** Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Connecticut -AARC Chartered Affiliate Review 02.20.20" & Cover Letter)

That the AARC Board of Directors find that the **Massachusetts** Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment "Massachusetts-AARC Chartered Affiliate Review 02.20.20" & Cover Letter)

Report

The AARC Bylaws Committee has approved the following State Affiliate Bylaws (Amendments/Revisions) by determining they are not in conflict with the AARC Bylaws: **Illinois, Connecticut & Massachusetts** Societies for Respiratory Care Bylaws. The AARC Bylaws Committee recommends review and approval by the AARC Board of Directors as stated above.

The AARC Bylaws Committee has reached out to the following State Affiliates requesting submission of State Affiliate Bylaws for review and approval for the 2020 cycle as well as those past due: Attempts to request from Georgia, Pennsylvania, Texas, West Virginia and Wyoming were made via email and are pending at this time. I have been in contact with most of these affiliates to confirm their intent to submit.

State Affiliates that are due or past due for the 2020 cycle are found here:

<https://www.aarc.org/aarc-membership/aarc-state-societies/state-societies/>

Additionally, the committee has been working with Speaker of the House Miller and President of the Board Schell to review and recommend amendments for the AARC Bylaws. This process is ongoing.

Thank you for approval of the Fall 2019 Bylaws Committee Recommendation.

Respectfully submitted,

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

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

Executive Committee

Submitted by Karen Schell--2020 Spring Report

Report:

Verbal Report will be given at the BOD meeting

Finance Committee

Submitted by Karen Schell--2020 Spring Report

Report:

Verbal Report will be given at the BOD meeting

Judiciary Committee Report

by A. Dewitt

Recommendations

- No recommendations at this time

Report

- There has been no judiciary activity during this reporting period.

Other

- This committee only meets to discuss items brought to it by the Board or the membership through the complaint process. We remain ready and willing to undertake any task the Board feels necessary.
-

2020 Program Committee Spring Board Report by S. Varekojis

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

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

Members:

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT

Mike Hess, MPH, RRT, RPFT

Brian Carlin, MD, FCCP, FAARC

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

Richard Branson, MS, RRT, FAARC (consultant)

AARC Staff:

Doug Laher, MBA, RRT, FAARC

Anissa Buchanan

Horizon Goals:

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

Committee Objectives:

- Prepare the annual International Congress and Summer Forum, including content that is aligned with Horizon Goals.
 - The committee met in Dallas on January 16-18, 2020 to review over 450 individual lecture proposals submitted in eight specialty sections and several other communities for presentation at the Summer Forum and International Congress. Annissa Buchanan from the AARC Executive Office has already begun communicating with those who submitted proposals informing them of the Program Committee's decision to accept or reject their proposal. The committee would like to express our gratitude to all of the many members and other individuals who submitted proposals and to those who support our many programs and activities.
- Solicit programing from members that meets the membership needs.
 - Proposals for the Summer Forum and the Congress were received from all specialty sections and communities. Each specialty section and community was appointed a liaison from the program committee, and the liaisons worked with the section chairs and community leaders to review the submitted proposals and ensure that a comprehensive representation of interests are included in the programs. A broad offering of topics presented by new and experienced presenters are included on the programs for both the 2020 Summer Forum and 2020 Congress.
 - The program committee continued to utilize a proposal submission and review program that allowed for consideration of the proposals any time after they were

submitted. This allowed for 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 in more detail and in context of the entire meeting. While the decision as to which presentations 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 2019 meetings. Additionally, the committee ensured that President Schell's Horizon Goals are well represented in the final program.

- Evaluate effectiveness and success of said programs.
 - The committee met on-site immediately following the 2019 International Congress to discuss the perceived successes and challenges of the meeting from the committee's perspective. The program committee continued this discussion at the January 2020 meeting. Meeting attendees are asked to provide feedback on both presentations and speakers through the CRCE submission process and through an emailed survey invitation. The committee reviewed attendee feedback at the January 2020 meeting to guide the development of the meetings, to ensure that the content and speakers are engaging and valuable, and to ensure that the meetings are attractive to respiratory therapists and other healthcare professionals.
- Recommend sites for future meetings.
 - The committee recommends that recommendations for future meeting sites come directly from the Executive Office to the Board for discussion and approval.
 - The committee engaged in a conversation with the Executive Office staff at the January program committee meeting concerning the committee's role in recommending sites for future meetings. The Executive Office is well versed in the criteria a site must meet to be considered a candidate for a future meeting, and the committee has historically only played a very small role in discussing the feasibility of future meeting sites. Given the high stakes associated with site selection, the committee feels the Executive Office staff have the expertise to critically evaluate future sites, and that it is beyond the expertise of the committee to contribute in a meaningful way to these decisions.
- Recommend Sputum Bowl committee membership
 - The committee recommends the following for the Sputum Bowl committee for 2020:
 - Tom Lamphere BS, RRT-ACCS, RPFT, FAARC - Chair
 - Sherry Whitman MS, RRT - Score Keeper / Time Keeper
 - Angie Switzer BSRC, RRT-NPS - Moderator
 - Dennis Guillot PhD, RRT, FAARC - Chair Elect
 - Steve Mosakowski MBA, RRT, FAARC - Score Keeper / Time Keeper
 - The committee roles and responsibilities are based on the expertise of each potential committee member. We also recommend that the sputum

bowl committee seek an additional volunteer that is interested in being mentored to join the committee in the future.

Respectfully submitted,

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

Strategic Planning Committee

Submitted by Brian Walsh—2020 Spring Report

Recommendations

TBD-Possible proposed Outcomes Measures

Report:

The strategic planning committee is scheduled to meet on March 2nd and may be able to recommend outcomes measures the AARC should monitor.

Special Committee Reports

Benchmarking Committee by Cheryl Hoerr

Horizon Goal Alignment: Advocacy

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

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

Objectives:

1. Use client feedback to define which outcomes are most valuable to their operations, and investigate the feasibility of incorporating these outcomes into the benchmarking program.
 - Conducted an extensive survey of current benchmarking subscribers in 2015. Subscribers asked for the ability to benchmark critical quality and patient-safety metrics. As a result, Benchmarking 2.0 has added parameters for comparing COPD readmission rates, unplanned extubation rates, ventilator LOS, and ventilator-associated event rates.
 - The program has always provided subscribers the ability to benchmark missed therapy related to RCP not available.
 - Subscribers also have the ability to track two user-defined metrics of their choice for data capture, trending, and determination of labor index ratios. Subscribers are required to clearly define the name of the metric and provide a quantity/volume count.
2. Determine the feasibility of developing and incorporating product improvements into the system, including the review and updating of all sections and the use of industry consistent terminology.
 - The Benchmarking Committee and AARC staff are continuously evaluating the product and 2.0 is streamlined to allow subscribers to easily enter data and customize reports.
 - Data entry worksheets have been simplified and optimized to capture critical metrics that represent core respiratory therapy procedures and processes.
 - Activity descriptions for benchmarking metrics are transcribed directly from the AARC Uniform Reporting Manual (5th ed.) and subscribers are encouraged to refer to the AARC URM for specific therapy descriptions.
3. Investigate the ability of subscribers to directly upload information into the Benchmarking 2.0 system.
 - Subscribers have expressed interest in an option for direct uploading of data into the AARC Benchmarking product. This would require the ability to interface the subscribers' EMR to what is essentially a third party product.
 - The Benchmarking Committee will maintain an awareness of this subscriber request, but will table the discussion until the IT environment of acute care facilities is more open to

exploring unique interface options. At this point in time most healthcare organizations have shown themselves unwilling to approve 3rd party product interfaces.

4. Determine a scale and implement a patient value assessment for each procedure.
 - Benchmarking 2.0 is closely aligned with the AARC Uniform Reporting Manual; activity descriptions and metrics are used verbatim.
 - RVUs in the AARC URM are expressed in minutes and are transcribed into the “URM Time Standard” column for each service activity. Upon entry of the number of procedures performed, the total time (in hours) is automatically calculated using the designated URM time standard for that activity.
 - An update of the AARC URM is in progress. The URM (6th ed.) is anticipated to be released in the second quarter of 2020
5. Investigate the possible adoption of AARC Benchmarking standards to accreditation (Joint Commission) or regulatory bodies (CMS)
 - Accreditation standards set criteria for evaluation of the quality of an organization.
 - Benchmarking 2.0 is a way to evaluate efficiency and operational performance by comparison of common therapies with peers. It is not necessarily an evaluation of the quality of a department, but could be part of an overall quality program. For example, the AARC’s Apex award includes a standard that requires departments wishing to be recognized with the award to use a tool “...to measure and track...operational performance”.
 - Much more investigation is necessary to determine the feasibility of marketing our benchmarking product to accrediting bodies. This goal will be under discussion at the next Benchmarking Committee meeting.
6. Explore joining forces with other benchmarking agencies who also have standards for respiratory care practices.
 - Consulting agencies impose their proprietary systems on client organizations. These consultants have been reluctant to share their systems with the AARC and have been reluctant to adopt the AARC benchmarking standards
 - Garry Kaufman has been in conversations with many of the top consulting groups to explore the feasibility of using AARC Benchmarking as an expert-developed resource in place of the various proprietary systems that, for the most part, do not consider intensity of therapy when imposing their standards.
 - The conversations continue at a national level, but individual department managers must be convinced of the utility and benefits of AARC Benchmarking, and support the product, and the profession, by becoming subscribers of the program. We will not be able to convince consulting groups to adopt the AARC Benchmarking program if our membership does not see the value in the product.

7. Explore making the AARC benchmarking a benefit of Management Section membership.
 - We have offered discounts and “free” memberships in the past. However, even with free memberships we struggle with convincing subscribers to enter data. As a result, it is difficult to develop robust comparison groups for those subscribers who are using the product.
 - We have considered bundling Benchmarking 2.0 with the URM product.
 - We will continue to evaluate these and other potentially attractive enticements in the future as we introduce additional system updates.
8. Tom Berlin declined committee appointment: committee assignments will be re-distributed to support current subscribers. Mike has taken over some of Rick Ford’s responsibilities; he calls new members and familiarizes them with the system and forms, but cannot help with clinical questions. If there is a clinical question, he contacts the client’s committee liaison and the liaison then contacts the new member.

Measurable Outcomes:

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

Billing Codes

Submitted by Susan Rinaldo-Gallo– 2020 Spring Report

Recommendations

N/A

Report:

Our committee held a meeting and have decided to produce a new document on “Common RC Billing Codes”. This document will be distributed to the various list serves communities and be posted under Coding resources on AARC.org.

Traffic on the Coding community has been light. However, as stated previously, coding and reimbursement questions often appear on other list servers, especially the Help Line.

Other-Info:

AARC Diversity Committee Spring BOD 2020 -Gabrielle Davis

RECOMMENDATIONS: Currently none. However, I plan to open this up to the committee during our first meeting this year; tentatively in April.

Horizon Goal Alignment:

Communications/marketing

- AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.
- Identify all key stakeholders and create focused messaging that communicates the value of respiratory therapists and respiratory therapy leadership.

Membership

- AARC has an engaged, diverse membership comprised of a majority of respiratory therapists.
- Develop a recruiting campaign to engage underrepresented populations of RTs to become members.

Committee Objectives

- **Develop a program/toolkit that can be used by the state affiliates and AARC Board to bring diversity into the leadership and membership of the profession.** (Ongoing)
 - Before moving forward with this objective, the committee agreed that it would be beneficial to assess needs/wants from the Affiliate Presidents.
- **Create a Diversity webinar for AARC University.** (Completed)
 - Webinar held January 30, 2020, “Looking Beyond the Stethoscope: The Social Determinate of Respiratory Care.” The webinar was presented by Joel Brown who is a member of the Diversity and Inclusion Committee.
 - The committee would like to make providing a webinar a yearly goal as there is only one other webinar on our AARC site.
- **Develop a list of speakers with an expertise in diversity to be made available as a resource for state meetings.** (Ongoing)
 - Dr. Strickland posted a grid on the committee’s AARConnect community. The Committee members will continue to add names of speakers to the list. Dr. Strickland will be asked to post this list after the first committee meeting of the year ends to allow new members to add their opinion.

- **Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including: (Ongoing)**
 - Cultural diversity
 - Workforce diversity
 - Gender equity
 - LGBTQIA+ health
 - Health literacy
 - Disparities in healthcare
 - Case studies in cultural competence
 - The committee discussed adding topic: Differently-abled/temporarily-able-bodied (patients and colleagues).
- Dr. Strickland posted the website link on the committee's AARConnect community. The committee members were requested to review the site and make recommendations for removing/adding/reorganizing the content. New members will be asked for their input as well.

Recommendations:

1. The AARC Board of Directors approve the attached revisions of Policy CT.009 (including the attachment titled AARC Fellowship Committee – Nominee Rubric): to reflect changes to the program to allow for better alignment of the committee when making choices for AARC Fellow-elects.

Justification: After a conference call with President Shell and President-Elect Tooley, we were given insight of the BOD discussions from November 2019. The committee met via video conference and electronically and have created changes to the policy which allow for a post initial individual review conference call to ensure the entire committee is on the same page PRIOR to any notifications to new Fellows. We've also created a rubric which we believe will help guide the individual committee member in more objectively reviewing the nomination. In the end, the BOD is asking for a less subjective approach to electing new AARC Fellows. As a committee, we believe this new rubric achieves that goal.

Horizon Goal Alignment:

COMMUNICATION/MARKETING:

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

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

MEMBERSHIP:

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

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

Objectives:

1. Review applications of nominees for AARC Fellow Recognition (FAARC).
 - **This goal will be completed after the nomination period ends on August 31, 2020.**
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
 - **This goal will be completed after the nomination period ends on August 31, 2020.**
3. Develop/improve an objective rubric for review of applications and implement in 2020.
 - **See attached document.**
4. Provide a webcast with the Executive office to review the application and evaluation process with the AARC membership.
 - **This goal will be completed before the summer.**
5. Mentor committee members for future chair position.
 - **On-going.**

Measurable outcomes:

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

Chair: Frank Salvatore, MBA, RRT, FAARC

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

AARC Staff: Tom Kallstrom, MBA, RRT, FAARC

Presidential Recommendation:

1. Since we've broadened our advocacy program to include four issues which encompasses six bills, please consider changing objective number 1 for the year to be as corrected below.

