AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
November 30 2007
Orlando, Florida

Minutes

Attendance
Toni Rodriguez, EdD, RRT, President
Michael Runge, BS, RRT, Past President
Ruth Krueger Parkinson, MS, RRT, VP/Internal Affairs
Karen Stewart, MS, RRT, FAARC, VP/External Affairs
Colleen Schabacker, BA, RRT, FAARC, Secretary/Treasurer
Denise Johnson, BS, RRT, Past Speaker
Rick Ford, BS, RRT, FAARC
George Gaebler, MSEd, RRT, FAARC
Mari Jones, ARNP, RRT, AE-C, FAARC
Joan A. Kohorst, MA, RRT-NPS
Jim Maguire, PhD
Tim Myers, BS, RRT-NPS
Susan Rinaldo-Gallo, MEd, RRT
Ken Thigpen, BS, RRT
Michael Tracy, BA, RRT-NPS
Linda Van Scoder, EdD, RRT
Nicholas Widder, RRT

Guest
Ted Oslick
Gary Smith
Sherry Barnhart
Lori Tinkler
Robert Shaw

Absent
Tom Striplin, MEd, RRT (Excused)

Consultant
John Hiser, MEd, RRT, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC
Steven Boas, MD, BOMA Chair

Staff
Sam Giordano, MBA, RRT, FAARC, Executive Director
Tom Kallstrom, RRT, Chief Operating Officer
Ray Masferrer, RRT, FAARC, Associate Executive Director
William Dubbs, MHA, MEd, RRT, Director of Education and Management
Cheryl West, MHA, Director Government Affairs
Miriam O'Day, Legislative Affairs
Tony Lovio, Controller
Brenda DeMayo, Administrative Coordinator

CALL TO ORDER

President Toni Rodriguez called the AARC Board of Directors meeting to order at 8:10 a.m. EST, Friday, November 30, 2007.

Secretary-Treasurer Colleen Schabacker called the roll and declared a quorum.

BOARD OF MEDICAL ADVISORS REPORT

Dr. Steven Boas reported that BOMA has been working on issues associated with the sleep community and officer status for RTs in the military. He reported that BOMA held an ad hoc meeting prior to its last BOMA meeting to discuss officer status. Col. Mike Morris, MD from the Brooks Army Medical base in San Antonio, TX was invited and BOMA was afforded the opportunity to lend its name and expertise to the issue.

Michael Runge moved "To accept the BOMA report as presented."

Motion Carried

ORGANIZATIONAL REPRESENTATIVES

AMERICAN ACADEMY FOR ALLERGY ASTHMA AND IMMUNOLOGY REPORT

President Toni Rodriguez personally contacted the representative of the AAAAI, Kay Stiffler, to ascertain her reason for not submitting reports to the Board. She assured President Rodriguez she was actively involved and would send a report. However, to date one has not been received.

Karen Stewart moved **FM 07-3-54.1**"To replace Kathryn Stiffler as representative of the AAAAI based on the lack of communication from the representative to the Board."

Motion Carried

AMERICAN SOCIETY FOR TESTING AND MATERIALS REPORT

Ruth Krueger Parkinson moved to accept **Recommendation 07-3-60.1** "Investigate the possibility of having standards that will impact an AARC specialty area sent to the specialty chairman to be shared with the members of that specialty area."

Ruth Krueger Parkinson moved "To refer **Recommendation 07-3-60.1** to the Vice President of External Affairs to determine timing and clarify intent from the representative."

Motion to Refer Carried

Karen Stewart moved “To accept the Organizational Representative reports as presented.”

Motion Carried

NEW BUSINESS

POLICY REVIEW

BOD 005 – Oversight of Executive Director

Linda Van Scoder moved “To table BOD-005 (**See ATTACHMENT “I**”) until January at which time it will be forwarded to the Board via Listserv for final approval.”

Motion Tabled

BOD 012 Ratification of Presidential Appointments, Goals

George Gaebler moved “To accept BOD-012 (**See ATTACHMENT “I”**).”