Horizon Goal Alignment:

Advocacy:

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

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

With the following objectives:

1. Find ways to gain support for the ~~Telehealth bill (Pilot Project bill and other bills as dictated by the annual legislative program~~ AARC Legislative Agenda from various grass-roots supporters and organizations.
 - **Legislative Issues being followed for the 116th Congress – Second Session 2020:**
 1. **CONNECT for Health Act – H.R. 4932 and S. 2741**
 2. **Reversing the Youth Tobacco Epidemic Act – H.R. 2339 and S. 3174**
 3. **Safeguarding Medicare Access to Respiratory Therapy (SMART) Act of 2019 – H.R. 4945**
 4. **Sustaining Outpatient Services (SOS) Act – H.R. 4838**
2. Assist the state societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to all states that begin moving toward RRT and/or BS entry for therapists seeking a new state license.
 - **Ongoing.**
3. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care.
 - **AARC Advocacy Message Blast Period had 2,614 advocates write 30,394 messages.**
 - **Preparing the PACT now to get ready for:**
 1. **March Blast for the Reversing Youth Tobacco Epidemic and SOS Acts**
 2. **April 27 through May 6, 2020 for the Virtual Lobby Campaign.**
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
 - **On-going.**
5. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods.
 - **Completed**

6. Assist in coordination of consumer supporters.
 - **On-going**

Measurable outcomes (see attachments):

1. **Co-Sponsors as of this report posting (for purposes of reporting since AARC Fall meeting is any bill since 12/01/2019):**
 - a. CONNECT Act – H.R. 4392 – 1-sponsor and 19 co-sponsors. (53% increase since AARC Fall meeting)
 - b. CONNECT Act – S. 2741 – 1-sponsor and 33 co-sponsors. (39% increase since AARC Fall meeting)
 - c. Reversing the Youth Tobacco Epidemic – H.R. 2339 – 1-sponsor and 116 co-sponsors. (17% increase since AARC Fall meeting)
 - d. Reversing the Youth Tobacco Epidemic – S. 3174 – 1-sponsor and 10 co-sponsors. (New Bill)
 - e. SMART Act – H.R. 4945 – 1-sponsor and 46 co-sponsors. (48% increase since AARC Fall meeting)
 - f. SOS Act – H.R. 4838 – 1-sponsor and 5 co-sponsors. (80% increase since AARC Fall meeting)
2. **AARC 436 Plan (Used to be 435, but have added D.C. representative into the count) – I’ve begun tracking how many advocates write from the 436 Congressional Districts:**
 - a. AARC Advocacy Message Blast 1 – (2/10-2/14/20) – 401 districts out of 436 sent messages (92%)

Chair: Frank Salvatore, MBA, RRT, FAARC

Members:

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

AARC Staff: Ann Marie Hummel

Vision Grant BOD Report February 2020 by G. Sergakis

Recommendation:

That the AARC BOD approve the attached Vision Grant 2020 Request for Proposals.

Report:

The 2020 Vision Grant Call for Proposals was revised to reflect the AARC's Horizon Goals and align with the Issue paper "Entry to Respiratory Therapy Practice 2030". This is similar language as the RFP from 2019. In 2019, there were no proposals that were funded by the Vision Grant. A letter of Intent (LOI) is due June 1, 2020. Any LOIs received by the deadline will be reviewed by the committee, with a recommendation at the July BOD meeting for requests for full proposals.

Horizon Goal Alignment:

Education/professional development

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

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

Communication/marketing

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

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

Objectives:

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

These are the expected measurable outcomes:

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

International Committee

Submitted by John D. Hiser--2020 Spring Report

Recommendations:

No recommendations at this time

Report

Horizon Goal Alignment:

Advocacy:

- ***Respiratory therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.***
 1. Respiratory Therapists will collaborate with other organizations that have like values and issues that work to improve the health of the communities they represent to be able to bring value to their members

Communications/marketing

- **AARC consistently delivers the right message, to the right audience, at the right time, through the right channel.**
 1. The AARC will market the value of the respiratory therapists to clients and other healthcare professions both nationally and internationally

Events/meetings

- ***The AARC is recognized as the #1 provider of engaging, high-quality/world-class educational and research converences that attract respiratory therpiests and inter-professional audiences.***
 2. The AARC will explore way to increase domestic and international conference attendees annually.

Objectives

1. **Coordinate market and administer the International Fellowship Program.**

The application period for international fellows and hosts opened on January 1 and will continue until June 1.

The call for applicants has been included in AARCTimes and AARC Connect.
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 Program Committee and the ICRC to help coordinate and help prepare the presentations given by the fellows to the council. This process will begin once the fellows are accepted. This will occur June or early July.
3. **Strengthen AARC Fellow Alumni connections through communications and targeted activities.**

We continue to work on improving communication and on targeted activities.

The International Fellow and International Host surveys regarding the 2019 visits will be sent out mid-February and should already be sent by the time you read this report.

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

Most recently Chia Chen Chu, RRT, PhD, ICRC Governor for Taiwan sent a request to myself and a few others including Jerome Sullivan, Rich Branson and Dean Hess regarding availability of clinical practice guidelines on how to take care of viral infections. Rich Branson sent him some materials from the CDC and the links to the NJEM and Lancet COVID – 19 resource centers. Rich explained in his message to Dr. Chu that the AARC guideline is solely related to what ventilators to stockpile etc. and is outdated.

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

We continue to work in collaboration with the AARC, ARCF and the ICRC on the AARC international goals.

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

Measurable outcomes:

1. Work to increase number of international fellows as funding becomes available.

The ARCF determines how many fellows to fund each year

2. Focus on the development of collaborative educational programs, guidelines, recommendations or position statements.

The committee stands ready to assist in any way possible.

3. Track and publish in the AARC Times international initiatives (minimum quarterly)

I would encourage all members of the Board and the House to let Doug Laher know of any international activities that you are aware of that you think might be of interest to our members.

The January issue of *AARCTimes* included information regarding international involvement in the Congress and also introduced the 2019 International Fellows. I encourage each of you to read the issue on-line.

I want to let each of you know that I have expressed my desire to President Schell and President elect Tooley that this be my last year to serve on the International Committee. It has been my great honor to serve on the committee for the last decade but it is time for me to step aside. I have also let President elect Tooley know that I am happy to serve as a mentor for whoever she may select to serve as the next Chair. I look forward to seeing each of you at the next Congress.

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

Chair: John D Hiser MEd, RRT, CPFT, FAARC

Vice Chair International Fellows: Daniel Rowley, MS, RRT-ACCS, NPS, RPFT,FAARC

Vice Chair International Relations: Hassan Alorainy BSRC, RRT, FAARC

Members:

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

Vijay Deshpande, MS, RRT, FAARC

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

Michael D. Davis, RRT, PhD

Hector Leon MD, FAARC

Bruce Rubin, MD, FAARC

Jerome Sullivan PhD, RRT, FAARC

Lisa M. Trujillo, DHSc, RRT

AARC Staff: Tom Kallstrom

Membership Committee

Submitted by Karsten Roberts—2020 Spring Report

Recommendations

N/A

Report:

The 2019 Membership Committee Chair, Jennifer Anderson, is the chair-elect for the Education Section. Karsten Roberts was asked to chair the committee for 2020. Karsten has met with Amanda Feil to begin discussing committee goals for 2020. Committee members have been contacted via Connect. Our first scheduled meeting for this year is Wednesday, March 25, 2020.

Position Statement

Submitted by Mike Madison– 2020 Spring Report

Recommendations

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

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

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

Recommendation 20-1-26.4. That the position statement entitled “Tobacco Use Control and Inhaled Controlled Substances” (1991) with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as **bold and underlined**) be approved. (see attachment)

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

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

Report:

N/A

Virtual Museum

Submitted by Trudy Watson—2020 Spring Report

Recommendations

N/A

Report:

The majority of our activities have been "on hold" since our last report while awaiting the completion of the conversion of the Virtual Museum into the new layout. The Executive Office has indicated that the conversion should be completed prior to your Spring BOD meeting. The committee members continue to search out images and content that can be included in the Virtual Museum. Once I am granted access to the new staging museum and receive training on the new system, I will add the materials forwarded to me by Dr. Barry Make. I digitized the 35 mm slides that Dr. Make shared from presentations by Louise Nett and Dr. Thomas Petty and will be able to use the images in several of our existing galleries. Felix Khusid has continued to share images of new additions to his vintage respiratory equipment collection.

The requests for nominations for the 2020 Legends of Respiratory Care were sent to the four nominating agencies in early February. The deadline for return of the completed nominations is July 31, 2020. We look forward to your nominations.

Other-Info:

None

Career Pathways Committee Report 0/18/2020

L. HAAN

Charge(s):

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

Horizon Goals:

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

Over the past year, the AARC career pathways committee worked on several resources to help promote degree advancement, primarily from the associate degree to bachelor's degree. We want to help get the word out specifically to current students, as well as current RRTs. For students, the sooner they hear about degree advancement, the better, this helps them begin to plan this step into their near future.

We have worked with the AARC to create 4 new resources:

- **Infographic**- Available to print off and show the path of degree advancement. There are 2 formats-one easy prints on an 8.5x11 sheet of paper that can be posted for students.
- **Powerpoint**- This short slide deck is to present to associate degree students.
- **Catalog statement**- This statement provides language to explain degree advancement.
- **Videos**- The AARC worked with our committee to create short student-focused stories. These will be posted in the near future on the AARC website.

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

BS Entry to Practice

Submitted by Brian Walsh– 2020 Spring Report

Recommendations

The AARC BOD request the Executive Office on the behalf of the AARC, work with Liaison International to create an online platform that will facilitate the application process for admission to respiratory therapy educational programs in the US under the name of Respiratory Therapy Centralized Application Service or “RTCAS”.



Report:

Justification: From much discussion with Liaison International and with surveying the use of a centralized application service for respiratory therapy educational programs, there is reason to believe, that an RTCAS will assist in marketing and with initiatives related to program adoption that will increase the admissions capacity of all respiratory therapy programs. Both the CAS (Centralized Application Service) and the WebAdMIT (Admissions Management Tool), are available to programs at no cost through the revenue sharing model with the AARC. Liaison International prepared the attached proposal for the AARC.

Other-Info:

We have held two meetings to date. Most recently and following prioritization we have broken into smaller groups to work on strategies to remove barriers to increasing BS Entry to Practice enrollment. We plan meeting monthly.

AARC Ad-Hoc Committee – Oxygen on Airlines
Advocacy Horizon Goal Alignment Work

Horizon Goal Alignment:

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

Strategies:

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

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

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

Measurable outcomes:

Advanced RT Practices, Credentialing and Education

Submitted by Brian Walsh– 2020 Spring Report

Recommendations

N/A

Report:

The Advance RT Practice, Credentialing and Education group has been hard at work. We've had 2 meetings to date. Recently we have broken into smaller teams to work on our charges and will hopefully have some recommendations for the BOD to consider in July. Below is the breakdown of the topics and assigned teams.

2020 Strategy for APRT, Credentialing and Education Committee Forwarding the Discussion Across Stakeholders Groups

Group Title	Examples (Should not limit out of the box thinking)	Member 1	Member 2	Member 3
Public Relations	Presentations, publications, web content, etc.	Shawna Strickland	Bill Croft	Dana Evans
Physician Collaboration	Public physician support/commentary. BOMA, NAMDR, Sponsoring organizations, etc.	Kevin O'Neal	Thomas Fuhrman	David Kelly
Regulatory	Local (employer), state, federal rules/regulations/laws/accepted practice, etc.	John Wilgis	Anne Marie Hummel	Kerry George
State	Acceptance, needed preparation, current efforts. Examples are Ohio and North Carolina, etc.	Sarah Varekojis	Brian Walsh	
Monetary	Reimbursement, cost containment, Medicaid, Medicare, progressive management strategy development, etc.	Tom Fuhrman		
Academic	Faculty and institutional preparedness. Current status and projected needs.	Bob Joyner	Shane Keene	Lynda Goodfellow

Ad Hoc Committee on AS to BS Conversion

Report Details - Spring

Report assigned to: [Jena Weeter](#)

Report Date: 02-21-2020

Submitted by Chris Russian, Chair

Committee Members

Jamy Chulak
Tom Jones
Stephen Smith
Theresa J. Meinen
Lacy Patnoe
Kimberly Clark
Jose Rojas
Lynda T. Goodfellow
Georgianna G. Sergakis
Gregg Marshall

Charges:

1. Identify AS programs that want to offer a BS degree and work with PDs to achieve the AS to BS by 2020. Track the process required to make the transition and identify factors that facilitate and hinder the process.
2. Identify AS programs that want to develop BS articulation agreements and work with PDs to achieve the AS to BS by the end of 2020. Track the process used in forming these articulation agreements to identify factors that facilitate and hinder the process.
3. Develop a strategy to increase the number of MSRT programs
4. Develop a list of states that can allow licensure APRT professionals (may be removed)

Report:

The charges have been divided up among the committee members. We have created an excel list of AS/AAS COARC programs and categorized the programs based on region. We created a survey to gather data on programs that are interested in converting to a BS degree or creating an articulation agreement. We will be sending out the survey to programs in the next week. We anticipate the survey results will lend information on programs interested in converting or developing articulation agreements. We continue to work with programs that are in the middle of converting. We have collected career pathways information. We have communicated with nine programs that have requested assistance. The programs have asked for different types of assistance (curriculum writing, proposal development, SACS assistance, etc.) We help as needed. We are working on strategies for increasing the number of MSRT/MSRC programs. We are meeting through Connect/email at the moment. I will be setting some conference call dates soon. I plan to have a face-to-face/Zoom meeting during Summer Forum.

Recommendations:

N/A

Other-Info:

N/A

Specialty Section Reports

[Type here]

ADULT ACUTE CARE SECTION
BY CARL HINKSON

Recommendations

None at this time.

Charges

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

- a. Ongoing
2. Create section specific measures of success and present to the board through the V.P. quarterly reporting method and spring, summer, and fall BOD meetings.
 - a. Not yet started
3. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your specialty section's members. Proposals must be received by the deadline in January. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
 - a. Complete
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to: online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Enhance communication with and from section membership through the section's AARConnect
 - a. Adult Acute care Bulletin published after congress last year with Karsten Roberts as bulletin editor
 - b. Section Meeting in March via Zoom
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
 - a. Ongoing
6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony at the International Congress.
 - a. Not started yet
7. Identify, cultivate, and mentor new section leadership.
 - a. Ongoing
8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.
 - a. Ongoing
9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care: AARConnect library, swap shop, and listserve
 - a. Ongoing
10. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur and report to VP
 - a. Not started
11. Share best practice with fellow section chairs to improve value or membership participation.

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

Diagnostic Specialty Section Report

by K. Hynes

Recommendations

Recommendations: No recommendations are being made at this time.

Board of Directors Report

AARC BOD Meeting March 20-21, 2020, Dallas, TX

Chair: Katrina Hynes MHA, RRT, RPFT

Chair-elect: Ralph Stumbo RRT, CPFT

Bulletin Editor(s): Jennifer Weltz Horpedahl BSRT, RRT, RRT-NPS, RPFT, AE-C

Report

2020 Diagnostic Section Horizon Goal Alignment Activities

1. Advocate for Section
2. Report to the VP of External Affairs monthly
 - a. In-progress. To begin March 2020.
3. Propose program ideas
 - a. Completed. 45 RFPs were present for consideration for the upcoming AARC International Congress.
4. Engage your Section members through Section meetings, journal discussions, discussions on AARConnect, library update, etc.
 - a. Virtual Section meeting slated for summer 2020.
 - i. Agenda and date pending.
 - b. AARConnect discussion around “Online Jobs for Pulmonary Function Tech’s?”
 - i. Discussions are still ongoing off-line as of 2/21/2020
5. Grow membership of your Section

- a. For the past couple years our Section continues to flirt with the 1000 members threshold. A brainstorming exercise is scheduled for March 2020 via AARConnect to stir creative ideas on how we can overcome and cross the barriers to attain our long-standing goal of 1000 members.
- 6. Identify specialty practitioner candidates
 - a. In progress. Awaiting candidates.
- 7. Mentor new Section leadership
 - a. Ralph Stumbo is the new Section Chair-elect. He will begin to learn the internal operations, responsibilities and related Chair activities to allow him to successfully transition into the Chair role at the 2020 International Congress. I'm excited for this year's partnership!
- 8. Review materials posted on AARConnect
 - a. Ralph Stumbo will assume lead of this project for 2020 as his first assignment in his new role as Chair-elect. This will allow him to position himself in front of the members and have a first WIN!
- 9. Promote best practices
 - a. The Diagnostic Section discussions remain around and in alignment with National Standards and Guidelines. We have many experts in this arena who frequently share recent published documents and how to apply them into the PFT laboratory practices.
- 10. Network with current and potential AARC members.
 - a. As Chair I'm blessed to have ongoing conversations with Section members around a plethora of topics; PFT lab performance, quality, RT employment opportunities, mentorship on how to compose a professional document, etc.
 - b. I'm excited to have Ralph Stumbo as a partner this year. He has a strong track record of networking and building membership at the State level. I'm eager to work with him to understand how his efforts and tactics could be implemented on a larger scale at the National level to help us achieve our goal of 1000+ members.

Education Section Report

by G. Sergakis

Recommendations

- None

Report

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

Status:

1. Achieve a section membership of 1500 active members by January 31, 2020. This is in progress, we have 1,330 members. We increased our goal from 1300 last year when we had 1,422 members. We will be working to increase membership to the section through initiatives described in more detail later in this report.
2. Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree. The committee on Career Pathways and Ad Hoc BS Entry to Practice committees address this charge. The AS to BS Lunch and Learn discussions also are a mechanism to continue this dialogue.
3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.
 - A new faculty needs assessment is planned. Kimberly Clark (UNC Charlotte) will lead this endeavor. Dr. Clark and I met with Dr. Jennifer Anderson to discuss plans. We will first conduct a review of the literature to inform the implementation of this project.
4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
 - Apex Recognition Award: Submission this year will allow more programs to be recognized for excellence. This will be highlighted through AARC Connect discussion.
 - The RRT (Recruitment and Retention ThinkTank) will continue to be a discussion in AARC Connect to develop ideas for needed student and faculty sustainability resources. The “Be an RT” initiative will be the center of this discussion. Since recruitment for the following year

typically occurs in the Fall and Spring for some programs, the discussion will begin in late March- early April (to avoid Spring break).

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

Status: Polling results from previous Education Section meetings at Summer Forum and Congress informed the must-have topics list for proposal selection. Dr. Strickland, Dr. Varekojis, Dr. Anderson and I identified the topics below as must-have areas (and the recommended event) for the program. Based on availability of submitted proposals (85 total), we were able to recommend proposals for the Program Committee in almost all of the areas. Must have topics this year were:

- Interprofessional education - Board initiative
 - AS to BS transition (not rationale) / Bachelor degree curriculum - Board initiative (probably better for Summer Forum)
 - Evaluating students - AARConnect discussion
 - Recruitment and retention / program development / promoting the profession - AARConnect discussion
 - Faculty development / Mentoring new faculty/potential faculty - need to increase future educators and MS/PhD prepared RT educators
 - Preceptor/clinical educator topics - to engage the clinical educator (more for Congress than Summer Forum)
 - APRT - Board initiative
 - Diversity, inclusion & equity - Board initiative (committee) and social priority
 - Innovations in teaching and learning / Teaching strategies (popular in the past)
 - Research
 - What works from a student perspective
 - Collaboration with managers
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media.

Status: Spring engagement activities are underway. We used AARC Connect and the section meetings to discuss needs with members about their preferences for engagement activities. The Student webcast "Student Success: Optimizing Your Professional Settings" was offered in February 2020 was very well received.

In addition, we plan to discuss a SOTL manuscript from the previous issue of the Respiratory Care Education Annual.

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

- Status:** For 2020, I will work with the Executive Office to develop success stories that highlight the value of membership and we will explore opportunities for engagement to encourage membership growth.
6. Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
Status: The announcement for nominations will be shared on AARC Connect. I will recruit a committee to review the nominations.
 7. Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
Status: Our Chair-Elect, Dr. Jennifer Anderson, has participated in the education proposal selection process and is included on any communications to ease the transition.
 8. Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section's web page and provide timely responses to requests for information from AARC members.
Status: A reminder for Congress/Summer Forum proposals, Open Forum abstracts, Preceptor Recognition Program, SPOTY awards and the Spring Student webcast (February 2020) are shared to help educators schedule this within their calendar or as part of curricula.
 9. Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserve that promotes the art and skill of respiratory care.
Status: At section meetings this year, an open discussion format was facilitated in lieu of just reporting on content in this digital file. This generated ideas and opportunities for future programs as well as develop ideas for future initiatives. The polling and discussion themes were utilized to inform future programming and initiatives for the section.
 10. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur to be reported in the Spring Board Report and updated for each Board report.
Status: The Swap Shop was updated during February, 2019. AARC Connect library: is up to date and organized in folders by category and subtopic. A discussion about how to best further organize the library is ongoing with Diane Oldfather.
 11. Share best practice with fellow section chairs to improve value or membership participation.
Status: Management section and education section collaboration opportunities will be continued to be explored with the management section chair.
 12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections

fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.

Status: Membership decreased this quarter, and as of January 31, 2020 active membership was 1,330, this is down from the previous report of 1,389. Recruitment specifically of key personnel from RT programs will be conducted in the Spring of 2020.

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

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



March 2020 Management Section Report

by Kim Bennion

Recommendations

The Management Section recommends the AARC approve changing the name of the *Management Section* to the *Leadership & Management Section*.

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: The Section Chair conducted a Section survey during 2019 to assist with identifying key topics of interest from Section members for conference topics. Topics included those covering both leadership and management topics. Interactive presentations were identified. Using survey results and in collaboration with the AARC Program committee, the following decisions were made:

- **Summer Forum:**
 - 15 leadership/management presentation slots were selected and approved for the 2020 AARC Summer Forum program which coincide with AARC strategic Horizon goals.
 - Two, interactive, rapid cycle Leadership Think Tank plenaries were added for Summer Forum to identify key issues impacting our profession in which teams will create viable solutions.
- **2020 Congress:**
 - Twenty-six management-specific presentation slots were selected and approved for the 2020 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic Horizon goals.
 - Three interactive sessions have been included.



March 2020 Management Section Report

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 Spring Board Report.*

2020 Management Specialty Section Meetings are scheduled for:

- Scheduled for July 14, 2020 in conjunction with the 2020 Summer Forum in Snowbird, Utah.
- Scheduled for November 115, 2020 in conjunction with the 2020 International Respiratory Congress in Orlando, Florida.

Q1 2020 Leadership Book Club coordinated by Scott Reistad, is currently reading *Everybody Matters* by Bob Chapman and Raj Sisodia and *As a Man Thinketh* by James Allen.

- Spring Session: January – April
- Respiratory leaders across the nation volunteered to lead chapter discussions.
 - One large healthcare organization bought books for all their managers/directors and scheduled them for comments to support the assigned chapter leaders.
- Comparing AARConnect postings from Fall and Spring read. The Spring book was begun January 20, 2020. We are showing increased activity overall as reported in Table One. Reasons for the increased participation include but are not limited to:



March 2020 Management Section Report

- Any posting from a “new” person are sent a message from Scott Reistad to privately thank them and encouraging them to continue to post.
- Scott Reistad has partnered with Garry to send an “invite” to folks in the Management Section, Education Section, and the AARC BOD.
- Management Section members were also added from last year’s AARC Summer Forum where we had the author of the book speak.
- Some organizational leaders have “marketed” the AARC Book Club to their departments buying books for employees, requiring comments on AARConnect, etc.

Table One: Leadership Book Club AARConnect Activity

AARConnect Activities	September 2019*	October 2019*	November 2019*	January 2020*
Total Discussion Posts	37	33	24	57
New Threads	7	8	5	6
Replies to Discussion	30	25	19	51
Replies to Sender	10	3	0	9
Likes	4	0	0	9
Unique Contributors	20	13	10	21

*Months in which the books are read and discussed.

2020 Leadership Association for Respiratory Services (LARS) Pilots

During Q4 2019, leaders in the AARC House of Delegates approached the Management Section Chair with an idea for strategic meetings and workgroups in chartered affiliates to identify issues impacting the profession, generate solutions and enhance communication among AARC and chartered affiliate leaders. The concept was developed in detail and pitched to five states for piloting the concept. These are Colorado, Pennsylvania, Texas, Michigan and New Jersey. Leaders for each state were identified who will work in conjunction with the chartered affiliate presidents. A project SBAR was created as well as other key documents to include but not be



March 2020 Management Section Report

limited to a participant contact list, program outline, meeting/issue template and key metrics/goals.



FINAL Mgt Section
Proposal SBAR 2-17-2

Pilot overview and supporting documents are embedded in the project SBAR presented here as informational to the AARC Board of Directors.

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 shared during section meetings. Input from Section members denoted a need for a Section name change from Management to Leadership and Management which is being proposed as a resolution for the Spring BOD meeting.

The LARS project will result in timely issue and solution identification, earlier identification of resource needs, more timely, enhanced communication between the HOD and chartered affiliates, and thus, membership recruitment may be improved.

Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members.

Posts on the AARC management list serve emphasize the changes affecting healthcare and encourage RT leaders to transform their practice to add value in the evolving healthcare environment. For example,

- February 2020, the following article was shared to raise the awareness regarding the need for servant leadership and where training is valued.



March 2020 Management Section Report

December 2019-January 31, 2020 Management Section membership and growth is reported in Table Two.

Table Two: AARC Management Section Total Membership Comparing December 2019 to January 2020

Dec 2019 Active Members	Dec 2019 Total Members	Jan 2020 Active Members	Jan 2020 Total Members
1499	1556	1510	1569

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

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

During the 2019 Summer Forum, managers were challenged with inviting ONE person to join the Management Section. A reminder was sent via AARConnect at the end of September. Members joining since September 2019 through January 31, 2020 are reported in Table Three.

Table Three: Members Joining Management Section from Sept 2019 - January 31, 2020

Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
40	36	29	20	32



March 2020 Management Section Report

During 2019, the Management Section reports 421 new members; however, 99 members were lost. This resulted in an increase of 322 new members during 2019.

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

Status: Members remain active on AARConnect. Table Four reports 2019 Q4 – January 31, 2019 AARConnect participation.

Table Four: Management Section AARConnect Activity Outcomes

Management Section AARConnect Activity	Oct 2, 2019 – January 31, 2020
Total Discussion Posts	451
New Threads	107
Replies to Discussion	344
Replies to Sender	83
Likes	30
Unique Contributors	263

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

Status: Organizational work was completed October 15, 2019 but ongoing additions and archiving is in progress.

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*



March 2020 Management Section Report

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 1569 total management specialty section members. One metric being tracked since 2018 is active and total Section members. Outcomes are reported in Table Five.

Table Five: 2018- Jan 31, 2020 Management Section Membership Trends

# Members	2018	2019	2020 (as of Jan 31)
Active Members	1583	1592	1510
Total Members	1631	1655	1569

To address the recruitment and retention of Section members, the LARS pilot will be implemented during 2020 in six states as previously defined. A focus on leadership and recruitment to the Management Section as well as the AARC Advanced Leadership course will be a target point for these groups.

Section members requested during the 2019 survey that the Section name be changed to Leadership and Management. This is being proposed as a resolution to the AARC BOD during the Spring BOD meeting.

More interactive sessions during conferences was a top suggestion in the Section survey. This was addressed by the Program Committee for inclusion during the Summer Forum and Congress for 2020.



March 2020 Management Section Report

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

Status: Key strategies and requests were identified during the 2019 Management Section survey. These have been added to our goal and metrics table below which will be used update the AARC BOD throughout 2020.

Table Six: 2020 Key Process	Completed	In Progress	Off Track	Not Started
Indicator/Activity Key	# (%)	# (%)	# (%)	# (%)
n= 23 activities	8 (35)	8 (35)	0 (0)	7 (30)
2020 Key Process Indicators	Lead	Activity	Status	
MEMBERSHIP EDUCATION/PROFESSIONAL DEVELOPMENT Create baseline trending outcomes for 2018 and 2020 regarding: -Management Section Membership -Utilization of AARConnect (Management) -Leadership Book Club Participation -Address suggestions from the 2019 Management Section Survey -Submit Section name change to Leadership and Management via resolution to AARC BOD	Management Section Chair and Amanda Feil, AARC Management Section Chair	Will utilize these outcomes to identify areas for improvement and focus as engagement activities as well as for monitoring trends. Submit resolution for AARC BOD consideration during Spring BOD meeting.	First 2020 report to AARC BOD during Spring BOD meeting. (March 2020). Second 2020 report to AARC BOD during July BOD meeting (July 2020). Third 2020 report to AARC BOD during July BOD meeting (Nov 2020). Resolution submitted via internal affairs VP in Feb 2020.	
EDUCATION/PROFESSIONAL DEVELOPMENT -Incorporate interactive sessions during conferences -Create more accessible meetings	Program Committee & Management and Education Section Chairs Management Section	Included interactive sessions in both SF and Congress.	Completed Jan 2020 at Program Committee meeting	



March 2020 Management Section Report

and trainings (e.g., regional meetings). -Identify and link mentors with mentees for succession planning (Chartered Affiliates and AARC). EVENTS/MEETINGS	Chair and HOD Leaders Management Section and HOD Leaders		Drafted for LARS pilots in 6 states. Will be identified and linked during LARS pilots.
EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS MEMBERSHIP ADVOCACY Identify current “hot topics” and subject matter experts for each topic to be used for future presentations at SF and Congress as well as AARConnect discussion platforms.	Management Section Chair and HOD Leaders	-Draft Leadership Association for Respiratory Services (LARS) concept -Identify chartered affiliates (CA) to pilot the LARS concept -Identify state leaders within the identified CAs -Create templates for LARS issue tracking with solutions for dissemination -Develop LARS schedule with key metrics -Conduct introductory webinar for LARS leaders -Hold meetings at SF and Congress -Provide updates to AARC BOD and HOD -Provide a synopsis of outcomes to AARC BOD and HOD	Completed Dec 13, 2019 Completed January 30, 2020 Completed Feb 10, 2020 Completed Jan 30, 2020 Completed Jan 30, 2020 April 30, 2020 TBD Will occur with BOD meetings. Will occur post pilot completion (2021).
EDUCATION/PROFESSIONAL	Scott Reistad	Spring Readings:	Spring Reading: Jan 20,



March 2020 Management Section Report

DEVELOPMENT EVENTS/MEETINGS Provide professional development reading references and conduct a reading group(s) to discuss relevant, applicable processes/ideas for Spring and Fall reads.		<i>Everybody Matters</i> by Bob Chapman & Raj Sisodia and <i>As a Man Thinketh</i> by James Allen Fall Reading: TBD	2020 – April 2020 Fall Reading: TBD
EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS ADVOCACY	-Advocacy: Provide an interactive session for “how to” for government advocacy by RTs (improve visibility -Advocacy: Engage AARC general members and specifically Management Section members during PAC/lobbying of key RT related federal legislative issues. Post link and reminders to Section members via AARConnect.	Management Section Chair and Program Committee	Interactive session scheduled for SF (Frank, Mike and Kim) Management Section engagement during Spring lobbying; AARConnect Section reminder posted second week Feb. Presentation on government advocacy “how tos” during Congress.
EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Provide project growth opportunities by having resources for those who are being asked to lead initiatives/projects in their organizations/hospitals, research projects, etc. Resources will include but not be limited to professional contacts for coaching, creating/providing project templates, regulatory requirement consulting and presentation reviews with feedback. ADVOCACY EDUCATION/PROFESSIONAL	Management Section Chair and identified experts in the profession per LARS pilot.	To be identified and mentored during LARS pilots. Further identification and matching will occur during LARS pilots in 6 states.	Identification will occur in post-LARS regional meeting reports.