Jim Maguire moved “To amend BOD-012 to reflect the following:

> To change the word “ratification” to “approval” in the title of the policy, and change “Date Reviewed” and “Date Revised.”

Motion to Amend Carried

Amended Motion Carried

BOD 015-AARC Stationery, Business Cards

Susan Rinaldo Gallo moved “To accept BOD-015 (**See ATTACHMENT “I”**).

George Gaebler moved “To amend BOD-015 to reflect the following:

> To eliminate #1 under Policy Amplification, and to add ‘subject to approval of President’ after the second amplification.”

Motion to Amend Carried

Amended Motion Carried

RECESS

President Toni Rodriguez recessed the meeting of the AARC Board of Directors at 9:00 a.m. EST, Friday, November 30, 2007.

RECONVENE

President Toni Rodriguez reconvened the meeting of the AARC Board of Directors at 9:15 a.m. EST, Friday, November 30, 2007."

BA 001 – Medical Advisors

Karen Stewart moved "To accept BA 001 as presented." (**See ATTACHMENT "I"**).

Motion Carried

BA 002 – Member Organizations

George Gaebler moved "To accept BA 002 as presented." (**See ATTACHMENT "I"**).

Joan Kohorst moved "To table BA 002 until the BOMA Chair can take this policy to BOMA for changes or comments."

Motion Tabled

BA 003 – BOMA Policies and Procedures

George Gaebler moved "To accept BA 003 as presented." (See **ATTACHMENT "I"**).

Motion Carried

CA 006 – Chartered Affiliate Consultant

Karen Stewart moved "To accept CA 006 as presented." (**See ATTACHMENT "I"**).

Karen Stewart moved "To amend CA 006 as follows:

11. The Chartered Affiliate Consultant will be required to sign a Letter of Agency which will scope and limitations of authority."

Motion to Amend Carried

Amended Motion Carried

AUDITOR'S REPORT

Jim Maguire moved "To accept "That the Board of Directors approve a plan to revise the budgetary information given during the executive session of the BOD and HOD during the winter meetings beginning in 2008. The budgetary information will be at a general level and not give detailed information regarding revenue or expenses associated with that line item. Budgetary view will be the equivalent of the current statements of activities with a year-to-year comparison like the report found in the AARC Financial Reports."

Motion Carried

AMERICAN RESPIRATORY CARE FOUNDATION REPORT

ARCF Chair Michael Amato advised members that this year marks his 30th year of attendance at AARC International Congresses. He stated that the 5K Ventilator Run is on track and can be seen at the Exhibit Hall. He reminded the Board that all members have ownership in the Foundation and that every dollar received by the ARCF ultimately goes toward furthering Respiratory Care.

HOUSE RESOLUTIONS

Ruth Krueger Parkinson moved to accept **HR 04-07-23** "Resolved that the House of Delegates receive the proposed AARC budget on the first day of the HOD meeting in December. On the next day of the meeting, the HOD will vote regarding the proposed budget."

Colleen Schabacker moved "To refer **HR 04-07-23** to the Audit subcommittee to work in conjunction with the Association auditors and bring back to the March meeting."

Motion to Refer Carried

George Gaebler moved to accept **HR-94-07-24** "Resolved that the AARC develop a list of suggested competencies and equipment that Respiratory Therapy departments may use as a guideline in order to prepare for Pandemic or Mass Casualty situations."

Ruth Krueger Parkinson moved "To refer **HR 94-07-24** to the President to charge the Ad Hoc Committee on Ventilator Guidance Workgroup to complete this task.

Motion to Refer Carried

George Gaebler moved to accept **HR 94-07-25** "Resolved that the AARC provide a discussion 'blog' on the website for the purpose of posting relative and important information to submitted resolutions in advance of the HOD meetings."

Michael Tracy moved "To refer **HR 94-07-25** to the Executive Office and report back by the March meeting."