March 2020 Management Section Report

DEVELOPMENT			
MEMBERSHIP			
COMMUNICATION/MARKETING			
EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS Provide education in identifying obstacles to project progress and/or clinical care gaps and developing creative solutions as well as how to “pitch” solutions to key stakeholders.	Program Committee, Education and Management Section Chairs	Added Leadership Think Tank interactive sessions to SF lead by Mgt and Education Section Chairs	Scheduled for July 15, 2020 at SF.
ADVOCACY COMMUNICATION/MARKETING EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS MEMBERSHIP REVENUE/FINANCE Create and provide an AARC webpage and AARConnect navigation tutorial(s) regarding “how to” navigate the sites, how to post on discussion groups, etc.	AARC Staff in conjunction with Section Chairs	Charge of AARC	Management Section will support AARC initiatives as directed.
ADVOCACY COMMUNICATION/MARKETING EDUCATION/PROFESSIONAL DEVELOPMENT EVENTS/MEETINGS MEMBERSHIP Create and support an AARC Community/Roundtable with regular leadership discussions.	-Management Section Chair in conjunction with HOD leaders with LARS pilots and CA leads. -Leadership Book Club	LARS pilots (e.g., regional meetings, discussion groups). Spring and Fall reads led by Scott Reistad. Track participation on AARConnect as defined above.	Defined Above Defined above

Ambulatory and Post-Acute Care

Submitted by Adam Mullaley– 2020 Spring Report

Recommendations

N/A

Report:

Nothing to report

Neonatal/Pediatric Section

Submitted by Bradley Kuch—2020 Spring Report

Recommendations

N/A

Report:

Section membership is at 2,082. The goal is to work with section membership to increase membership by 5% or 105 new members the end of calendar 2020. This is an attainable goal that will be approached through a sub-committee within the section under the 2019-2020 Horizon Goal of Membership. The sub-committee will identify means to create value for both the Section and the Association. Neonatal-Pediatric Section posts on AARConnect platform have increased in January 2020. We also saw an increase people joining the section Community in January. There was a jump from 28 in December 2019 to 59 in January. The focus will be to offer clinical and professional discussions using the platform that create professional dialog and collaboration. The Section is planning a quarterly meeting for late March using the Zoom Platform. The goal is to offer 4 meeting, lasting 45 minutes to an hour to engage members how are unable to attend the Annual meetings. The agenda includes development of 2 committees; 1 focusing on Membership and engagement and the other on Education/professional development. The meeting will also include a discussion of the AARC Horizon goals, brainstorming on creating value, and an open discussion. Minutes will be kept and placed on the AARConnect platform for all members to review. The hope is that the quarterly meetings will create engagement and additional input for the entire organization.

Sleep Section Report by Jessica Schweller

Recommendations

- None

Report

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
2. Create section specific measures of success and present to the board through the VP at quarterly reporting method and spring, summer, and fall BOD meetings.

Measurable Outcomes:

1. Quarterly reports to VP
2. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
3. List of proposals to Program Committee

Status: Continue to increase membership to the sleep section each year.

Current membership YTD: 700 members

3. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your specialty section's members. Proposals must be received by the deadline in December. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
 - Continued to engage members regarding topics for Congress 2020 and any future meetings
 - Provided support for new presenters through a mentorship program with other members in the Sleep Section
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. • online section meeting,
 - b. • journal discussions,
 - c. • initiation of discussions on AARConnect,
 - d. • posting of key materials to the AARConnect libraries,
 - e. • AARC webpages, or
 - f. • highlighting AARC resources to members through social media.
 - g. • Enhance communication with and from section membership through the section's AARConnect

-Status: trying to increase communication and engagement from section membership through AARConnect. Will be hosting a quarterly Zoom

meeting beginning in March for section members to engage those members who do not attend Congress and try to reach new membership through interaction. At Congress 2019, we discussed possibly trying Journal Club but the idea was not strongly supported. We can try and revisit it again with Zoom meetings if possible.

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

- **Status:** Ongoing continuation: working strongly to increase membership among students, new hires/new RT's and to increase awareness of the sleep section among members that might have a common interest in sleep. Goal is to work with other sections to help bridge our communities to increase awareness of the value of the sleep section and ways to encourage members to take advantage of signing up for multiple sections to get the benefits of both worlds.

○

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

Status: currently seeking nominees for SPOTY 2020 in Sleep

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

Status: working to mentor new leadership in the group so that our section will have a new chair in upcoming years; continuing to build relationships among those with an interest in growing the section to help provide leadership for years to come

8. Review and refine information on your section's web page and provide timely responses to requests for information from AARC members.

Status: currently responding to information as necessary and appropriate.

9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care:

AARConnect library,
swap shop,
and listserve

Status: continue to encourage members to use these resources regularly.

10. Review all materials posted in the AARC Connect library or swap shops for their continued relevance. Provide a calendar of when the reviews will occur and report to VP

Status: nothing to report

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

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

12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.

Status: nothing to report

13. Survey the membership to identify the next evidenced based CPG to be developed.

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

TRANSPORT SECTION UPDATE

SURFACE AND AIR TRANSPORT SECTION by Olivia Kaullen



From https://c.aarc.org/career/be_an_rt/what_rts_do.cfm

Be an RT!

The AARC recently went live with an amazing new page! You can check it out here: [BEanRT](#). This is a very valuable site that holds information to help you recruit RTs and/or educate others! Here you will find information on why becoming an RT is a fantastic choice, what RTs do, what types of equipment they use, how they advance, and more!

You can even use the hashtag #BeAnRT on twitter to join in the fun and share your personal experiences. Follow @be_an_rt today!



#BeAnRT



What's been going on in our discussion section?

Discussion Board Recap

Kristie Koenigsberg needs some policy help for INO! Think you can help her? Please reach out!

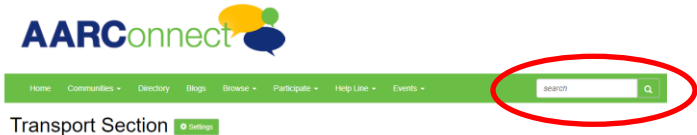
Brenda Hansen asked about transport isolettes... does anyone have a setup they are particularly proud of? I bet if we all shared information about our isolettes we could come up with some pretty great ideas!

Curious about how much air and O2 you should be taking on transport? Check out the thread "Onboard Medical Gas"!

A recent thread about neonatal isolettes gathered information from 8 transport RTs that agree that the cutoff for isolette transport is 5kg.

Transporting with a Hamilton 1 Vent? Please check out the discussion section! There are a few threads where people would love your help!

There are 3.1K posts on this page- check it out to see if there is anything that can help you (I bet there is!). Use the search bar (pictured below) to find posts that interest you!



AARC Surface and Air Section- Member Spotlight!



David Kemper, BHS, RRT, RRT-NPS, C-NPT
Bachelor of Health Science, Emphasis in Respiratory Care, Cum Laude, University of Missouri, School of Health Professions, Columbia, MO - 2012
Work: Children's Mercy Hospital – Critical Care Transport, Kansas City, MO – 2017 to current; MU Women's & Children's Hospital - Critical Care Transport, Columbia, MO – 2012-2017
How long have you been an RT? 8 years
How long have you been transporting? 7 years

What's your favorite mode of transport? Rotor Wing
What's your favorite part about being an RT/transporting? The freedom to utilize my education, protocols, and skills to provide immediate care to neonatal, pediatric, and maternal patients without having to contact a physician first.
Why are you an AARC Member/Transport Section Member? I love seeing what other transport teams are doing and/or what other transport RT's have questions about!
Do you have special interests at work? I love taking care of neonates! I love all aspects of their care and am a strong advocate for them.
Fun fact about David! I was born 4 weeks early at a small hospital outside of Columbia, MO. I had a left sided pneumothorax from resuscitation, required needle decompression, intubation, and eventually a chest tube. Took my first helicopter ride when I was just a few hours old. I started on that transport team before moving to Kansas City, MO and joining my current team. If it wasn't for a transport team coming to save me, I may not be here today!



What would you like more information on? Please reach out to Olivia at olkaulen@cmh.edu
Thank you for all that you do to keep your patients, your crews and yourself safe!

Special Representatives Reports

AMA CPT Health Care Professional Advisory Committee

Submitted by Susan Rinaldo-Gallo– 2020 Spring Report

Recommendations

N/A

Report:

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

There is a good possibility that a code proposal for Non Invasive Ventilation will be on the agenda at the AMA CPT meeting in May. However, there is a lot that needs to take place to accomplish this. As most RC managers are aware of, we have never had a code for this technology. Departments have used either the Ventilator management codes; 94002-3 or the Continuous Positive Airway Pressure code; 94660. 9

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

Other-Info:

Interprofessional Education Collaborative Report by Samantha Davis

February 2020 Report:

Dr. Sergakis attended the IPEC business meeting on January 21st. The IPEC committee reviewed the IPEC Core Competencies and strategic plan to expand the competencies to link Interprofessional Education (IPE) to Interprofessional Collaborative Practice (IPCP).

The IPEC will be conducting a Scoping Review of IPCP and will have a call for volunteers to screen articles. The call for volunteers will be in Spring of 2020.

The IPEC will launch an online community to share resources. They will use Mobilize for the platform and this will be free for IPEC member deans, faculty and staff. The community will launch in May at the Faculty Development Institute. There will be a call for volunteers for the soft launch of this community.

Last year, the IPEC offered the Faculty Development Institute - 11 single learners and 24 teams (98 people) attended. The 2020 Spring institute will be Tues – Thurs (May 19 – 21, 2020). Early Bird registration is March 31st. The IPEC Fall Institute (a 201 level program) will be October 6 – 8, 2020 in Chicago, IL. The IPEC will continue to offer quarterly webinars.

A robust discussion of the disconnect that occurs when students that are trained in IPE encounter the healthcare environment where IPCP is not the cultural norm. Suggestions were made to train current clinicians in this area. This is an area of opportunity for the AARC Clinical PEP program to collaborate with IPEC membership to create IPCP training for preceptors.

There was a presentation that demonstrated the connections of all the many organizations that address IPE or IPCP in some manner. There was a long discussion about the position of IPEC as the leadership in this area. The other entities are listed below:

NCICLE – National Collaborative to Improve the Clinical Learning Environment

AIHC – American Interprofessional Health Collaborative

CAB – Collaborating Across Borders

NAP – National Academy of Practice

Nexus Summit

ATBH - All together better health

HPAC – Health Professions Accreditors Collaborative

The Summer meeting will be June 25 – 26, 2020. Invited are staff and elected leadership.

Recommendations

1. Request that the AARC BOD approve the development of an IPE/IPCP (co-developed with IPEC members) Preceptor Training Module that can be added to the Clinical PEP

Respectfully submitted by:

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

AARC Special Representative – Interprofessional Education Collaborative

American Heart Association

Submitted by Brian Walsh—2020 Spring Report

Recommendations

N/A

Report:

Continue to work with the AHA to represent respiratory therapists and help update or prepare new content regarding respiratory therapy. Participated in a Post-Arrest Conference in Vancouver with the AHA and the Neurocritical Care groups to establish guidelines for post-arrest care. I worked with the ventilation and oxygenation subgroup. Estimated publication date is mid 2020.

Additionally, I have been working with the AHA to obtain/renew CRCEs for respiratory therapists and have joined their education planning committee. I have reviewed all the modules for PALS and ACLS. Additionally, I have been working with the AHA PALS 2020 guidelines writing committee. 2019 AHA Guidelines Updates were completed at the AARC Congress. This information was relayed to the AHA with much appreciation. Next AHA ECC meeting is scheduled for April 2nd and 3rd in Dallas, Texas.

CAMTS 2020 Spring AARC BOD Report by Steve Sittig

Recommendations -NONE AT THIS TIME

The first quarter of 2020 has been a busy time with one entire board meeting and one executive board meeting completed via teleconference. We are also holding monthly teleconferences responding to comments as we continue to work on the 12th Edition of the CAMTS Standards. In addition to the full board teleconference meeting, I have been on the executive committee teleconference as I serve as secretary.

During the executive committee meeting, we accredited our first Special Operations program. Special Operations are services that provide medical care and potential medical transport that do not necessarily fit within the current CAMTS Accreditation Standard. Special Operations are often contracted by the government to assist with military and paramilitary operations in remote parts of the world. These teams are usually based in unstable and dangerous parts of the world, and much of the medical care is provided by ex-military personnel who have a different level of expertise. Many government entities are moving to have these programs hold a level of recognized accreditation. There are currently several

other special operations programs awaiting their initial CAMTS survey.

The next CAMTS BOD Meeting is scheduled for April 16th to 18th with the Executive Committee is scheduled to meet the evening of the 15th. This meeting will take place in Albuquerque prior to the Critical Care Transport Medical Conference. The details for the summer meeting are still awaiting final details on location but is scheduled for July 15-17th. Attached is the most recent BOD Meeting Executive Summary from our meeting last November in Atlanta.



2019_11 CAMTS
Executive Summary

International Council for Respiratory Care (ICRC)
JEROME SULLIVAN
AARC BOD Report Spring 2020

No recommendations at this time:

- 1. 2019 – 2020 Year of Transition:** Since early in 2018 the Executive Committee of the Council has been considering and developing elements of a progression plan for the leadership of the ICRC. A key element of the plan was to make a smooth transition while continuing to serve the needs of the member countries and their constituents. This year between the New Orleans AARC Congress and our meeting scheduled in Orlando, Florida marks the year for significant transition among the leadership of the Council as well as the addition of new country members and new Governors. The effective dates of position transitions and other changes to the Council structure and are highlighted in the report items below. Unless otherwise specified Executive Committee members and Council Officers will remain in their positions until the close of the November 16, 2020 Annual Business Meeting of the Council.

- 2. Ratification of New Governors to the Council:** By unanimous action of the Council the following individuals were unanimously approved as Governors or Liaisons to the ICRC effective November 11, 2019.
Governor for Nepal – Dr. Sangit L. Kasaju, MD, FCCP, President, Nepal College of Chest Physicians
Governor for Liberia – Michael D. Davis, RRT, PhD, Wells Center for Pediatric Research, Indiana University & Co-Founder, Partner Liberia
Governor for China – Dr. Fengming Luo, Professor, Dean Department of Respiratory Therapy, West China Medical School, Sichun University, Chengdu, China
Governor At Large – Dr. Liang Xu, Director of Respiratory Therapy & Emergency Critical Care Departments, Wuhan, China
ICRC Liaison for FRCSC Development in China – Dr. Yuqi Liu, Chief Physician & Associate Professor of Respiratory Therapy, Director of Critical Care

Department, 2nd Affiliated Hospital of Fujian Medical University, Quanzhou, China

3. **Ratification of New Member Countries to ICRC:** By unanimous action of the Council the following countries were unanimously approved as Member Countries to the ICRC effective November 11,2019.

Nepal

Liberia

4. **Executive Committee Members with Term of office Ending at the close of the ICRC Business Meeting Effective November 16, 2020:** By unanimous action of the Council at the end of their term they will be designated “Governor Emeritus”.

Hassan Alorainy
Patrick Dunne
Sam Giordano
Bill Kashiwazaki

- 5. President Elect:** By unanimous action of the Council Daniel D. Rowley, MSc, RRT-NPS, RRT- ACCS, FAARC was elected to the Office of ICRC President Elect effective November 11, 2019. His term of Office as President will commence following the close of the ICRC Business Meeting Effective November 16, 2020.
- 6. President Emeritus:** By unanimous action of the Council Jerome M. Sullivan. PhD, RRT, FAARC, President of the ICRC since its formal inception in 1991 will close out his tenure in that position following the close of the ICRC Business Meeting Effective November 16, 2020 at which time he will be designated “President Emeritus”. The President and President Elect will be working closely together over the 2019 – 2020 time frame to insure a seamless transition of Council Business.
- 7. International Education Recognition System (IERS):** The COVID 19 epidemic has taken its toll on a number of professional Respiratory Care meetings in Asia. Three active IERS Applications for Approval of meetings in Mainland China have been postponed by their sponsors until a more appropriate time.
- 8. Update on Fundamental Respiratory Support Course (FRCSC):** The project continues to go well with 30 manuscripts submitted. Dean Hess continues to serve as the Senior Editor for the project. We are further pleased to report that there are now 19 chapters that have been submitted for publication formatting and print production phase of the project. We are consistently following up with several authors that have committed to write chapters but have not yet done so. We are prepared if necessary to reassign these chapters.