Motion to Refer Carried

RECESS

President Rodriguez recessed the meeting of the AARC Board of Directors at 10:40 a.m. EST, Friday, November 30, 2007.

RECONVENE

President Rodriguez reconvened the meeting of the AARC Board of Directors at 10:50 a.m. EST, Friday, November 30, 2007.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

MODERATE SEDATION ROUNDTABLE

Linda Van Scoder moved to accept **FM 07-3-76.1** "To accept the establishment of a Moderate Sedation Roundtable with Colleen Schabacker as Chair."

Motion Carried

The Executive Office will conduct a survey to see if there are at least 50 people interested in membership on the Moderate Sedation Roundtable.

VERBAL ORDERS POLICY

Linda Van Scoder moved to accept **FM 07-03-76.2** "That the Position Statement on Verbal Orders be revised."

Linda Van Scoder moved "To refer **FM 07-03-76.2** to the Position Statement Committee to revise and include the following:

- Design a statement as broad as individual states will allow
- Phone orders

- Expand statement including other areas of practice for RTs (i.e. disease management)."

Motion to Refer Carried

PRESIDENTIAL APPOINTMENTS

Linda Van Scoder moved to accept **FM 07-03-76.3** "To accept Garry Kauffman as the AARC State Affiliate Consultant."

Motion Carried

LONG TERM CARE SECTION

Colleen Schabacker moved to accept **FM 07-03-50.1** "Due to the resignation of the Chair of the Long Term Care Section, Maria Wooldridge, that her position be replaced by Gene Gant for 2008."

Motion Carried

NOMINATIONS FOR VACANT BOARD SEAT

President Toni Rodriguez advised members of the one-year vacancy on the AARC Board of Directors that was created when board member Tim Myers was voted President-elect.

President Rodriguez nominated Jerry Bridgers for this position and she asked members to submit their nominations at the December 4th meeting of the AARC Board of Directors.

NATIONAL BOARD FOR RESPIRATORY CARE REPORT

NBRC President Ted Oslick, MD stated that his term as President is up the end of 2007 and he introduced Sherry Barnhart as the 2008 NBRC President.

Dr. Oslick advised that the NBRC State Licensure Meeting was well attended, and that they were fortunate to have attendance by the ACCP. The country of Chile has been added to the Latin American Board. The Competency Program has been fully implemented. In 2007 the NBRC awarded its 100,000th RRT credential. He stated that the following steps are required before implementing any new exam:

1. Viability study
2. Personnel survey
3. Job analysis
4. Item writing
5. Validation

He advised that the time frame for all 5 steps can take from 2-3 years.

President Toni Rodriguez thanked NBRC for fast tracking the Critical Care and Sleep exams, and for continually supporting AARC on the polysom issue.

OUTGOING BOARD MEMBER RECOGNITION

President Toni Rodriguez recognized the following outgoing board members and thanked them for their committed service on AARC's Board of Directors:

Joan Kohorst
Nick Widder
Susan Rinaldo Gallo
Ken Thigpen
Michael Tracy

TREASURER'S MOTION

Colleen Schabacker moved to accept "That the AARC Board of Directors be reimbursed for this meeting according to AARC Policy."

Motion Carried

MOTION TO ADJOURN

Susan Rinaldo Gallo moved "To adjourn the meeting of the AARC Board of Directors."

Motion Carried

ADJOURNMENT

President Toni Rodriguez adjourned the meeting of the AARC Board of Directors at 11:40 a.m. EST, Friday, November 30, 2007."

ATTACHMENT “A”

Bylaws

Colorado State Bylaws
Maryland/DC State Bylaws
Virginia State Bylaws
Utah State Bylaws
Nevada State Bylaws

Bylaws Timeline

Time Line for State By-Laws Revision by
The AARC Board of Director' Review

Understanding that appropriate timing is important to the Chartered Affiliates in response to approval of their By-Law proposed changes by the AARC BOD the following guidelines for submission of change request should be used.

1. All bylaws revisions should be sent to the chair of the AARC Bylaws Committee in care of the AARC Executive Office.
2. The affiliate's bylaws revisions must be accompanied by a cover letter that describes the reasoning for the proposed revisions. This explanation should be sufficient for the AARC Bylaws Committee to understand the intent of the proposed changes. The cover letter should include the name and contact information of the individual in the chartered affiliate who can answer questions about the bylaws proposal.
3. The affiliate must provide a full copy of their bylaws with additions **underlined and bold** and with deletions appearing as ~~strikeouts~~.
4. The following is a guide for States to use to determine the best timing for their submission of By-Laws changes for AARC BOD approval.

The AARC BOD has scheduled meetings in winter, spring and summer. With this meeting schedule the following is a time line for use by the States to determine when it is best to submit proposed changes to coincide with their Board Meetings and elections.

TIME LINE FOR STATE AFFILIATES TO USE IN DETERMINING WHEN BYLAWS CHANGES NEED TO BE SUBMITTED FOR AARC BOD APPROVAL

SUBMITTED TO THE AARC EXECUTIVE OFFICE FROM THE STATE	**SUBMITTED TO AND REVIEWED BY THE AARC BYLAWS COMMITTEE**	**SUBMITTED TO THE AARC BOD BY THE AARC BYLAWS COMMITTEE**	**AARC BOD MEETINGS**	**ANSWER BACK TO THE STATE CONTACT**
BEFORE OCTOBER 1ST	TWENTY ONE DAYS FROM RECEIVED DAY	BY COMMITTEE REPORT DEADLINE SET FORTH BY AARC POLICY	WINTER (NOV/DEC)	FOURTEEN DAYS AFTER AARC BOD MEETING
BEFORE FEBRUARY 1ST	TWENTY ONE DAYS FROM RECEIVED DAY	BY COMMITTEE REPORT DEADLINE SET FORTH BY AARC POLICY	SPRING (MAR/APR)	FOURTEEN DAYS AFTER AARC BOD MEETING
BEFORE JUNE 1ST	TWENTY ONE DAYS FROM RECEIVED DAY	BY COMMITTEE REPORT DEADLINE SET FORTH BY AARC POLICY	SUMMER (JUNE/JULY)	FOURTEEN DAYS AFTER AARC BOD MEETING

ATTACHMENT “B”

Position Statement

Fraudulent Practices in Respiratory Care

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Fraudulent Practices in Respiratory Care

The American Association for Respiratory Care opposes and condemns fraudulent practices in respiratory care and encourages respiratory therapists to take all possible measures to prevent such practices. The vast majority of respiratory therapists are honorable and dedicated professionals who are themselves harmed and diminished by fraudulent practices.

Fraudulent practices may include, but are not limited to, submitting claims for payment for services not provided; falsification of documentation to indicate that services were provided which were not, in fact, provided; falsification of patient assessment data, such as lab tests or other diagnostic measurements, to justify services or reimbursement or for other reasons; providing services which are not medically necessary, or which have not been ordered; or using/reporting improper billing codes and/or inflating service charges for selected patient groups to enhance reimbursement.

Fraudulent practices violate the trust which should exist between patients, their caregivers, and payors and present an image of nonprofessionalism, lack of compassion, and overpowering greed. Fraudulent practices undermine legitimate practices and add to the burden on the nation's already financially stressed health care system. Those who commit fraudulent practices undermine the efforts of the American Association for Respiratory Care's promotion of the profession of respiratory care as a credible force in the delivery of health care.

Further, the American Association for Respiratory Care will continue to support the establishment and strengthening of licensure of respiratory care professionals, which should provide an appropriate mechanism for detecting and eliminating fraudulent practices.

Effective 3/97
Revised 3/00
Retired 12/07

ATTACHMENT “C”

Position Statement

Ethics & Professional Conduct

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. Actively maintain and continually improve their professional competence and represent it accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients they treat, including the right to privacy, informed consent and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.