Extracorporeal Life Support Org

Submitted by Bradley Kuch—2020 Spring Report

Recommendations

N/A

Report:

Steering committee meetings have been recently rescheduled as a result of national and regional meeting. The AARC report was do last month but was held over. The report will be given at the next scheduled meeting. Work on the whitepaper continues and should have a first draft in the near future. The joint paper will help with educational requirements and state license issues. This will benefit both The AARC and ELSO bodies.

NAAHP

Submitted by Tim Op't Holt– 2020 Spring Report

Recommendations

N/A

Report:

Amanda Feil reported that an exhibit at NAAHP was not included in the AARC 2020 budget. We will continue to monitor correspondence with NAAHP. She receives a newsletter from the organization

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Spring 2020

The American Respiratory Care Foundation (ARCF) has been very active since the last Board of Trustees meeting in May 2019. 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 7th annual ARCF Fundraiser Reception “Night Under the Sea” during the AARC Congress 2019. There were over 236 attendees. VapoTherm’s and InspiRX’s sponsorships were a major benefactor of this event. Plans have begun for the 2020 ARCF Fundraiser Reception to be held on November 13th in Orlando, Florida 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 2-3, ARCF will present the 59th Journal Conference focusing on “COPD: Current Evidence and Implications for Practice”. The proceedings from this Conference will be published in a 2020 issue of RESPIRATORY CARE. As-to-date, we have one confirmed sponsor. Sponsorship request have been sent out and follow-up emails are taking place at this time.

Solicitation for the 2020 ARCF awards has begun. The deadline for applications to be submitted is June 1, 2020.

Solicitations for sponsorship for the International Fellowship Program have been sent out. As of today, we have received sponsorships from Draeger, Inc and 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 2020 on April 14 in Dallas, Texas. I want to thank all of you that gave to the Foundation in 2019 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.



**COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE**

CoARC Update – February 2020

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

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

Mission Statement

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

Value of Programmatic Accreditation

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

What Does CoARC Do?

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

Value of CoARC Accreditation

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

Value of CoARC Accreditation

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

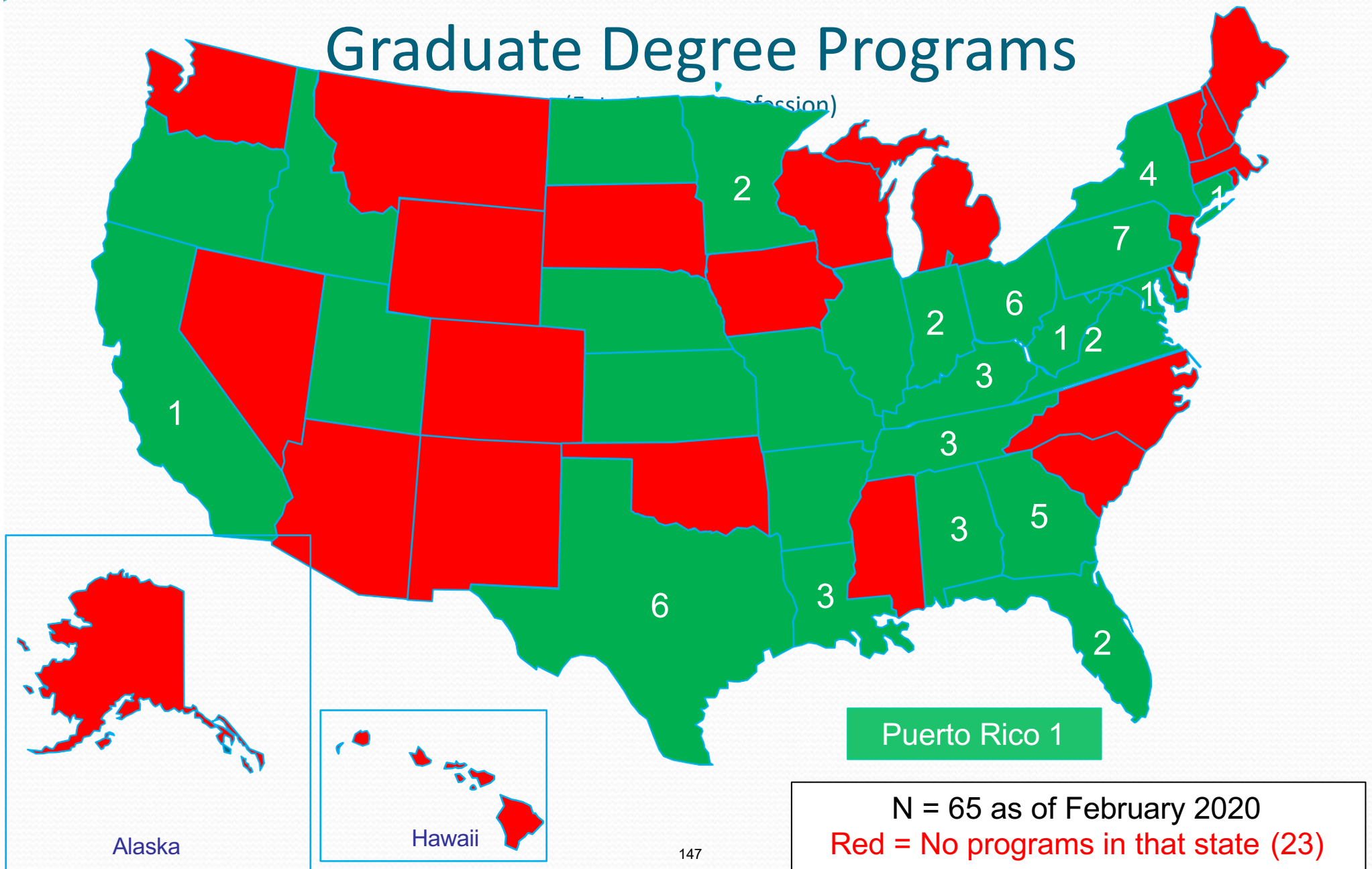
Program Numbers by CoARC Level as of February 1, 2020 (n=448)

	200-level (Entry Base)	210-level (Entry ADT BS)	220-level (Entry ADT MS)	300-level (Satellite)	400-level (Sleep Cert)	500-level (Degree Adv)	600-level (Advanced Practice)
Continuing Accreditation	372	2	3	7	3	0	0
Probationary Accreditation	6	0	0	0	0	0	0
Provisional Accreditation	21	3	1	1	1	15	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	2	0	0	0	0	6	0
Letter of Intent	2	0	0	0	0	2	0
Total # of Associate Degree Programs						345 Entry	
Total # of Baccalaureate Degree Programs						70 Entry; 19 DA	
Total # of Master's Degree Programs						5 Entry; 4 DA; 1 APRT	

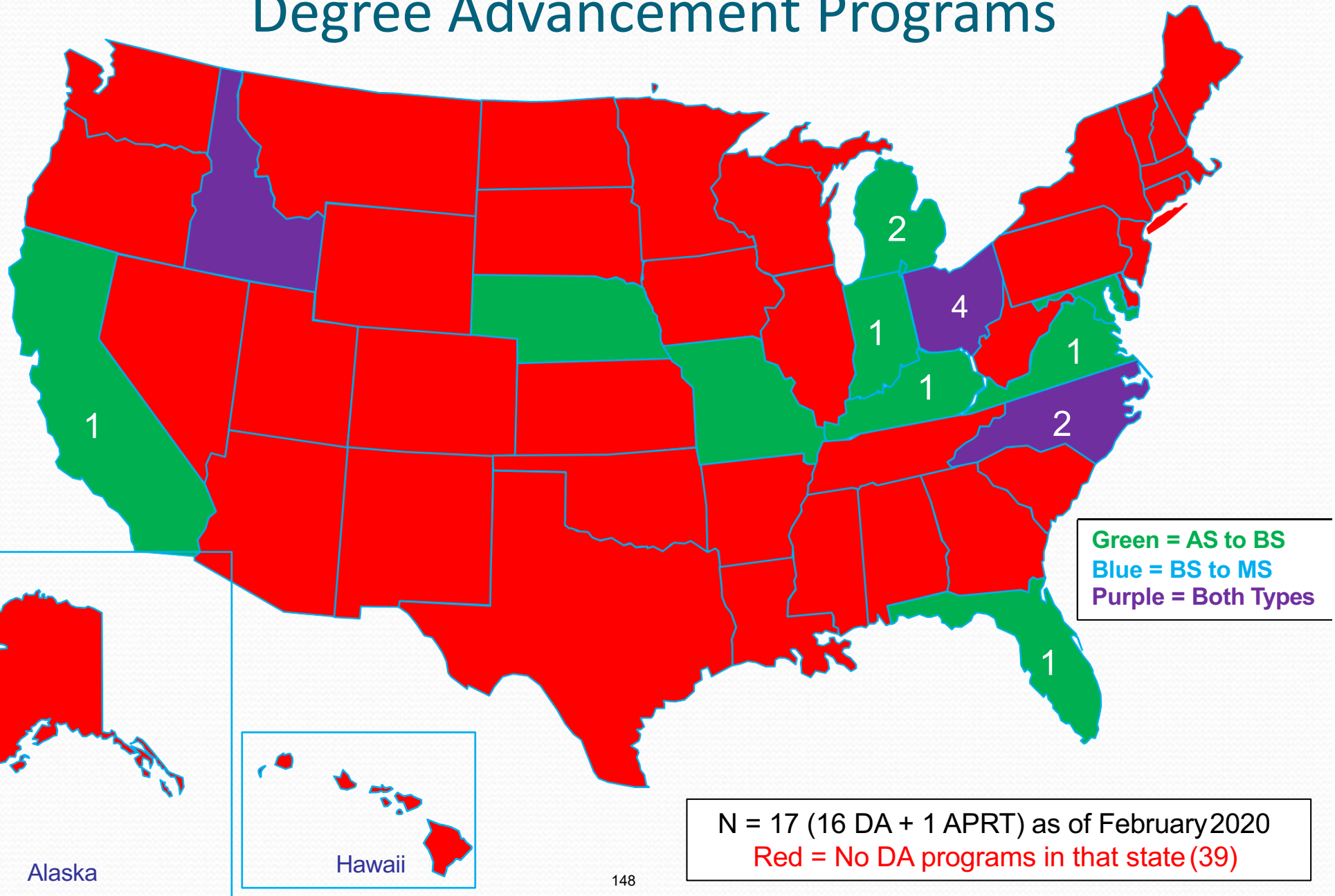
2018-2020 Voluntary Withdrawals

- Since January 1, 2018 to January 1, 2020, there have been 30 program and program options that have withdrawn.
- 23 base programs. 5 satellites, and 2 PSG certificate option
- 16 states (AL, AR, AZ, CA, IN, IL, KY, MI, MO, NJ, OH, OK, PA, SC, TX, VA)
- 10 AAS, 1 AOS, 10 AS, 6 BS, 1 MS, 2 PSG Cert
 - 2 BS (VA and NJ) were the only BS Entry programs in that state
- Stated Reasons for Withdrawal:
 - 9 low enrollments (7/11 AAS [AR, AZ, IL, MI, MO], 1 BS [VA], 1MS (AL))
 - Adverse action by institutional accreditor (4); Suspend admissions (4); Sat to base conversion (1); limited hiring opportunities (1); others were non-specific.

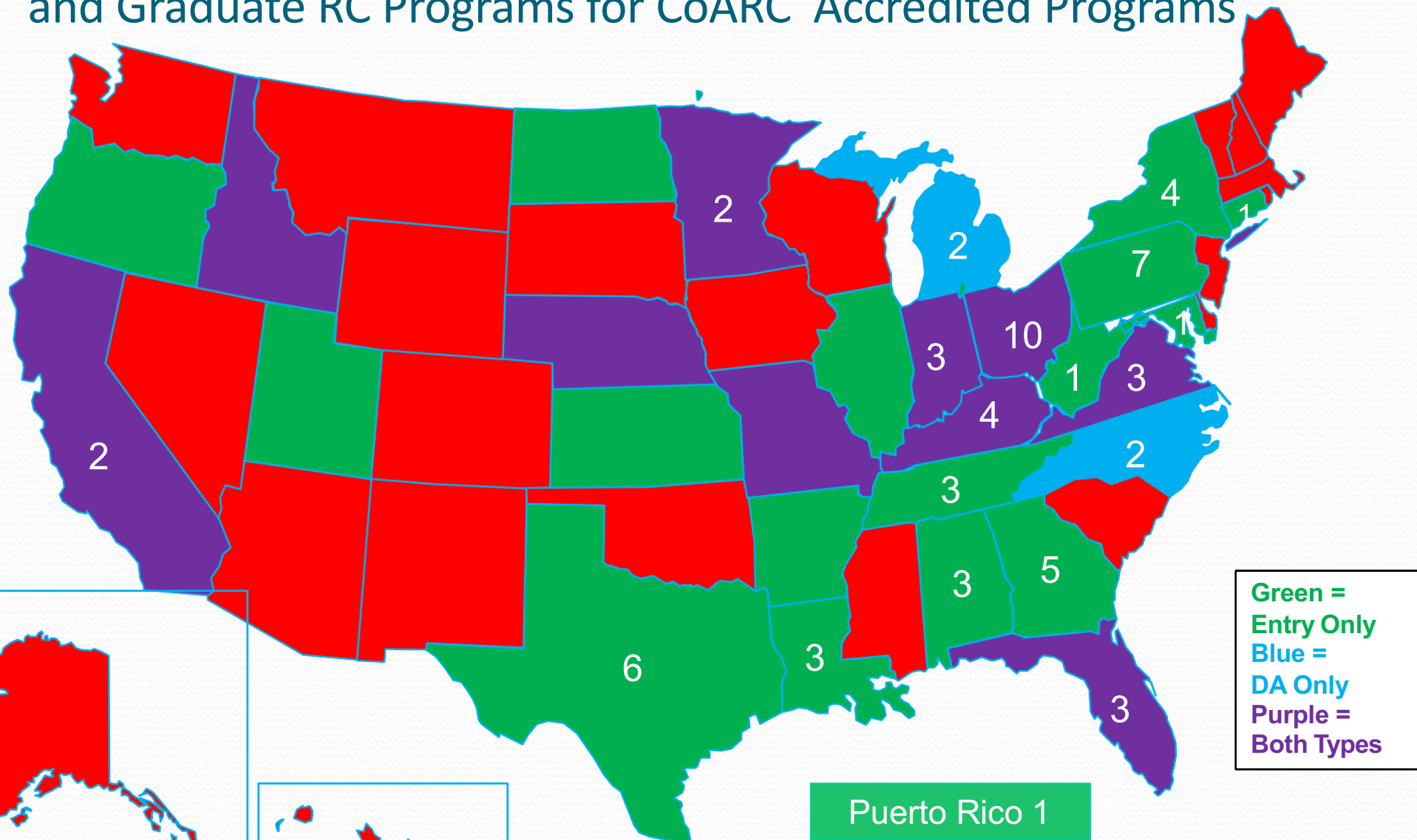
CoARC Accredited Baccalaureate and Graduate Degree Programs



CoARC Accredited Respiratory Care Degree Advancement Programs



Combined Entry and Degree Advancement Baccalaureate and Graduate RC Programs for CoARC Accredited Programs



N = 82 as of February 2020

Red = No DA or Entry programs in that state (22)

2020 Annual Report of Current Status

- The data collected for the 2020 RCS will focus on the reporting years for 2017, 2018, and 2019 (i.e., outcomes data from January 1, 2017 thru December 31, 2019);
- The 2020 RCS opening date is expected to be sometime this summer.
- The validation/review of the 2019 Annual Report of Current Status (RCS) is underway and will be completed prior to the March Board meeting.

CoARC Entry into Practice Standards

- Due to expected changes to outcomes, the final draft will be approved by the Board at its March meeting;
- The final version of the 2020 Standards will be sent to the CoARC's collaborating organizations (AARC, ATS, ASA, and ACCP) for acceptance;
- The 2020 Standards will be posted on the CoARC web site and will go into effect on **July 1, 2020**.

Key Personnel Academy

- A course developed by CoARC for new or those aspiring to become Program Directors (PD) or Directors of Clinical Education (DCE). It is designed to promote awareness and provide key information vital to the success of these positions.
- The course will be offered twice a year: in the spring and in the fall.
- Course opening will begin in mid-March.

Recent Policy Change

- As a result of the CoARC's ongoing effort to ensure that its policies and procedures ensure fair and consistent accreditation decisions, the CoARC Board at its December 2019 meeting approved the elimination of the On-Time Graduation Rate as an outcome metric.
- The change became effective on December 13, 2019.
- The 2015 Entry into Practice Standards and the CoARC's Accreditation Policies and Procedures were updated on January 1, 2019 to reflect this change.

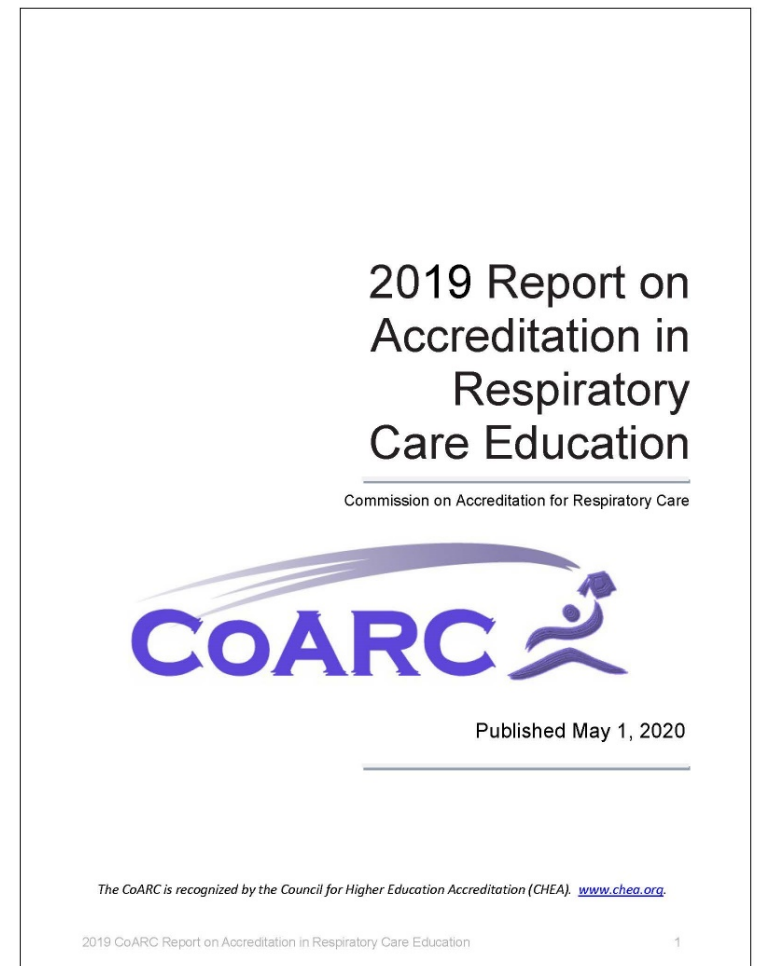
Update on APRT and Degree Advancement (DA) Standards Revision

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

2019 Report on Accreditation

Due to delays in the submission of the 2018 RCS, we anticipate publishing the *2019 Report on Accreditation in Respiratory Care Education* sometime in early May.

The report will be available for download at www.coarc.com and an announcement will be made.

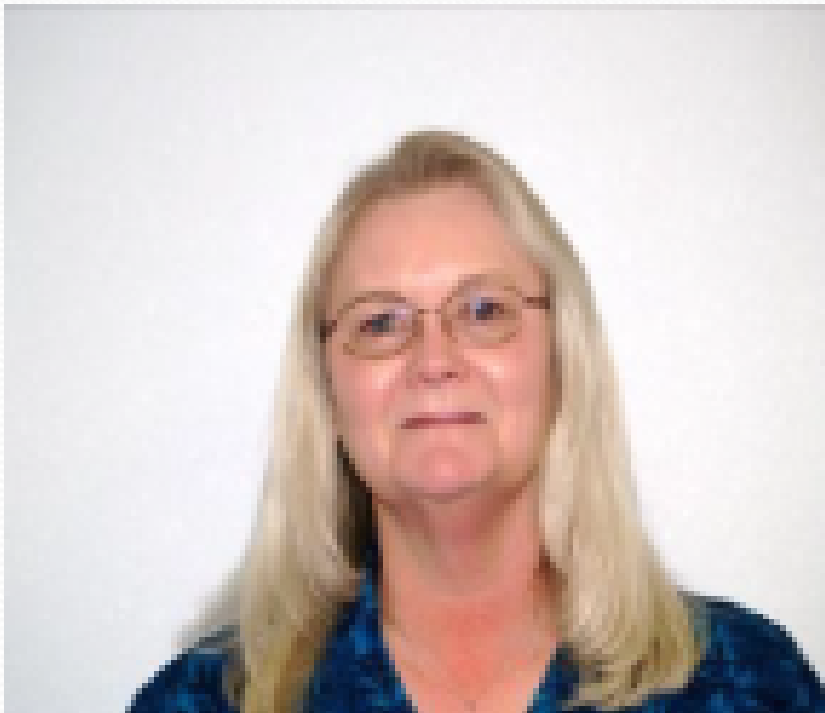


Update on High Cut Score Threshold

- The CoARC is reviewing aggregate data at its March Board meeting and will publish changes to its exam-based outcomes after the meeting.
- As with other outcome measures, this threshold will define the minimum percentage of a program's graduates that must achieve the high cut score on the TMC in a three-year reporting period for the program to avoid a citation.
- Compliance with the TMC threshold will be required for the annual reports due this summer (the exact due date will be announced after the appropriate changes are made to the annual reporting tool).

Jana Anderson's Retirement

Jana L. Anderson



Ms. Anderson retired as CoARC's Associate Executive Director at the end of December 2019. Jana has been an esteemed and devoted employee of the CoARC and its predecessor organizations for over 38 years. Since August 22, 1981, she has provided outstanding service to educators and program administrators, guiding them through the process of seeking and maintaining accreditation for their programs.

New CoARC Commissioner

Shannon Hancher-Hodges, MD

Dr. Hodges is an Associate Professor, Department of Anesthesiology and Perioperative Medicine at the University of Texas MD Anderson Cancer Center in Houston. She is a member of the American Society of Anesthesiology.

Dr. Hodges replaces Dr. Charles Cowles who served on the CoARC Board since 2011.



Commissioner Emeritus

Brad Leidich, MSED, RRT, FAARC

At its December 2019 Board meeting, the CoARC conferred Emeritus status to Brad Leidich for his significant and lasting contributions to the CoARC since his appointment to the Board in 1999. Mr. Leidich served as Chair of the CoARC Site Visit Review Committee, for 9 years; Secretary from 2004-2007; President-Elect from 2013-2015; President from 2015-2017; and Immediate Past-President from 2017-2019.



New CoARC President



Pat Munzer, DHSc, RRT, FAARC

Dr. Munzer is Professor and Dean of the School of Applied Sciences at Washburn University in Topeka, KS. Dr. Munzer served two years as CoARC's President-Elect. She is a member of the AARC.

Dr. Munzer replaces Dr. Allen Gustin who served as the CoARC President from 2017 -2019.

2020 Summer Forum Activities

- **Meet the Referee**

- One-on-one appointments with the referees and Executive Office staff.

- **CoARC Awards Ceremony**

- Presentation of 2019 Distinguished RRT Award certificates;
- Presentation of CoARC Louis Sinopoli, PhD, RRT, FAARC Faculty Educational Research Scholarship and George G. Burton, MD Student Educational Research Scholarship;
- Presentation of Bonner Smith Outstanding Service Award.

CoARC Symposium at the 2020 AARC Summer Forum

Advanced Practice Program Development

2020 CoARC Standards for Entry into Respiratory Care
Professional Practice

The Key Personnel Academy: Essential Concepts Vital to the
Respiratory Care Educator

Amplifying your Respiratory Care Program's Recruitment
and Retention of Students

24th Annual Dr. H. Fred Helmholz, MD Education Lecture Series at the 2020 AARC Summer Forum



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

Presenter:

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

Upcoming Board Meetings

March 12-14, 2020

Grapevine, TX

July 11-13, 2020

Snowbird, UT

December 10-12, 2020

TBD

Date: February 21, 2020

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

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

Subject: NBRC Report

I appreciate the opportunity to provide an update from the NBRC. Our Board last met in December 2019. I am honored to be serving a third term as President of the NBRC. In 2019, the Board decided to add a President-Elect position beginning in 2020, therefore, I am serving as a transition year President. Our 2020 Executive Committee and Officers are as follows:

President – Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT
President-Elect – David L. Vines, PhD, RRT, FAARC, FCCP
Vice President – Robert Chasse, MD
Secretary – Teresa A. Volsko, MBA, MHHS, RRT, CMTE, FAARC
Treasurer – James P. Lamberti, MD, FCCP
At-Large – Amy J. Boeckmann, MPA, BS, RRT
At-Large – Laura J. McFarland, BS, RRT, RRT-SDS, RPSGT
At-Large – Andrew E. Schober, MD

Credential Maintenance Program

Full implementation of the new CMP occurred in January 2020. Highlights of the new program include incorporating an assessment component where the content will focus on competencies that put the public at risk when performed incorrectly and where practice changes rapidly. Practitioners can access a dashboard to check their progress which is based on responses to assessment items. References to learning resources for each assessment item are available through the dashboard and linked to each assessment item to which the participant has responded. The dashboard will be updated each year showing a participant whether it is likely that he or she will be required to document continuing education credits in his or her final year. Individuals who achieved a credential before July 2002 may opt-in to participate in the revised Credential Maintenance Program without putting their credentials at risk.

Pulmonary Disease Educator Credential Being Explored

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

Request to Recognize JRCRC



In the spring of 2019, we were asked by the newly formed Joint Review Committee for Respiratory Care to consider recognizing graduates of their accredited programs for NBRC examinations. Our Board and committees are still evaluating this request and no decision has been made at this time.

On the Road

Representatives of the NBRC continue to foster relationships not only with our sponsoring organizations, but also with related organizations and state societies. We appreciate the opportunity to meet practitioners at state meetings as they are not the individuals who typically attend national meetings. For 2020, we already have 7 state society meetings on our calendar and welcome the opportunity to speak at others.

2019 Examination and Annual Renewal Participation

In 2019, over 28,000 examinations were administered across all examination programs. We have budgeted for a slightly lower candidate volume in 2020 given the decline in enrollments in accredited education programs.

In 2020, our annual renewal program changed and the fee is now associated with credential maintenance and/or supporting the NBRC (for those whose credentials are not subject to credential maintenance). Practitioners now have the opportunity to have a portion of their credential maintenance/support fee donated to one of three organizations the NBRC has selected for its new social purpose initiative, *Choose One: Every Breath Counts*. To date, over 40,000 practitioners have paid their annual fee for 2020.

Examination Statistics – January 1 –December 31, 2019

Examination

Pass Rate

Therapist Multiple-Choice Examination – 14,624 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 66.0% |
| | Exceed Low Cut-Score – 76.8% |
| • Repeat Candidates | Exceed High Cut-Score – 25.3% |
| | Exceed Low Cut-Score – 43.7% |

Clinical Simulation Examination – 10,903 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 62.2% |
| • Repeat Candidates | 51.0% |

Adult Critical Care Examination – 966 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 66.6% |
| • Repeat Candidates | 46.7% |

Neonatal/Pediatric Examination – 1,130 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 66.5% |
| • Repeat Candidates | 41.5% |

Sleep Disorders Specialty Examination – 155 examinations

- First-time Candidates 81.1%
- Repeat Candidates 65.2%

PFT Examination – 510 examinations

- First-time Candidates Exceed High Cut-Score – 30.9%
Exceed Low Cut-Score – 64.8%
- Repeat Candidates Exceed High Cut-Score – 17.8%
Exceed Low Cut-Score – 61.1%

Your Questions Invited

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

Old Business

Award Criteria

CRITERIA

(Revised November, 2015)

Candidates for AARC Life Membership

1. 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.
2. Must 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.
3. Must have made an extraordinary contribution to the AARC and its affiliates.
4. Must have been active in affiliate operations and have served in an official capacity at the affiliate level.

Candidates for AARC Honorary Membership

1. 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.
2. Must otherwise be eligible for associate membership in the AARC at the time of consideration.
3. Must have made a special achievement or contribution to the AARC, its affiliates, or the profession of respiratory care.

AARC
Life and Honorary Memberships
(As of 2-6-20)

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
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 Helmholz, MD
	Easton R. Smith	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
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	
1982	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
1985	James S. Allen	Walter J. O'Donohue, MD
	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	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
1986	Richard W. Beckham	Hugh Matthewson, MD
	Paul Powers	
1987	Jeri E. Eiserman	John Hodgkin, MD
	Edward A. Scully	
1988	Michael Gillespie	Irvin Ziment, MD
	Melvin G. Martin	
1989	Gerald K. Dolan	Roger Bone, MD
	Ray Masferrer	
1990	Paul J. Matthews, Jr	Alan Plummer, MD
1991	Larry R. Ellis	Alfred Sofer, MD
	Jerome M. Sullivan	
1992	Patrick J. Dunne	David J. Pierson, MD
	Phil Kittredge	
1993	Bob Demers	Richard L. Sheldon, MD
	Bernard P. Gilles	
1994	Philip R. Cooper	Forest Bird, MD, PhD, ScD
	Dianne L. Lewis	
1995	Deborah L. Cullen	Neil R. McIntyre, MD
	Patricia A. Wise	
1996	Jim Fenstermaker	Steven K Bryant, MBA
	Trudy J. Watson	
1997	Charlie G. Brooks, Jr.	Charles Durbin, MD
	Pat Brougher	
1998	Kerry E. George	Barry A. Shapiro, MD
	W. Furman Norris	
1999	Dean R. Hess	James K, Stoller, MD
	Cynthia J. Molle	
2000	Jerry Bridgers	Michael T. Amato
	Dianne Kimball	
2001	Robert Fluck	William Bernhard, MD
	Garry W. Kauffman	

<i>YEAR</i>	<i>LIFE</i>	<i>HONORARY</i>
2002	Susan B. Blonshine	Sherry Milligan
	William Galvin	
	Carl Wiezalis	
2003	Margaret F. Traband	Cheryl A. West
	J. Michael Thompson	
2004	David C. Shelledy	Patricia A. Lee
	Karen J. Stewart	
2005	Janet Boehm	Jill Eicher
	Richard Branson	
2006	John Hiser	Marsha Cathcart
	Lucy Kester	
2007	Doug MacIntyre	Kent Christopher
	Joseph L. Rau	
2008	Susan Rinaldo Gallo	John W. Walsh
	Michael W. Runge	
2009	Vijay M. Deshpande	Dale L. Griffiths
2010	William H Dubbs	None awarded
	Toni Rodriguez	
2011	Patricia A. Doorley	Foster M. "Duke" Johns III
2012	Richard M. Ford	Miriam A. O'Day
	Timothy R. Myers	
2013	Linda I Van Scoder	Kathy Blackmon
2014	Debra J. Fox	Edna Fiore
	Karen J. Stewart	
2015	Fred Hill	Kris Kuykendall
2016	Colleen L. Schabacker	Bruce K. Rubin
	George W. Gaebler	
2017	Lynda Goodfellow	Russell Acevedo
2018	Shelley C. Mishoe	Grace Anne Dorney Koppell
	Frank R. Salvatore, Jr.	
2019	Kenneth E. Thigpen	Debbie Bunch



AMERICAN RESPIRATORY CARE FOUNDATION
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
<http://www.arcfoundation.org>, E-mail: info@arcfoundation.org

Memorandum

DATE: January 7, 2020

TO: Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, AARC President
Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President
Peter Papadakos, MD, FCCM, FAARC, BOMA Chair

FROM: Michael T. Amato
ARCF Chair

SUBJECT: **Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies Award 2020—*Solicitation of Nominations***

This annual achievement award was established in 2016 to honor the memory and legacy of Mitchell A. Baran, founder and Chairman of the Trudell Medical Group, a global manufacturer of medical devices. Monaghan Medical Corporation, the subsidiary of Trudell Medical, is a leading innovator in the evidence-based delivery of aerosolized medications and airway clearance therapies.

We are now accepting nominations for this award. Nominations will be invited from the AARC Board of Medical Advisors, the Board of Directors of the AARC, the Trustees of the ARCF, and the National Board for Respiratory Care (NBRC). The ARCF Board of Trustees in consultation with the Board of Medical Advisors Chair will make the final selection for the award recipient. Eligible candidates will, at minimum, possess the registered respiratory therapist (RRT) credential and be an active member of the AARC for at least seven years. It is anticipated that nominees will also have a record of voluntary service to the AARC and/or related professional organizations, with special emphasis given to those individuals exhibiting demonstrable clinical leadership skills. The nominating group is responsible for submitting the following:

- A description of the nominee's professional background (i.e. a current curriculum vitae)
- A detailed narrative describing the nominee's achievements in advocating and promoting excellence in the delivery of aerosolized medications, airway clearance therapy and the impact such activities have had on patients, their families, and other clinicians, and
- A brief notation on clinical research activities undertaken to further and strengthen the knowledge base of aerosol medicine and non-pharmacologic airway clearance therapy.

In recognition, the recipient will receive an engraved crystal, monetary award, coach airfare, two night's lodging and registration to the AARC Congress 2020.

Please submit nominations to the Executive Office (crystal.maldonado@aacrc.org) no later than June 1, 2020.

cc: ARCF Trustees

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

This annual achievement award was established in 2016 to honor the memory and legacy of Mitchell A. Baran, founder and Chairman of the Trudell Medical Group, a global manufacturer of medical devices. Monaghan Medical Corporation, the subsidiary of Trudell Medical, is a leading innovator in the evidence-based delivery of aerosolized medications and airway clearance therapies.

Throughout his long and distinguished career, Mr. Baran was unwavering in his commitment to the necessity of basing product development and subsequent application on a foundation of established scientific evidence, coupled with the clinical expertise of those using such devices.

An endowment has been established in the American Respiratory Care Foundation (ARCF) to recognize and honor those individuals demonstrating clinical excellence and leadership in advocating and promoting the use of evidence-based, clinically sound practices for the delivery of aerosolized medications and/or the application of non-pharmacologic airway clearance therapies.

Recipients of this award will receive a cash prize of \$2,500, a piece of engraved crystal and round-trip coach airfare, with two nights lodging and registration, to the Annual AARC Congress for the year in which the award is bestowed.

Eligibility and Nominating Procedure:

At the beginning of each calendar year, the ARCF will invite nomination for the Mitchell A. Baran award from the AARC's Board of Medical Advisors (BOMA), the Board of Directors of the American Association for Respiratory Care, the Trustees of the American Respiratory Care Foundation, and the National Board for Respiratory Care. The ARCF Board of Trustees in consultation with the Board of Medical Advisors Chair will make the final selection for the award recipient. Eligible candidates will, at minimum, possess the registered respiratory therapist (RRT) credential and be an active member of the AARC for at least seven years. It is anticipated that nominees will also have a record of voluntary service to the AARC and/or related professional organizations, with special emphasis given to those individuals exhibiting demonstrable clinical leadership skills.

A completed nomination must include following:

- A description of the nominee's professional background (i.e. a current curriculum vitae)
- A detailed narrative describing the nominee's achievements in advocating and promoting excellence in the delivery of aerosolized medications, airway clearance therapy and the impact such activities have had on patients, their families, and other clinicians, and
- A brief notation on clinical research activities undertaken to further and strengthen the knowledge base of aerosol medicine and non-pharmacologic airway clearance therapy.

Completed nominations must be received by the ARCF Executive Office no later than June 1 of the calendar year in which the award is to be bestowed.

Upon selection, the nominee will be so notified and invited to attend the Award Ceremony, held in conjunction with the AARC's Annual Congress. The recipient of the award will also be invited to attend the annual BOMA Reception for further recognition and accolades.

Past Recipients:

2019: Michael McPeck, RRT, FAARC
2018: Arzu Ari, PhD, RRT, PT, CPFT, FAARC
2017: Joseph L. Rau Jr., PhD, RRT, FAARC



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

Memorandum

DATE: January 7, 2020

TO: Forrest M. Bird, MD, PhD, ScD Lifetime Scientific Achievement Award., 2020
Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, AARC President
Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President
Allen N. Gustin, Jr., MD, FCCP, CoARC President
Peter Papadakos, MD, FCCM, FAARC, BOMA Chair

FROM: Michael T. Amato
ARCF Chair

SUBJECT: **Forrest M. Bird Lifetime Scientific Achievement Award 2020—*Solicitation of Nominations***

This award was established in 1983 to acknowledge “outstanding individual scientific contributions in the area of respiratory care of cardiopulmonary disorders.” The annual award is funded by an endowment from Dr. Forrest M. Bird, founder of Bird Products Corporation, a developer and manufacturer of respiratory equipment. Dr. Bird was an outstanding innovator of respiratory care equipment, who has inspired and encouraged many investigators to continue the search for methods of improving respiratory care. He is recognized as an international educator and promoter of excellence in respiratory care.

In recognition, the recipient will receive an inscribed plaque, monetary award, coach airfare, one night’s lodging, and registration to attend the Awards Ceremony at the AARC Congress 2020.

Previous recipients of this prestigious award have been:

2019 Jerry A. Krishnan, MD, PhD
2018 Richard H. Kallet, MS, RRT, FAARC, FCCM
2017 Jim Fink, PhD, RRT, FAARC, FCCP
2016 Marin H. Kollef, MD
2015 John B. Downs, MD
2014 John J. Marini, MD
2013 Michael T. Newhouse, MD, FRCP©, FACP

2012 Patrick Dunne, MEd, RRT, FAARC
 2011 Brian Carlin, MD, FAARC
 2010 Louise Nett, RN, RRT, FAARC
 2009 James K. Stoller, MD, MS
 2008 Bruce K. Rubin, MD, FAARC
 2007 Robert L. Chatburn, RRT-NPS, FAARC
 2006 Robert M. Kacmarek, PhD, RRT, FAARC
 2005 Richard D. Branson, MS, RRT, FAARC
 2004 Joseph L. Rau, Jr., PhD, RRT, FAARC
 2003 Robert Kirby, MD
 2002 Charlie G. Durbin, Jr., MD, FAARC
 2001 Neil R. MacIntyre, MD, FAARC
 2000 Martin J. Tobin, MD
 1999 Dean Hess, PhD, RRT, FAARC
 1998 Walter O'Donohue, Jr., MD
 1997 Alan H. Morris, MD
 1996 David J. Pierson, MD, FAARC
 1995 Leonard D. Hudson, MD
 1994 John F. Murray, MD
 1993 Peter Safar, MD
 1992 George A. Gregory, MD
 1991 Edward A. Gaensler, MD
 1990 John W. Severinghaus, MD
 1989 Roger C. Bone, MD
 1988 William F. Miller, MD, FAARC
 1987 H. Fredrick Helmholtz, Jr., MD
 1986 Thomas L. Petty, MD
 1985 Claude Lenfant, MD
 1984 C. Everett Koop, MD, Surgeon General

- Each year nominations are invited from the AARC Board of Directors, ARCF Board of Trustees, AARC Board of Medical Advisors, the National Board for Respiratory Care and the Commission on Accreditation for Respiratory Care.
- Nominees must have authored (or co-authored) at least 25 peer reviewed publications listed on Pubmed.gov that: a) clearly demonstrate the important contributions that the nominee has made to the science of respiratory care; b) provide evidence that the nominee was a principal investigator/author on the work; and c) shows a commitment to scientific process. Previous award recipients have generally been established investigators at either teaching institutions or non-profit organizations and usually have in excess of 150 PubMed citations.
 1. Your organization may nominate one candidate.
 2. In fairness to your nominee, you must submit a complete current curriculum vitae and biographical summary.

3. We request that you tell us why you have made your choice, keeping the purpose of the award as designated by the donor. Your nominee must have made “**outstanding individual scientific contributions in the area of respiratory care of cardiopulmonary disorders.**” This should include activities in research and education of physicians, therapists and nurses, through publications and lectures.
4. Each organization must provide a personal statement from their nominee of interests and activities outside of medicine as well as the candidate’s opinion of what their most significant contributions are.
5. Remember, it is your job to sell your nominee to the selection group.

Any submission that does not meet the criteria of the award will be eliminated. The deadline for receipt of your nomination in the Executive Office (crystal.maldonado@aacrc.org) is **June 1, 2020.**

cc: AARC Board of Directors
ARCF Trustees

Forrest M. Bird Lifetime Achievement Award

The award was established in 1983 to acknowledge "outstanding individual scientific contributions in the area of respiratory care of cardiopulmonary disorders."

The annual award is funded by an endowment from Dr. Forrest M. Bird, founder of Bird Products Corporation, a manufacturer of respiratory equipment. This award consists of a cash award, a plaque, coach airfare, one night's lodging and registration for the AARC Congress 2020.

Nominations are solicited from the AARC Board of Directors, the ARCF Board of Trustees, BOMA, NBRC, and CoARC. The recipient will be selected by August 15, and the award will be presented during the Awards Ceremony at AARC Congress 2020.



AMERICAN RESPIRATORY CARE FOUNDATION
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
<http://www.arcfoundation.org>, E-mail: info@arcfoundation.org

Memorandum

DATE: January 7, 2020

TO: Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, AARC President
Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President
Allen N. Gustin, Jr., MD, FCCP, CoARC President
Peter Papadakos, MD, , FCCM, FAARC BOMA Chair

FROM: Michael T. Amato
ARCF Chair

SUBJECT: **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health
2020—*Solicitation of Nominations***

The American Respiratory Care Foundation (ARCF) has initiated this year's selection process for the Dr. Charles H. Hudson Award for Cardiopulmonary Public Health. We are requesting one nomination from each organization.

The purpose of this award is to recognize “**efforts to positively influence the public's awareness of cardiopulmonary health and wellness.**”

Previous recipients include:

- Tonya A. Winders, MBA - 2019
- Suzan Michelle Collins, BSRT, RRT - 2018
- Congressman Gregg Harper - 2017
- John R. Garrison, MPA - 2016
- William N. Rom, MD, MPH - 2015
- Stanton A. Glantz, PhD - 2014
- COPD Foundation - 2013
- Melaine Giordano, MSc, RN, CPFT - 2012
- Congressman Mike Ross - 2011
- Not awarded in 2010
- John Kattwinkel, MD - 2009
- Ted and Grace Anne Koppel - 2008
- Senator Michael D. Crapo - 2007

- John W. Walsh – 2006
- Christopher Reeve Foundation - 2005
- Thomas L. Petty, MD, FCCP, FAARC - 2004
- Barbara Rogers - 2003
- National Lung Health Education Program (NLHEP) - 2002
- David Satcher, MD, PhD, Surgeon General of the United States - 2001
- Stephen Wehrmen, RRT, RPFT - 2000
- Mike Moore, Attorney General, State of Mississippi - 1999
- Jackie Joyner-Kersey - 1998
- William W. Burgin, Jr., MD, FACP, FACCP - 1997
- Respiratory Care Dept., Toledo Hospital - 1996
- American Lung Association - 1995
- Allergy & Asthma Network-Mothers of Asthmatics, Inc. - 1994
- Lansing Area Respiratory Care Practitioners - 1993
- Debra Koehl, RRT – 1992
- Senator Frank Lautenberg - 1989
- Congressman Richard Durbin - 1988
- Terry H. DuPont, CRT - 1987
- New York Society for Respiratory Care – 1986

The nomination procedure and other details concerning the award are included on the enclosed information sheets. Nominations are due in the Executive Office (crystal.maldonado@aacrc.org) no later than **June 1, 2020**.

cc: Board of Directors
ARCF Trustees

Dr. Charles H. Hudson Award for Cardiopulmonary Public Health

The purpose of the award is to recognize "**efforts to positively influence the public's awareness of cardiopulmonary health and wellness.**" The award is funded by an endowment from Hudson Respiratory Care Inc. and was established in 1986 in honor of the company's founder, Charles H. Hudson, DDS.

This award consists of a plaque, monetary award, coach airfare, one night's lodging, and registration for the AARC Congress 2020.

Nomination Procedure:

Please submit a typed letter of one thousand words or less that answers each of the following questions as appropriate for the nominee. Nominees may include individuals, groups or organizations whose primary effort has promoted cardiopulmonary health and wellness.

1. How has the nominee promoted cardiopulmonary health and wellness? Outline and describe major activities, events, research, or public policy the nominee has affected.
2. Describe how public cardiopulmonary health and awareness has been influenced through the efforts of the nominee.
3. Why is the nominee a role model for others in terms of public health?

Please include any supporting documentation and, in case of an individual, a curriculum vitae, if available.

Nominations will be accepted through June 1, 2020. Please submit nominations to:

ARCF Executive Office
Attention: Crystal Maldonado
9425 N MacArthur Blvd., Suite 100
Irving, TX 75063
(972) 243-2272
(972) 484-2720 FAX
crystal.maldonado@aarc.org

The award will be presented by the American Respiratory Care Foundation during the Awards Ceremony at the AARC Congress 2020.



AMERICAN RESPIRATORY CARE FOUNDATION
9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706
(972) 243-2272, Fax (972) 484-2720
<http://www.arcfoundation.org>, E-mail: info@arcfoundation.org

Memorandum

DATE: January 6, 2020

TO: Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT,
AE-C, CTTS, AARC President
Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President

FROM: Michael T. Amato
ARCF Chair

SUBJECT: **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care 2020—*Solicitation of Nominations***

This award was established in 1992 with a grant from Invacare Corporation to recognize
“outstanding individual achievement in home respiratory care.”

Previous recipients include:

- Barry J. Make, MD - 2019
- Brooke Yeager McSwain, MSc, RRT - 2018
- Kimberly S. Wiles, BS, RRT, CPFT - 2017
- Nicholas J. Macmillan, BGS, RRT, FAARC - 2016
- Kent. L. Christopher, MD, RRT, FAARC - 2015
- Angela King, RPFT, RRT-NPS - 2014
- Patricia Blakely, RRT, FAARC - 2013
- Linda A. Smith, BS, RRT, FAARC - 2012
- Brian P. Wilson, RCP, EMT-I - 2011
- Louise Nett, RN, RRT, FAARC - 2010
- John R. Loyer, MS, RRT - 2009
- Nancy T. Martin, BS, RRT - 2008
- Claude Dockter, BS, RRT - 2007
- Robert M. McCoy, RRT, FAARC - 2006
- Vernon Pertelle, MBA, RRT - 2005
- Timothy W. Buckley, RRT, FAARC - 2004
- Gene Andrews, BS, RRT, RCP - 2003
- Robert Fary, RRT - 2002

- Joseph Lewarski, RRT - 2001
- David A. Gourley, BS, RRT - 2000
- Patrick J. Dunne, MEd, RRT, FAARC - 1999
- Regina D. Marshall, BS, RRT - 1998
- Robert J. Jasensky, RRT - 1997
- Linda Ann Farren, RRT - 1996
- Scott Bartow, MS, RRT - 1995
- Susan Lynn McInturff, RRT - 1994
- Linda Chapman Maxwell - 1993

We are now accepting nominations for this award. Please submit a one-page, typed description of how the nominee embodies excellence in home respiratory care relative to the following criteria:

- Must currently be working in home respiratory care.
- Must be a respiratory care practitioner.
- May not be employed by a manufacturer.
- May be involved in education as well as the management and organization of patient care.
- Should serve as an active patient advocate in home respiratory care, with specific achievements that demonstrate leadership.

In recognition, the recipient will receive an inscribed plaque, monetary award, coach airfare, one night's lodging and registration to the AARC Congress 2020.

Preference will be given to individuals who have participated in volunteer community efforts related to home respiratory care, in addition to meeting the medical needs of their patients.

A curriculum vitae is required and supporting documentation should be included, if available.

Nominations should be received by the Executive Office (crystal.maldonado@aarc.org) no later than **June 1, 2020**.

cc: Board of Directors
ARCF Trustees

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

The award was established in 1992 with a grant from Invacare Corporation to recognize “outstanding individual achievement in home respiratory care”. The annual award includes a cash award of up to \$500 and an engraved crystal sculpture, plus coach airfare and one night’s lodging to attend the Awards Ceremony at the AARC Congress.

Nomination Procedure:

Please submit a one page typed description of how the nominee embodies excellence in home respiratory care relative to the following criteria:

1. Must currently be working in home respiratory care;
2. Must be a respiratory care practitioner;
3. May not be employed by a manufacturer;
4. May be involved in education, as well as the management and organization of patient care;
5. Should serve as an active patient advocate in home respiratory care, with specific achievements that demonstrate leadership;
6. Preference is given to individuals who have participated in volunteer community efforts related to home respiratory care, in addition to meeting the medical needs of their patients.

A curriculum vitae is required and supporting documentation should be included, if available.

Nominations will be accepted through June 1, 2020. Please submit nominations to:

ARCF- Thomas L. Petty, MD Invacare Award
Attention: Crystal Maldonado
9425 N MacArthur Blvd, Ste. 100
Irving, Texas 75063
(972) 243-2272
crystal.maldonado@aarc.org

The award presented by the American Respiratory Care Foundation during the Awards Ceremony at the AARC Congress 2020.

From: [Crystal Maldonado](#)
To: [Karen Schell](#); kf93@sbcglobal.net; [Pat Munzer \(Pat.Munzer@washburn.edu\)](mailto:Pat.Munzer@washburn.edu); [Papadakos, Peter](#)
Cc: [Jena Weeter](#); [Lori Tinkler](#); tom@coarc.com; [Michael Amato](#); [Tom Kallstrom](#)
Subject: Mike West, MBA, RRT Patient Education Award 2020—Solicitation of Nominations
Date: Thursday, March 5, 2020 12:34:48 PM
Attachments: [image001.wmz](#)
[oledata.mso](#)
[image005.png](#)
[image006.emz](#)
[image007.png](#)
[image008.png](#)
Importance: High

Memorandum

DATE: March 5, 2020

TO: Karen Schell, DHSc, MHSc, BSRC, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, FAARC, AARC President
Katherine L. Fedor, MBA, RRT, RRT-NPS, CPFT, NBRC President
Pat Munzer, DHSc, RRT, FAARC, CoARC President
Peter Papadakos, MD, FCCM, FAARC, BOMA Chair

FROM: Michael T. Amato
ARCF Chair

SUBJECT: **Mike West, MBA, RRT Patient Education Award 2020—*Solicitation of Nominations***

This award was established in 2012 with an endowment from Philips Healthcare to recognize “**a Respiratory Therapist who has had a profound impact on patients as established by measurable outcomes as a result of patient education.**”

Previous recipients include:

- Joyce Baker, MBA, RRT, RRT-NPS, AE-C - 2019
- DeDe Gardner, DrPh, RRT, FAARC, FCCP - 2018
- David L. Vines, MHS, RRT - 2017
- Krystal Craddock, RRT-NPS, CCM - 2016
- **Trina M. Limberg, BS, RRT, FAARC, MAACVPR - 2015**
- Timothy Op’t Holt, RRT, AE-C, FAARC - 2014
- Bill G. Galvin, MEd, RRT, CPFT, AE-C, FAARC - 2013
- Mike West, MBA, RRT- 2012

We are now accepting nominations for this award. Nominations will be invited from the AARC Board of Medical Advisors, the Board of Directors of the AARC, the Trustees of the ARCF, National

Board for Respiratory Care (NBRC) and the Commission on Accreditation for Respiratory Care (CoARC). The nominating group is responsible for submitting the following:

- A complete and current biographical report on their nominee (curriculum vitae). Only *one* nominee (who is *not* a past recipient of the award) is allowed from each group.
- A statement, including data which indicates the basis for the nomination, keeping the principle criterion of “promoting patient education” in mind. They should illustrate the nominee’s impact on patient education through novel training and education programs, adherence programs for patients, and improved outcomes of patients gained through education and feedback.
- A brief personal comment on their candidate’s interests and activities outside of medicine (i.e. civic, family, hobby).

In recognition, the recipient will receive an inscribed plaque, monetary award, coach airfare, one night’s lodging and registration to the AARC Congress 2020.

Please submit nominations to the Executive Office (crystal.maldonado@aacrc.org) no later than June 1, 2020.

cc: Board of Directors
ARCF Trustees

Mike West, MBA, RRT Patient Education Achievement Award

Established in 2012, this award is named for Mike West, a Registered Respiratory Therapist, who recognized the importance of educating patients to help them manage chronic pulmonary diseases, and the profound impact such self-management has on patient respiratory quality of life. Mike West made it his quest throughout his career to ensure that patients, caregivers, and industry had the highest understanding of respiratory disease and the best solutions for treating these diseases. An endowment has been established to recognize excellence in patient education by, American Respiratory Care Foundation’s Trustees (ARCF), through a grant from Phillips Healthcare, to recognize a Respiratory Therapist who has had a profound impact on patients as established by measurable outcomes as a result of patient education.

This award includes a plaque, coach airfare, one night’s lodging and registration for the AARC Congress.

Nomination Procedure

Nominations will be invited from the AARC Board of Medical Advisors, the Board of Directors of the AARC, the Trustees of the ARCF, National Board for Respiratory Care (NBRC) and the

Committee on Accreditation for Respiratory Care (CoARC).

The nominating group is responsible for submitting the following:

1. A complete and current biographical report on their nominee (curriculum vitae). Only *one* nominee (who is *not* a past recipient of the award) is allowed from each group.
2. A statement, including data which indicates the basis for the nomination, keeping the principle criterion of “promoting patient education” in mind. They should illustrate the nominee’s impact on patient education through novel training and education programs, adherence programs for patients, and improved outcomes of patients gained through education and feedback.
3. A brief personal comment on their candidate’s interests and activities outside of medicine (i.e. civic, family, hobby).

All nominations must be received by the AARC Executive Office no later than June 1, 2020, and the award will be presented by the ARCF during the Awards Ceremony at the AARC Congress 2020.

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: CT.003

SECTION: Committees

SUBJECT: **Elections Committee – Nominations Process**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: December 2018

DATE REVISED: December 2018

REFERENCES: AARC Bylaws, CT.005, and Delegate Handbook

Policy Statement:

The process used to prepare a slate of candidates for Association offices and to conduct elections shall be in accordance with the following revision from AARC's December 2018 BOD meeting.

Policy Amplification:

1. An official nomination form must be submitted for each nominee.
2. Each nominee shall be notified of the location on-line where they can find the requirements of the Elections Committee in order to continue in the elections process with full instructions and the submission deadline date.
3. All candidates shall submit information (e.g., answers to questions. **Biographical form**) required of all nominees with a defined date of return to the Executive Office for preparation and publication in the appropriate publication to provide the general membership with additional information about the candidates.
4. An AARC Officer or Director shall not hold a paid or voluntary position of authority for or in any AARC Chartered Affiliate during his/her term of office as an AARC Officer or Director. Candidates holding such positions must submit in writing a plan for resolution of any conflict of interest prior to Election Committee consideration of candidates.
5. Questions will be derived from HOD/BOD input and organized/compiled by the Elections Committee. Nominees will respond via mail, e-mail or fax to the Executive Office according to established standards and timelines. The Committee will develop a question for the Section Chair nominees that would be specific to their role with input from the AARC President, focusing on the charges set forth for the particular section. The question will be generic for all Section Chair nominees.
6. The administrator/supervisor of each nominated individual must submit written certifying support for the candidate's nomination and time commitment for AARC responsibilities.
7. The Elections Committee members, under the guidance of the Committee chair, will review the compiled data, assess qualifications, rank, etc. Once the data is compiled, it will be sent to each committee member, followed by a telephone conference, and the

American Association for Respiratory Care Policy Statement

Page 2 of 2
Policy No.: CT.003

committee will decide upon a slate of candidates.

8. All nominated individuals shall be notified in writing the outcome of their nomination.
9. All deliberations within the Elections Committee for preparation of the slate of candidates shall be performed in Executive Session and may not be discussed beyond the committee. Any committee member breaching confidentiality of the aforementioned deliberations shall be referred to the AARC Judicial Committee for appropriate action.
10. The Elections Committee Chair shall submit the elections slate in writing to the Board of Directors and the House of Delegates no later than June 1. This deadline for submission of nominees may be extended as necessary.
11. Voting will be by an online process with the order of candidate names randomly listed.
12. The Elections Committee Chair shall receive and review the layouts of the general election ballots and the biographical forms.
13. The Elections Committee shall forward a roster of all nominees for the AARC Board of Directors to the President and/or President-elect which would include all personal contact information for these individuals (i.e., e-mail, work address, work phone, etc.) for consideration in the committee appointment process.
14. Past speakers of the House of Delegates are eligible for nomination for Association officer positions to include Secretary-Treasurer, Vice President for Internal Affairs, Vice President for External Affairs and President-elect, provided that they will have completed their full term of office as speaker-elect, speaker and immediate past speaker sometime prior to the year for which they would serve as an Association officer.
15. Write-in candidates for Directors and Officers of the Board of Directors of the AARC must meet the minimum eligibility requirements for the office for which they have received votes.
16. The Elections Committee shall have the ability to extend the established nomination period by 20 days if a full slate of candidates for each position has not been obtained.
17. The Committee's goal will be to have a minimum of two qualified members for each elected position.
18. The Executive Office will provide updated section membership numbers and election grid to the Elections Committee, reflecting December 31st membership.

DEFINITIONS:

ATTACHMENTS: Biographical Form Guidelines (See Appendix)

POLICIES

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: October 2017
DATE REVISED: 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 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 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 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

- B. Round-trip, coach class airfare. As a courtesy to the business traveler, the AARC will reimburse up to an additional \$100 (maximum) above the lowest available day

American Association for Respiratory Care

Policy Statement

Page 2 of 4
Policy No.: FM.016

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.

- C. 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.
 - D. 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.
 - E. Airport parking and least expensive ground transportation
 - F. 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.
 - G. 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-paid in accordance with AARC policy.
- A. Per diem is meant and expected to cover expenses other than actual travel and lodging (e.g. meals, gratuities)
 - B. Personal expenses incurred while on official Association travel shall not be eligible for reimbursement from the Association.

American Association for Respiratory Care Policy Statement

Page 3 of 4
Policy No.: FM.016

- 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 \$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

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

American Association for Respiratory Care Policy Statement

Page 4 of 4
Policy No.: FM.016

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 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--The AARC will pay for such registration as follows:
 - i. Current and outgoing directors --- Full registration
 - ii. Incoming directors--- Full registration
 - iii. House of Delegates Officers --- Full registration

DEFINITIONS: "Valid receipt" includes original receipts from the travel/other provider. Reproductions of receipts shall not be accepted.

ATTACHMENTS:

American Association for Respiratory Care Policy Statement

Page 1 of 2
Policy No.: BOD.024

SECTION: Board of Directors
SUBJECT: **AARC Disaster Relief Fund**

EFFECTIVE DATE:

DATE REVIEWED: June 2019

DATE REVISED: July 2019

REFERENCES:

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

Policy Amplification:

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

American Association for Respiratory Care Policy Statement

Page 2 of 2
Policy No.: BOD.024

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

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

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

Audit Subcommittee Report

Reporter: Joseph Goss, MSJ, RRT, RRT-NPS, FAARC - Chair

Recommendations

None currently.

Report

The Audit Subcommittee met via phone conference on March 10 to review the findings of the auditor, Howard, LLC. The committee reviewed the consolidated financial statements and independent auditor's report dated December 31, 2019 and 2018 and found the records follow the generally accepted accounting principles for the United States.

Two items to note in the report but are not substantial to the Association's operations, include segregation of accounting duties and documentation of the system of internal control on investments.

1. The recommendation for segregation of duties is that the Association continuously monitor the assigned tasks performed by management personnel to reduce the heightened risk associated with our Association. The Auditor recognizes that with our small organization this is common and can be difficult to segregate management duties without introducing additional errors by adding more personnel. This is noted for the Board and that the Board is aware.
2. The recommendation that a Documentation of the System of Internal Control on Investment is that the management obtain from Merrill Lynch their internal audit report and determine whether there were any exceptions in controls at Merrill Lynch that would affect the investments of the Association. This document will also provide recommended controls for the Association surrounding the investments. It was noted to the committee by the Executive Office that this document was requested and obtained from Merrill Lynch. Merrill Lynch was audited by Price Waterhouse Cooper. The Auditor was satisfied.

An additional point noted by the Auditor is the revenue recognition related to education (Congress, etc.) in respect to non-member rates. Because the Association has a different rate for members and non-member pricing, it requires the Auditor to take the additional step that analyze the impact. This is a low percentage of non-members joining via educational offerings, and the member discount may be viewed as a promotion to get non-members to join.

Tim Pike, Howard LLC, will be attending the March Board Meeting to present the report and answer additional questions.

Other

I would like to thank the Audit Subcommittee for their participation in this annual review. I also want to thank Tim Myers and Ada Morton and the AARC Executive Office staff, and Tim Pike and the staff of Howard, LLP for their participation and open discussion and explanation of the Committee's questions.

Members: Jennifer Anderson (House of Delegate Treasurer), Lynda Goodfellow (Secretary-Treasurer), Jakki Grimball (VP-External Affairs), and Joseph Goss (House of Delegate Speaker-elect).

Liaisons: Timothy Myers (EO)

Respectfully submitted,

Joseph Goss, MSJ, RRT, RRT-NPS, FAARC

House of Delegates, Speaker-elect