Effective 12/94
Revised ~~3/00, 7/04, 12/06~~ 12/07

ATTACHMENT “D”

Position Statement

Home Respiratory Care Services

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Home Respiratory Care Services

Home respiratory care is defined as those prescribed respiratory care services provided in a patient's personal residence. Prescribed respiratory care services include, but are not limited to:~~,~~

- patient assessment and monitoring~~,~~
- diagnostic and therapeutic modalities and services~~,~~
- disease management~~, and~~
- patient, family and caregiver education~~.~~

These services are provided on a physician's written, verbal or telecommunicated order and practiced under appropriate law, regulation, and qualified medical direction or physician supervision. A patient's place of residence may include, but is not limited to:~~,~~ single-family homes, multi-family dwellings, assisted living facilities, retirement communities, and skilled nursing facilities.

The goals of home respiratory care ~~is~~ are to:

- achieve the optimum level of patient function through goal setting~~,~~
- educate ~~ion, the~~ patients and their caregivers
- administer ~~ration of~~ diagnostic and therapeutic modalities and services~~,~~
- conduct disease state management~~, and~~
- promote health ~~promotion.~~

It is the position of the American Association for Respiratory Care (AARC) that the respiratory therapist - by virtue of education, training, and competency testing - is the most competent health care professional to provide prescribed home respiratory care. The complexities of the provision of home respiratory care are such that the public is placed at a significant risk of injury when respiratory care services are provided by unqualified persons, either licensed or unlicensed, rather than by persons with appropriate education, training, credentials, and competency documentation.

Therefore, it is the position of the AARC ~~recommends~~ that practitioners who are employed to provide home respiratory care possess the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credential awarded by the National

Board for Respiratory Care, as well as state licensure or certification where applicable. In addition, the AARC ~~supports efforts to improve access to home respiratory care through improvements in~~ recognizes that for most clients continued access to home respiratory care is dependent on ~~public and~~ private insurance coverage~~,~~ along with state and federal reimbursement programs~~, and enhancement of services in provider models~~.

~~December 14, 2000~~ Effective 12/14/00
Revised 12/07

ATTACHMENT “E”

Position Statement

Respiratory Care Scope of Practice

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Respiratory ~~Care~~ Therapy Scope of Practice

Respiratory Therapists are health care professionals whose responsibilities include the diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice includes the application of technology and the use of treatment protocols across all care sites including, but not limited to, -- the hospital, clinic, physician's office, rehabilitation facility, skilled nursing facility and the patient's home.

The practice of respiratory care encompasses activities in:: diagnostic evaluation, therapy, and education of the patient, family and public. These activities are supported by education, research and administration. Diagnostic activities include but are not limited to: (1) obtaining and analyzing physiological specimens; (2) interpreting physiological data; (3) performing tests and studies of the cardiopulmonary system; (4) performing neurophysiological studies; and (5) performing sleep disorder studies.

Therapy includes but is not limited to the application and monitoring of: (1) medical gases (excluding anesthetic gases) and environmental control systems; (2) mechanical ventilator support; (3) artificial airway care; (4) bronchopulmonary hygiene; (5) pharmacological agents related to respiratory care procedures; (6) cardiopulmonary rehabilitation; and (7) hemodynamic cardiovascular support.

The focus of patient and family education activities is to promote knowledge and understanding of the disease process, medical therapy and self help. Public education activities focus on the promotion of cardiopulmonary wellness.

Effective 8/87
Revised 12/07

ATTACHMENT “F”

Position Statement

Cultural Diversity

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Cultural Diversity

The AARC ~~is committed to the advancement of cultural diversity among its members, as well as in its leadership.~~ embraces diversity and multi-culturalism in all of its forms and promotes a professional community established with understanding, respect and cultural competence. The AARC is enriched by the unique differences found among its diverse members, their patients/clients, and other stakeholders. The AARC encourages and promotes a culture where personal and cultural backgrounds are utilized effectively to enhance our profession. The AARC ~~is commitment entails~~ accomplishes this by:

- ~~being sensitive to the professional needs of all members of racial and ethnic groups,~~
- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socio-economic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors and customs of the people that constitute its communities of interest, thereby creating a diverse and multicultural professional environment.
- ~~p~~ Promoting an appreciation for, communication between, and understanding among people with different beliefs and backgrounds~~,~~.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- ~~p~~ Promoting diversity education and cultural competence in its ~~professional schools and continuing~~ professional education programs~~,~~.
- ~~r~~ Recruiting ~~strong leadership~~ candidates from under-represented groups for leadership and mentoring programs.

Effective 12/94
~~Revised 3/00~~
Revised 09/07

ATTACHMENT “G”

Position Statement

Pre Hospital Ventilator Management Competency

American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

Position Statement

Pre-Hospital Ventilator Management Competency

It is the position of the American Association for Respiratory Care that all persons involved in the setup, initiation, application, and maintenance of mechanical ventilators in the pre-hospital setting be formally trained in both the clinical and disease-specific applications of mechanical ventilation. Pre-hospital care givers must be trained to understand the age-specific interactions that application of positive airway pressure has on the cardio-pulmonary system, as well as the mechanisms available for the monitoring of these interactions. The pre-hospital provider must also be familiar with proper assessment of the airway and the indications for changes in the settings of the mechanical ventilator.

Further, the American Association for Respiratory Care recommends that all pre-hospital providers of mechanical ventilation be required to demonstrate competence, at regular intervals, in the use and manipulation of all mechanical ventilators used by the pre-hospital provider during the transport of sick and injured patients.

Effective 12/07

ATTACHMENT "H"

Position Statement Review Schedule

ATTACHMENT “I”

Policy Review

Policy Review

November 29-30, 2007

American Association for Respiratory Care
Policy Statement

Policy No.: BOD.005

SECTION: Board of Directors

SUBJECT: **Oversight of Executive Director**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED: September 18, 2001

REFERENCES:

Policy Statement:
The day-to-day functioning and business aspects of the Executive Office shall be the responsibility of the Executive Director, as described in the employment contract, job description, and Article V, Section 3b of the AARC Bylaws.

Policy Amplification:

1. These duties and responsibilities shall not be altered, except by the full Board of Directors.

2. Individual officers or directors shall neither cause nor direct a change in Executive Office operations.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care

Policy Statement

Policy No.: BOD.012

SECTION: Board of Directors

SUBJECT: **Ratification of Presidential Appointments, Goals, Charges**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED:

REFERENCES:

Policy Statement:
All goals, charges, and appointments made by the President shall be approved by the Board of Directors before being considered official.

Policy Amplification:

1. At the Board of Directors meeting following the Annual Meeting of the Association, the President shall submit:

    A. Appointments of individuals to serve on Special Committees, Task Forces, Focus Groups, and Panels, and as representatives to other organizations, as applicable

    B. Goals for the succeeding year

    C. Charges to Special Committees, Task Forces, Focus Groups, Panels, Specialty Sections and representatives, as applicable

2. Any other appointments made by the President during his/her term shall also be submitted to the Board of Directors for approval prior to being considered official.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

Policy No.: BOD.015

SECTION: Board of Directors

SUBJECT: **AARC Stationery, Business Cards**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED:

REFERENCES: AARC Bylaws

Policy Statement:
Only authorized personnel shall use Association stationery and receive Association business cards.

Policy Amplification:

1. Those individuals authorized by the President.

2. Officers and directors may be supplied with business cards indicating their position with the AARC, and their business title and contact information.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care

Policy Statement

Policy No.: BA.001

SECTION: Board of Medical Advisors

SUBJECT: **Medical Advisors**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED:

REFERENCES:

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

Policy Amplification:

1. Medical Advisors shall be limited to:

    A. Members of the Board of Medical Advisors
    B. Physicians approved by the Board of Medical Advisors

2. Medical Advisors so identified shall be appointed by the President, subject to ratification by the Board of Directors.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

Policy No.: BA.002

SECTION: Board of Medical Advisors

SUBJECT: **Member Organizations**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED:

REFERENCES:

Policy Statement:
Physician organizations shall be named to the Board of Medical Advisors by the Board of Directors in concurrence with the Board of Medical Advisors.

Policy Amplification:
1. Physician organizations named to the Board of Medical Advisors shall be:

   A. American College of Chest Physicians (ACCP)
   B. American Thoracic Society (ATS)
   C. American Society of Anesthesiologists (ASA)
   D. American Academy of Pediatrics (AAP)
   E. American College of Asthma, Allergy, and Immunology (ACAAI)
   F. Society for Critical Care Medicine (SCCM)
   G. National Association for Medical Directors of Respiratory Care (NAMDRC)

2. The Board of Medical Advisors shall determine the number of appointees invited from each physician organization named above.

3. The Chairperson of the Board of Medical Advisors shall assure compliance with Association Bylaws Article VIII, Section 2, “Term of Office.”

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care
Policy Statement

Policy No.: BA.003

SECTION: Board of Medical Advisors

SUBJECT: **Policies and Procedures**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED:

DATE REVISED:

REFERENCES:

Policy Statement:
Policies and procedures adopted by the Board of Medical Advisors shall not be in conflict with Association policies and procedures.

Policy Amplification:

1. The Chairperson of the Board of Medical Advisors shall present policies and procedures being considered by the Board of Medical Advisors to the President.

2. The President shall, in collaboration with the Chairperson of the Board of Medical Advisors, present such policies and procedures to the Board of Directors as appropriate.

DEFINITIONS:

ATTACHMENTS:

American Association for Respiratory Care

Policy Statement

Policy No.: CA 006

SECTION: Chartered Affiliate

SUBJECT: Chartered Affiliate Consultant

EFFECTIVE DATE: January 1, 2008

DATE REVIEWED:

DATE REVISED:

References:

Policy Statement:

The American Association for Respiratory Care (AARC) has established a mechanism to offer consultation services to its state societies (chartered affiliates).

Policy Amplification:

The role of the consultant is to assist the state societies, in regard to resolution of problems and/or disputes associated with the operation of the state society at the direction of the AARC President.

1. The President may appoint an AARC member volunteer with Board of Director or Executive Committee experience to serve as AARC State Society Consultant. The Consultant serves at the pleasure of the President. The position will be subject to reappointment on a yearly basis.

2. The Consultant's role is strictly voluntary with no pay for services, but state societies requesting a consultation will accept responsibility for any expenses incurred with the AARC matching up to $500 of the total expense.

3. While the consultant may be engaged with state societies on a wide range of topics related to arbitration, the consultant is not empowered to represent the AARC without its written authorization to do so from the AARC President.

4. When the Consultant provides advice in the execution of a consultation it must be clearly stated that the advice is not a position, opinion, recommendation or other form of direction from the AARC, but rather represents the best opinion of the consultant given his/her extensive experience and expertise in this area.

5. If the consultant feels that it is necessary and appropriate for the AARC to undertake a formal recommendation or other action, the consultant will contact the AARC's President and make the appropriate recommendation(s). The President will in turn consider the recommendation(s) and after consideration with appropriate parties take any subsequent action.

6. The consultant will communicate on a regular basis with the AARC's President regarding any activities undertaken in fulfillment of this appointment and will generate a written report after any consultation be copied to the AARC's President and Executive Director within ten days post meeting.

7. The consultant will submit a report that summarizes activities participated in on behalf of the AARC for each BOD meeting.

8. All communications from the consultant to the State Affiliate must be copied to the AARC President and Executive Director.

9. Any brochures, publications and/or e-mails that the consultant desires to send out to the affiliates promoting services provided through the position must first be approved by the AARC President and Executive Director.

10. All requests for services of the consultant must first be submitted to the AARC President. The President will make the decision regarding approval of the consultation and travel grant funding by the AARC Travel Assistance Grant Fund.

DEFINITIONS:

ATTACHMENTS: