



American Association for Respiratory Care

# Board of Directors Meeting

New Orleans Marriott | New Orleans, Louisiana  
Mardi Gras Ballroom, Salon E (3<sup>rd</sup> Floor)

November 7-8, 2019

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**  
**Executive and Finance Committee Meeting – November 6<sup>th</sup>, 2019**  
**Board of Directors Meeting – November 7<sup>th</sup> – 8<sup>th</sup>, 2019**

**Wednesday, November 6<sup>th</sup>**

3-5:30 PM Executive Committee Meeting

5:30-6:30 PM Finance Committee Meeting

**Thursday, November 7<sup>th</sup> **Board of Directors** **9:00-5:00pm****

7:30–9 AM: Breakfast Available

8:40 AM: Color Guard – HOD – BOD introductions

9:00 AM: Approval of Minutes **pg.5**

Approval of the Consent Agenda-Reports to Pull

**---Consent Agenda---**

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**Standing Committee Reports pg.56**

*Bylaws* **R, A** pg.57

*Elections* **A** pg.58

*Executive Committee* **verbal** pg.59

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*Benchmarking Committee* **pg.67**

*Billing Codes Committee* **pg.68**

*Diversity Committee* **R** **pg.69**

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*Advocacy & Government Affairs* **pg.73**

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*Position Statement* **R, A** **pg.90**

*Virtual Museum Committee* **pg.91**

*Career Pathways Committee* **pg.92**

*BS Entry to Practice Committee* **pg.95**

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*Advanced RT Practices, Credentialing, and Education* **pg.99**

*AS to BS Conversion Committee* **pg.100**

**Specialty Section Reports (closes out) pg.101**

*Adult Acute Care* **pg.102**

*Diagnostics* **NR**

*Education* **pg.103**

*Management* **A** **pg.107**

<b>R =</b>	<b>Recommendation</b>
<b>A =</b>	<b>Attachment</b>
<b>Verbal=</b>	<b>Verbal Report to be given</b>
<b>NR =</b>	<b>Nothing Reported</b>

Neonatal-Pediatrics. **pg.118**  
 Post-Acute-Care **R. pg.120**  
 Sleep **pg.121**  
 Surface to Air Transport **pg.123**  
Special Representatives. **pg.124**  
 Society for Airway Management **NR**  
 AMA/CPT Health Care Professional Advisory Committee **pg.125**  
 American Assoc of Cardiovascular & Pulmonary Rehab (AACVPR) **pg.126**  
~~IPEC.~~ **R. pg.128**  
 American Heart Association. **pg.129**  
 Committee on Accreditation of Medical Transport Systems **pg.130**  
 Chartered Affiliate Consultant. **pg.137**  
 Coalition for Baccalaureate and Graduate Respiratory Therapy Edu (CoBGRTE) **pg.139**  
 Extracorporeal Life Support Organization (ELSO) **pg.140**  
 International Council for Respiratory Care (ICRC). **pg.141**  
 NAAHP. **pg.143**  
 Neonatal Resuscitation Program **NR.**  
Other Reports **pg.144**  
~~CoARC~~ **verbal pg.145**  
~~ABRC~~ **verbal pg.174**  
 ARCF **pg.177**

**---Consent Agenda Ends---**

9:20 AM	<u>General Reports.</u> <b>pg.26</b> President. <b>pg.27</b> Past President <b>pg.29</b> Executive Director <b>A pg.30</b> Advocacy & Government Affairs <b>R pg.39</b> House of Delegates <b>R pg.50</b> President's Council <b>pg.54</b> BOMA. <b>pg.55</b>
10:20 AM	Remaining Reports
12:00 PM	Lunch Break (Daedalus Board Meeting)
1:30 PM	Joint Session Roll Call (Goodfellow) Advocacy & Government Affairs Report (Hummel, 20 mins) Elections Committee Finance Committee <b>Bylaws Second reading – Bylaws chair</b> Town Hall
3:00 PM	Policies review <b>Policy No: CA.005</b> Chartered Affiliate Travel Grant <b>A</b> <b>Policy No: CT.009</b> AARC Fellowship Selection Committee <b>A</b> <b>Policy No: CT..003</b> Elections Committee-Nominations Process <b>A</b>
3:45 PM	Ratifications/E-Votes <b>E-19-3-31.1:</b> Advanced RT Practices, Credentialing, and Education Committee requests the support and approval of “The Advanced Respiratory Therapists Scope of Practice”

3:50 PM Position/Issue paper review – Mike Madison *A*  
*Health Promotion and Disease Prevention*

4:15 PM Working Groups  
*TBA*

5:00 PM Recess

***Friday, November 8<sup>th</sup> Board of Directors 8:00-12:30PM***

7-8:45 AM Breakfast Available

7:45 AM Student Introductions

8:00 AM Lori Tinkler-NBRC

8:15 AM Reports from Working Groups

9:00 AM Unfinished Business

9:30 AM New Business

10:15AM Shane Keene-CoARC

10:30 AM HOD Resolutions

11:00 AM Ted Koppel visit

11:15 AM Joe Army – Leadership

11:45 AM Report on development of CEO review policy

12:00 PM Review of Action Items (Goodfellow, 10 mins)

12:10 PM Congress expectations

**ANNOUNCEMENTS**

**TREASURER’S MOTION**

**ADJOURN**

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**

**Board of Directors Meeting**

Tuesday, July 23, 2019 • Fort Lauderdale, Florida

**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 Grimball, MA, RRT, AE-C, FAARC  
Carl Hinkson, MS, RRT-NPS, FAARC  
John Lindsey, Jr., MEd, RRT-NPS, FAARC  
Timothy Opø 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

**Consultants**

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian  
Dianne Lewis, MS, RRT, FAARC, Presidentø Council President,  
Neil MacIntyre, MD, 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 9 a.m. EDT.

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

President Schell asked a student guest to introduce herself. As part of introductions, President Schell asked the guest to share with the board what prompted her to pursue her career in the respiratory field.

Karen asked the board to participate in an icebreaker exercise to exhibit how important it is to be clear communicators.

## **DISCLOSURE**

President Schell reminded members of the importance of disclosure and potential for conflict of interest and directed them to go around the room and individually verbally disclose their possible conflict of interests.

President Schell asked members to be flexible if the agenda is moved around slightly during the meeting.

## **APPROVAL OF MINUTES**

Cheryl Hoerr moved to approve the minutes of the March 22, 2019 meeting of the AARC Board of Directors.

*Motion carried*

Sheri Tooley moved to approve the minutes of the March 23, 2019 meeting of the AARC Board of Directors.

*Motion carried*

## **CONSENT AGENDA**

Sheri Tooley made a motion to suspend the rules and allow a consent agenda.

*Motion carried*

President Schell asked Board members if they had any questions regarding any of the reports without recommendations.

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 Program Committee, Elections Committee, AS to BS Conversion, BS Entry to Practice, and Vision Grant Committee 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.

## **PRESENTATION: FUNDAMENTALS OF RESPIRATORY CARE**

ICRC chair Jerome Sullivan presented his report and called special attention to the International Education Recognition System (IERS) and the Fundamental Respiratory Care Support Course (FRCSC).

## **PRESENTATION: CRD ASSOCIATES**

Erika Miller and Stefani Rinehart gave an overview of the Congressional-related updates and initiatives.

## **PRESENTATION: CoARC**

CoARC Representatives Shane Keene and Tom Smalling presented the CoARC report and answered questions from the AARC Board of Directors. Supporting material for their report (PowerPoint and letter addressed to the AARC) was posted on the BOD Connect Community.

## **RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 10:42a.m. EDT.

## **RECONVENE**

President Schell reconvened the meeting of the AARC Board of Directors at 10:53a.m. EDT.

## **GENERAL REPORTS CONTINUED**

### **Past President**

Past President Brian Walsh had nothing to report.

### **President's Council**

Dianne Lewis encouraged members who are responsible for Lifetime nominations to get their submissions in promptly.

### **Board of Medical Advisors (BOMA)**

Dr. Neil MacIntyre referred members to his submitted report. He added that BOMA's support for CoARC.

## **PULLED CONSENT AGENDA REPORTS**

### **STANDING COMMITTEE REPORTS**

#### **Bylaws Committee:**

Lynda Goodfellow moved to accept **Recommendation 19-2-9.1** "The AARC Board of Directors find that the Florida Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment Florida-AARC Chartered Affiliate Review 3.11.19)

*Motion carried*

Lynda Goodfellow moved to accept **Recommendation 19-2-9.2** "The AARC Board of Directors find that the Minnesota Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment "Minnesota -AARC Chartered Affiliate Review 05.24.19)

*Motion carried*

Lynda Goodfellow moved to accept **Recommendation 19-2-9.3** "The AARC Board of Directors find that the New Mexico Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws." (See attachment NMSRC-AARC Chartered Affiliate Review 02.25.19)

*Motion carried*

#### **Elections Committee**

Diana Lewis introduced her concerns with the elections process. She thought that clearer guidelines and processes may alleviate confusion with the system.

## **SPECIAL COMMITTEE REPORTS**

### **AS to BS Conversion**

Lynda Goodfellow introduced **Floor Motion 19-2-32.1** which expressed the need for additional members for this committee due of some additional charges that have been assigned.

1. Develop a strategy to increase the number of MSRT programs
2. Develop a list of states that can allow licensure APRT professionals

She has requested that David Shelledy provide some names of prospective appointees prior to the BOD meetings adjourning for the summer

## **BS Entry to Practice**

**Floor Motion 19-2-29.1** Brian Walsh moved to recommend the AARC Executive Office explore the feasibility of developing of an RT CAS and bring it back to the November BOD meeting.

***Motion Carried. Referred to the Executive Office***

## **Vision Grant Committee**

**Floor Motion 19-2-22.1** Lynda moved to accept the motion “The Vision Committee requests the AARC approve the Silva-Divo proposal entitled: "Impact of a Respiratory Therapist (RT) led Noninvasive Ventilation (NIV) protocol for patients requiring partial mechanical ventilation for funding in 2019.”

***Motion did not pass***

## **RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 11:53am. EDT.

## **JOINT SESSION**

Joint Session was called to order at 1:30 pm EDT. Lynda Goodfellow called roll and declared a quorum.

President Schell presented her president's report and highlighted the major points.

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

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

Executive Session was called to order at pm 2:35 pm EDT and concluded at 2:44 pm EDT.

Dennis Guillot performed the first reading of the proposed Bylaws changes.

President Schell opened up the floor for a Town Hall style session.

President Schell adjourned Joint Session at 3:20 pm EDT.

## **RECONVENE**

President Schell reconvened the meeting of the AARC Board of Directors at 3:36 pm EDT.

## **E-MOTION ACCEPTANCE**

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

### **E19-2-15.5**

#### **Program Committee**

That the AARC Board of Directors approve Snowbird, UT as the host city for the 2020 AARC Summer Forum

***Motion Carried***

**Voting Tally: 15 yes, 2 not voting**

### **E19-2-7.1**

#### **Board of Medical Advisors**

Add the VA (or VA Physician group) to the list of physician organizations



***Motion Carried***

**Voting Tally: 15 yes, 2 not voting**

**E19-2-7.2**

**Board of Medical Advisors**

Approve Dr. Yarborough as the VA representative

***Motion Carried***

**Voting Tally: 15 yes, 2 not voting**

**E19-2-32.2**

**AS to BS Conversion Committee**

Dr. Chris Russian to chair the AS to BS Conversion Committee

***Motion Carried***

**Voting Tally: 13 yes, 4 not voting**

**E19-2-63.3**

**IPEC**

Ms. Samantha Davis as the IPEC special representative

***Motion Carried***

**Voting Tally: 13 yes, 4 not voting**

**E19-2-28.1**

**Career Pathways**

To ratify Lutana.Haan as the committee chair for the Career Pathways Committee

***Motion Carried***

**Voting Tally: 15 yes, 2 not voting**

Lynda moved to ratify the E-Motions.

***Motion Carried***

**GENERAL REPORTS CONTINUED**

**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 a project he is currently working on in a collaborative effort with Allergy and Asthma Network (AAN).

Tim Opt Holt moved to accept the General Reports as presented.

***Motion Carried***

**PULLED CONSENT AGENDA REPORTS**

**STANDING COMMITTEE REPORTS**

**Audit Subcommittee**

Joe Goss moved to accept **Recommendation 18-3-13.1** "The Audit Sub-Committee recommends the board take from the table the motion to amend CA 002 to read "C. Proof of sound Chartered Affiliate financial management practices as outlined in House of Delegates policy with Chartered Affiliate Committee oversight."

***Motion Carried. Referred to the BOD***

Joe Goss moved to accept **Recommendation 19-2-13.1** "The Audit Sub-Committee recommends that the Board of Directors recognize the HOD policy addressing affiliate fiscal responsibility, timelines for all requirements and reviews, and appropriate interventions."

***Motion Carried. Referred to the BOD***

Joe Goss moved to accept **Recommendation 19-2-13.2** "The Audit Sub-Committee recommends that the Board of Directors direct the Executive Office develop a method to securely collect and securely maintain the affiliates financial information."

***Motion Did Not Pass***

Tim Opt Holt suggested a friendly amendment to add an apostrophe after "sö" in the word affiliates

Motion did not pass, but with **Floor Motion 19-2-13.3** Lynda moved for the Chartered Affiliates Committee along with the Audit Subcommittee to consult with the Executive Office on fiduciary info required to verify state audit requirements

***Motion Carried***

### **CoARC**

Brian Walsh introduced **Floor Motion 19-2-80.1**. He recommended that President Schell, along with legal consultation, draft and publish a letter of support of CoARC that covers, but not limited to the following:

1. Lack of need for a second accreditation organization.
2. Lower standards, specifically
  1. Granting new AS degree RT/RC programs.
  2. Lower overall outcome thresholds
3. Harm that may be created by two standards of RT/RC education

***Motion tabled until tomorrow's meeting***

### **ADJOURNMENT**

President Schell adjourned the AARC Board of Directors meeting at 4:56 p.m. EDT.  
Meeting minutes approved by AARC Board of Directors as attested to by:

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Lynda Goodfellow  
AARC Secretary/Treasurer

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Date

**AMERICAN ASSOCIATION FOR RESPIRATORY CARE**  
**Board of Directors Meeting**

Wednesday, July 24, 2019 • Fort Lauderdale, Florida

**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 Grimball, MA, RRT, AE-C, FAARC  
Carl Hinkson, MS, RRT-NPS, FAARC  
John Lindsey, Jr., MEd, RRT-NPS, FAARC  
Timothy Opø 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

**Consultants**

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian  
Dianne Lewis, MS, RRT, FAARC, Presidentø Council President,  
Neil MacIntyre, MD, FAARC, BOMA Chair  
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

**CALL TO ORDER**

President Karen Schell called the meeting of the AARC Board of Directors to order at 8:01 a.m. EDT.

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

**CoARC**

Brian Walsh moved to bring **Floor Motion 19-2-80.1** back to the floor. He recommended that President Schell, along with legal consultation, draft and publish a letter of support of CoARC that covers, but not limited to the following:

1. Lack of need for a second accreditation organization.
2. Lower standards, specifically
  1. Granting new AS degree RT/RC programs.
  2. Lower overall outcome thresholds
3. Harm that may be created by two standards of RT/RC education

***Friendly amendment to also consult with the Executive Office***  
***Motion Carried***

### **Position Statement Committee**

Lynda moved to accept **Recommendation 19-2-26.1** "That the position statement entitled "Pulmonary Rehabilitation" (1973) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved."

***Motion Carried***

Lynda moved to accept **Recommendation 19-2-26.2** "That the position statement entitled "Competency Requirements for the Provision of Respiratory Care Services" (11/1998) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved."

***Motion Carried***

Lynda moved to accept **Recommendation 19-2-26.3** "That the position statement entitled "Tobacco Use Control and Inhaled Controlled Substances" (1991) with noted revisions (language to be removed appears as ~~striketrough~~ and language to be inserted appears as **bold and underlined**) be approved."

***Motion Carried***

Lynda introduced **Floor Motion 19-2-26.4** "Recommend the AARC Writing Committee on the Entry to Respiratory Therapy Practice 2030 publish the latest draft of the Executive Summary, Position Statement, Issue Paper and supporting documents following consideration of CoARC's comments."

***Motion Carried***

### **Bylaws Committee**

Sheri 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***

Sheri moved to accept **Recommendation 19-2-9.5**, a proposed amendment to the AARC Bylaws. The AARC Bylaws Committee recommends to amend the bylaws by replacing Article III, Section 6B. Currently Section 6B states, "The names and addresses of applicants accepted by the Executive Office shall be submitted for publication."

Proposed Amendment for Article 6, Section 6B would be, "*The names, city and state of applicants accepted by the executive office shall be submitted for publication.*"

## *Motion Carried*

### **Post Acute Care Specialty Section**

Sheri moved to accept **Recommendation 19-2-57.1** “Incorporate live ögo toö type specialty section meetings (led by the chair) to correspond with section e-newsletter releases.ö

Sheri Tooley moved to accept **for information only.**

*Motion carried*

Sheri moved to accept **Recommendation 19-2-57.2** öUpdate specialty section e-newsletter template/format to include an öissue focusö with defined öheadingsö and the addition of some form of öfeatured questionö similar to SLPø Health Care section e-newsletter <https://www.asha.org/enews/accessslphealthcare.html>.ö

Sheri Tooley moved to accept **for information only.**

*Motion carried*

Sheri moved to accept **Recommendation 19-2-57.3** “Add a more widely accepted video server option (i.e. Vimeo) for viewing AARC videos (i.e. Big Ideas, etc.)ö

*Motion Carried. Referred to the Executive Office*

### **Extracorporeal Life Support Organization**

Sheri moved to accept **Recommendation 19-2-69.1** öIt is recommended that the AARC send a letter of congratulations in acknowledgement of ELSOø 30 Year Celebration, to further develop our growing relationship.ö

*Motion Carried*

### **IPEC**

Sheri moved to accept **Recommendation 19-2-63.1** “Engage the membership on IPE/IPCP. We joined IPEC so RTs would have a seat at the table ó we fight to do that in clinical practice every day. To demonstrate our value as part of the IP team, we must get engaged with the topics ó workshops, courses, research, advocacy, etc. Not quick or easy, but impactful in the long term.ö

Sheri Tooley moved to accept **for information only.**

*Motion carried*

Sheri moved to accept **Recommendation 19-2-63.2** “Co-host a webinar with an expert from another professional organization focusing on the connection between IPE and IPCP. Speakers should represent both academic and clinical practice.ö

*Motion Carried. Referred to the Executive Office*

### **Diversity Committee**

Cheryl moved to accept **Recommendation 19-2-19.1** *Develop a speaker’s bureau for the AARC to make available to state/affiliate meetings.* To change this objective to read: öDevelop a list of speakers with an expertise in diversity to be made available as a resource for state meetings.ö

*Motion carried*

### **NAAHP**

Sheri moved to accept **Recommendation 19-2-72.1** “That the AARC send Patron member Amanda Feil or other designate to the NAAHP meeting in New Orleans, June 24-28, 2020.ö

Dianne Lewis recommended to **refer to the President for the 2020 Budget**

***Motion Carried***

### **House of Delegates**

Cheryl Hoerr moved to accept **Recommendation 19-2-6.1** ðResolve, that for a trial in 2019, in order to optimize communication, writers of HOD resolutions which are passed (or their co-sponsor designee) represent the resolution before the AARC Board of Directors during its consideration.ö

***Motion carried***

### **RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 8:57am EDT.

### **RECONVENE**

President Schell reconvened the meeting of the AARC Board of Directors at 9:04a.m. EDT.

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

***Motion Carried***

Sheri Tooley moved to accept the Specialty Section reports as presented.

***Motion Carried***

Cheryl Hoerr moved to accept the Special Representative reports presented.

***Motion Carried***

### **NEW BUSINESS**

#### **HOD Resolutions**

Keith Siegel introduced **Resolution # 84-19-1** ðThe AARC will create an Advanced Researcher Track in the Leadership Institute by the year 2020.ö

***Motion Carried***

Keith Siegel introduced **Resolution # 84-19-2** “Resolve that the AARC creates a Research Toolkit aimed at the practicing Respiratory Therapist in the hospital setting to acquire, perform, assess and become a consumer for research in the field of Respiratory Care by the year 2020.ö

***Motion Carried***

Keith Siegel introduced **Resolution # 84-19-3** “Resolve that the AARC creates a tool kit aimed at students to learn how to acquire, perform, assess and become a consumer for research in the field of Respiratory Care by the year 2020.”

***Motion Carried. Referred to the Executive Office and Education Section***

Keith Siegel introduced **Resolution # 92-19-7** “Resolve that the AARC provide students who attend the Summer HOD Student mentorship program with a complimentary registration to the Winter International Congress meeting each year beginning with the Summer 2020 HOD students.ö

John Wilgis made a motion to accept the resolution (**# 92-19-7**) as written; and, the HOD work with the Executive Office and Education Section to better define a program for student engagement at the Winter International Congress within a specific budget.

***Motion Carried***

Keith Siegel introduced **Resolution # 92-19-8** “Resolve that that AARC will increase the annual budget for the HOD Student Mentorship Committee from the current \$2000/year to \$4000/year beginning with the HOD Summer meeting 2020.ö

***Motion Carried***

**Unfinished Business**

None

**RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 9:51a.m. EDT.

**RECONVENE**

President Schell reconvened the meeting of the AARC Board of Directors at 10:08a.m. EDT.

**Program Committee**

Karen Schell moved to accept the **Recommendation 19-2-15.1** “The AARC Board of Directors approve New Orleans, LA as the host city for AARC Congress 2022 AND AARC Congress 2026.”

***Motion Carried***

Karen Schell moved to accept the **Recommendation 19-2-15.2** “The AARC Board of Directors approve Nashville, TN as the host city for AARC Congress 2023.”

***Motion Carried***

Karen Schell moved to accept the **Recommendation 19-2-15.3** “That the AARC Board of Directors approve Fort Lauderdale as the host city for the 2023 and 2025 AARC Summer Forum.”

***Motion Carried***

**RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 11:21a.m. EDT.

**RECONVENE**

President Schell reconvened the meeting of the AARC Board of Directors at 11:28a.m. EDT.

Jakki Grimball moved to accept the Standing Committee Reports as presented.

***Motion Carried***

**Elections Committee**

Susan Rinaldo-Gallo introduced **Floor Motion 19-2-10.1** for information purposes “to charge the Elections Committee to develop an objective guideline for candidate selection. That this guideline be presented at the fall meeting of the BOD and be implemented for the next election cycle.”

Executive Session was called to order at pm 11:54 am EDT and concluded at 12:00 pm EDT.

***Motion tabled for lunch break***

**RECESS**

President Schell called a recess of the AARC Board of Directors meeting at 12:01p.m. EDT.

**RECONVENE**

Past President Brian Walsh reconvened the meeting of the AARC Board of Directors at 1:32p.m. EDT.

### **Elections Committee**

Susan Rinaldo-Gallo moved to accept **Floor Motion 19-2-10.1** to charge the Elections Committee to develop an objective guideline for candidate selection. That this guideline be presented at the fall meeting of the BOD and be implemented for the next election cycle.

Kari Woodruff moved to amend this Floor Motion to read as follows: to charge the Elections Committee to review nominations Policy and Procedure and develop objective guidelines within the policy for candidate selection. That this guideline be presented at the Fall meeting of the BOD and be implemented for the next election cycle.

***Motion Carried***

### **Program Committee**

Jakki Grimball moved to reconsider the motion to approve **Recommendation 19-2-15.2** “The AARC Board of Directors approve Nashville, TN as the host city for AARC Congress 2023.

***Motion Carried***

Georgianna Sergakis made a secondary motion to postpone **Recommendation 19-2-15.2** until the next BOD meeting

***Motion Carried***

### **Education Section**

Georgianna Sergakis moved to accept **Floor Motion 19-2-53.1** “The AARC BOD adopt a framework from the implementation science literature to move forward with the recommendations from the Position Statement on education. Implementation science is the use of strategies to adopt and integrate interventions and change practice patterns in specific situations.”

***Motion Carried***

### **AS to BS Conversion**

Lynda Goodfellow moved to accept **Floor Motion 19-2-32.1** “Request approval to appoint the following to the AS to BS Conversion Committee; Dr. Jose Rojas, Mr. Jamy Chulak, Dr. Gregg Marshall and Ms. Teresa Meinen.”

***Motion Carried***

### **Program Committee**

John Wilgis moved to accept **Floor Motion 19-2-15.4** that the Program Committee include a representative of the Diversity Committee as a member for all AARC meeting planning, recommendation and organization.

Dana Evans made a friendly amendment to strike “representative” and add “special consultant” in its place.

***Motion Carried***

### **Sputum Bowl**

**Floor Motion 19-2-15a.1** Cheryl Hoerr moved “that Sherry Whiteman be added to the Sputum Bowl Committee for the 2019 Congress.”

***Motion Carried***

### **POLICY REVIEW**

#### **FM.023 Liquidity Management Policy**

Sheri Tooley moved to accept the new policy with the changes as presented.



*Motion Carried*

**BA.001 – Board of Medical Advisors – Medical Advisors**

Carl Hinkson moved to accept the changes as presented.

*Motion Carried*

**BOD.024 – Board of Directors – AARC Disaster Relief Fund**

Sheri Tooley moved to accept the changes as presented.

*Motion Carried*

**Recommendation 18-3-70.1**

Tim Opæ Holt revisited the recommendation: öThat a working group with representatives from the AARC BOD, the ICRC Governors and the AARC Executive Office be established to review the potential of entering into discussions with representatives of the Japan Society for Respiratory Care & Rehabilitation (JSRCR) regarding the potential for developing a closer working relationship between the AARC/ICRC and the JSRCR.ö

*Motion Carried. Referred to the Executive Office*

**Review of Action Items**

Lynda Goodfellow reviewed action items from the past 2 days.

**Treasurers Motion**

Lynda Goodfellow moved öThat expenses incurred at this meeting be reimbursed according to AARC policy.ö

*Motion Carried*

**MOTION TO ADJOURN**

Lynda Goodfellow moved öTo adjourn the meeting of the AARC Board of Directors.ö

*Motion Carried*

**ADJOURNMENT**

President Schell adjourned the meeting of the AARC Board of Directors at 3:41p.m. EDT

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

\_\_\_\_\_  
Lynda Goodfellow  
AARC Secretary/Treasurer

\_\_\_\_\_  
Date

## **Attachments “A, B, and C”**

Attachment A-FM.023-Fiscal Management-Liquidity Management-New

Attachment B- BA.001 ó Board of Medical Advisors ó Medical Advisors

Attachment C- BOD.024 ó Board of Directors ó AARC Disaster Relief Fund

# American Association for Respiratory Care Policy Statement

Page 1 of 3  
Policy No.: FM.023

SECTION: Fiscal Management  
SUBJECT: **Liquidity Management**  
EFFECTIVE DATE: [July 2019](#)~~TBD~~

DATE REVIEWED:

DATE REVISED:

## REFERENCES:

### *Policy Statement:*

### *Policy Amplification:*

#### A. PURPOSE

The Organization's Board of Directors (Board) desires to establish a liquidity management policy. This policy serves an important governance function by identifying sources of liquidity, establishing and assigning responsibilities for managing the Organization's liquidity needs, outlining the Organization's philosophy on liquidity management, and providing a framework for utilization of financial assets available within one year of balance sheet date.

#### B. SCOPE

Within the context of this document, liquidity is defined as cash and cash equivalents, liquid investment balances, access to cash (e.g., lines of credit, letters of credit), and the convertibility of assets to cash in order to meet operating and financial needs during the operating cycle. The Liquidity Management Policy is meant to work in conjunction with the Board-approved Debt, Internal Bank, Investment, and other policies that impact financial risk management.

#### C. OBJECTIVE

- 1) Outline the Organization's philosophy for optimum liquidity management,
- 2) Define the Organization's primary objective for liquidity management, and
- 3) Identify a framework for utilization of financial assets available within one year of balance sheet date.

## D. PHILOSOPHY

- a. Optimal liquidity management will align financial decisions with the Organization's mission and will consider the following:
- b. Does the action align to the Organization's mission?
- c. What is the overall level of financial health?
- d. Are resources sufficient and flexible enough to support the mission?
- e. Does financial asset performance support the strategic direction?
- f. Do operating results indicate the Organization is operating within available resources?
- g. Is debt managed strategically to advance the mission?

## E. OVERSIGHT

The Organization's Management is responsible for policy compliance, periodic review, and all liquidity management activities for the Organization. On at least an annual basis, the finance committee is charged with reviewing the Organization's Board-approved financial metrics in conjunction with oversight of related policies and will report any issues to the Board's Finance & Administration Committee.

## F. LIQUIDITY MANAGEMENT

The primary objective of liquidity management is to maintain a cash position that allows the Organization to meet daily obligations without incurring the opportunity costs that arise from having excess cash. It is not uncommon for the Organization to experience a mismatch between the timing of expenditures and receipt of funds to pay those costs. The more unpredictable the Organization's cash flows are, the higher the required levels of liquidity that must be maintained.

### 1) **Liquidity Uses**

Uses of Organization liquidity are determined per the Organization fiscal management governance structure as approved within the budget approval process and delegations of authority. Approved use of liquidity is for operating and capital purposes. Operating expenses are paid using the appropriate funds aligned to the Organization mission and compliant with applicable statutes and Organization policies and standards.

### 2) **Liquidity Measures**

- a. The Organization must balance liquidity requirements with its investment objectives and its cost of external borrowing. The Organization intends to manage its liquidity needs by considering its entire asset and debt portfolio, rather than managing liquidity solely on an issue-specific basis. This approach permits Organization-wide evaluation of desired liquidity requirements and exposure.
- b. The Organization has a goal to maintain its financial assets available within one year of the balance sheet date to meet 180 days of projected operating expenses.

### 3) **Liquidity Risk Management**

- a. Liquidity risk is defined as an inability to meet payment obligations in a timely manner when they become due and the risk that assets may not be convertible into cash when needed.
- b. Liquidity risk is divided into three categories:
  - i Operating liquidity risk occurs when the Organization cannot fund its operating expenses due to insufficient liquid cash holdings.

- ii Financing liquidity risk occurs as a result of external financing activities and the potential for those financings to come due before maturity.
  - iii Market liquidity risk occurs when the Organization is unable to convert assets into cash without significant losses.
  - c. Liquidity risk is addressed in part through annual monitoring and reporting of the Primary Reserve Ratio, which reflects expendable net assets to operating expenses.
  - d. The Organization recognizes that it may be exposed to interest rate, third-party credit, and other potential risks in areas other than direct Organization debt (e.g., counterparty exposure in the investment portfolio) and, therefore, exposures are considered on a comprehensive Organization-wide basis.
- 4) **Administration and Reporting**
- a. The Management will report to the Finance Committee annually a schedule of financial assets available within one year of the balance sheet date compared to the projected operating expense for minimum liquidity target.
  - b. This Liquidity Policy will be subject to annual review by the Finance Committee and the elements of the policy related to liquidity will be subject to annual review by the Board.

#### G. USE OF SHORT-TERM DEBT

In order to maintain or increase liquidity, the Organization may use proceeds available from short-term debt for financing of capital projects under the following conditions:

- 1) The proceeds are used to provide interim financing for a capital project with a committed source of funding (e.g., in anticipation of issuance of long-term debt, receipt of certain philanthropic gifts, or grants for Organization projects);
- 2) The cost of the funds available under a line of credit are equal to or lower than a. the Organization's investment return (i.e., opportunity cost); and b. alternative funding options; and
- 3) The use of the proceeds is compliant with applicable statutes and association policies and standards.

# American Association for Respiratory Care Policy Statement

Page 1 of 1  
Policy No.: BA.002

SECTION: Board of Medical Advisors \_\_\_\_\_

SUBJECT: **Member Organizations** \_\_\_\_\_

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: July 2019

DATE REVISED: June 2019 ~~DATE REVIEWED: April 2013~~

~~DATE REVISED: April 2013~~

## **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:~~

1. 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 Direction of Respiratory Care (NAMDRC)
- H. American Association for Respiratory Care (AARC) - physicians from organizations that have been vetted by BOMA and recommended for appointment by the AARC's Board of Directors (BOD). These

2.—  
—

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

4.—  
—

4.3. The Chairperson of the Board of Medical Advisors shall assure compliance with Association Bylaws Article VIII, Section 2, and "Term of Office."

DEFINITIONS:

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~~December 2017

DATE REVISED: ~~December 2017~~July 2019

## REFERENCES:

**Policy Statement:** The AARC President may activate the Disaster Relief Fund to become available for AARC ~~m~~MMembers 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.~~ a. Active, Life, Honorary and paid student members in good standing (members with continuous membership at least 6 months) 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.~~ b. The effected dwelling must be the primary residence of the member.
  - ~~c.~~ 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~~Proof of~~ damage/loss s is required at the time the application is submitted.
  - ~~d.~~ d. Applications will only be accepted up to six months following the date the disaster was initially declared.
  - ~~e.~~ e. Upon receipt, the AARC Executive Office will verify membership status~~that all required criteria are being met and notify the member of its status.~~



~~d. Grants of up to \$500 for Active, Life, Honorary Members, and \$250 paid student members of the AARC will be sent once all criteria has been verified.~~

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

<b>Years of Service</b>	<b>Paid Member/Life Member</b>	<b>Student Member</b>
6 months ó 1 Year	\$50	\$25
1 Year ó 2 Year	\$100	\$50
2 Years ó 3 Years	\$200	\$100
3 Years ó 4 Years	\$300	\$150
4 Years ó 5 Years	\$400	\$200
5 Years or more	\$500	\$250

5. Recipients will also receive an additional year of membership at no cost.

DEFINITIONS:

ATTACHMENTS:

# *General Reports*

## **President Report**

### **Submitted by Karen Schell – Fall 2019**

Thank you for this opportunity to update the board on activities since the last board meeting in July in Fort Lauderdale.

We continue to implement and focus on the six Horizon Goals through the committee and board work. Thank you for the continued support as we build the foundation to move the profession forward.

July, August, September, October were busy travel months speaking to membership.

- August 1, 2 – Tristate Meeting – Biloxi Mississippi
- August 13 – Ohio Society of Respiratory Care – Columbus, Ohio
- August 24 – Licensure Meeting – (NBRC) – Overland Park, Kansas
- September 5, 6 – New York Society of Respiratory Care – Syracuse, New York
- September 11 – North Carolina Society of Respiratory Care – Asheville, North Carolina
- October 8 – Delaware Society of Respiratory Care – Newark, Delaware
- October 9- Massachusetts Society of Respiratory Care – Worcester, Massachusetts
- October 19 – ASA meeting – AARC update – Orlando, Florida
- October 24 – Webcast to Affiliate Presidents, HOD members

#### **Scheduled visits**

- November 6
  - VA hospital – New Orleans
  - Grace Ann Koppel Pulmonary Rehab – New Orleans
- December 14 – NBRC/CoARC – Tucson,

#### **Continue to have:**

- Monthly phone calls with AARC BOD Executive Committee, AARC CEO, HOD Executive Committee, and Speaker of the House
- Working closely with Speaker of the House of Delegates
- Continue with weekly calls with 3 Ps (as all are available)

#### **Worked with Ann Marie on requests from organizations for support.**

- 9 letters co signed (See Ann Marie's report)
- 40 co sponsors for BREATHE act

#### **Highlights since the Summer Meeting**

- Committee work continues to align with Horizon Goals (see committee reports)
- 2030 Issue Statement, executive summary sent out to membership
- Notified of publication - The article title is: "Adequacy of the Provider Workforce for Persons with Cardiopulmonary Disease" accepted by Chest
- Advance Practice Scope approved by the board of directors – publish out to membership
- Student videos submitted and winner announced

- Students internship in full swing for Congress
- IC/ICRC met and narrowed down goals, developing a plan for collaborating and improving processes
- FAARC application process/policy update – report at meeting
- Elections policy update – report at meeting
- Travel policy update – report at meeting
- Follow up on progress of Japan Society Respiratory Care
- Letter of concern to RTA – Utah Society
- Bylaws question to committee reviewed for state society
- Letter of support sent to CoARC

**SAVE the dates:**

- March 19, 20, 21 BOD meeting - Dallas
- March 22, 23 Affiliate Leadership workshop – Dallas
- May 4<sup>th</sup> and 5<sup>th</sup> PACT 2020

Continue to work with Internal/external VPS in assisting with resources for committees/sections as needed. Developing dashboard for tracking progress.

Revising Committee Membership for 2020 after input from Committee Chairs

Verbal report to be added at fall meeting.

Thank you to AARC executive office, AARC board members, parliamentarian, HOD and members for continued support.

# Past President's Report

Submitted by Brian Walsh– 2019 Fall/Winter Report

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## **Recommendations**

N/A

## **Report:**

Nothing to report

# Executive Office

## Fall 2019 Board Report Activities Update

### MEMBERSHIP

At the end of September 2019, our total membership numbers were 44,911. We are also happy to announce that we have hit the 40,000-member goal, which sat at 40,901 as of the end of the third quarter. We will have more current figures to report at the board meeting in November.

### ADVERTISING

*AARCTimes* and RESPIRATORY CARE are tracking significantly behind budget for 2019 and behind 2018. Part of this is due to a significant decrease in advertising in *AARCTimes* as it is in its final year and print copies are decreased. We are cancelling our contract with Phil Ganz at the end of 2019 and will bring all print and a portion of digital advertising sales in-house.

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 2018 and well into 2019. We will be ending our partnership with Multiview at the end of 2020 and bringing this advertising back in house in 2021.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint and are ahead of 2019 budget and revenues from the prior year. Recruitment ads continue close to target with prior years and budget and will exceed 6 figures in income for 2019. We will be bringing a fresh look to the AARC Career Center and Job Board in 2020.

### Corporate Partners

As you are aware, AARC moved to a 3-tiered (Platinum, Gold and Silver) Corporate Partner program for 2019 based on a fixed rate for membership. Each partnership level established bundle of benefits based on the level or partnership selected.

We have optimized the CP benefit package for 2020 (rates will remain the same) and are currently receiving non-binding commitments from companies. We will provide an update of 2020 Partners at the Spring Board meeting.

#### 2019 Partners:

**Platinum:** Fisher Paykel, Hamilton Medical, Mallinckrodt, Masimo, Medtronic, Monaghan Medical, Sunovion Pharmaceuticals and VapoTherm

**Silver:** Boehringer Ingelheim

### MarCom (Marketing and Communication)

We continue to invest in new software and training with our MarCom team and 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 specializes in member persona content marketing analysis to provide us enhanced ability to track and monitor our members preferences providing us critical feedback on the optimal methods to move marketing endeavors forward.

Since the previous report, we have added a digital media person with certifications in Google analytics who is working with our IT department to optimize our website and our marketing strategies.

Jackie Segura is also working with several departments on developing social media and Google advertising campaigns and metrics to assess their impact. Marketing analytics with our website and database will enhance our abilities as we move forward in reaching members with information that both want and need for their daily professional roles.

## **PRODUCTS**

AARC is targeting an update to the URM product in the 1<sup>st</sup> quarter of 2020. The committee has finalized their comments and we are preparing materials to survey the respiratory care community for their time standards input. New editions always generate strong interest and sales.

Much of 2019 has been spent in preparing and launching the new product store in our Protech CRM and we will start to investigate new product developments as we move into 2020 based on member feedback and response.

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 7th-year outsourcing RC Week products to Coleman. We came in right above our budget target in 2018 with some strong marketing. 2019 appears to be tracking similar to data from 2018, but we did not have a final royalty report prior to this report.

## **ACCOUNTING**

Accounting played a critical role in the implementation of the Protech CRM, Nexonia Expenses and Intacct accounting software since the end of 2018. In addition to aligning all the necessary chart of accounts with the system software, we also converted over our credit card processing company (along with the Protech software) that brought us into PCI compliance with on-line financial transactions.

We have converted 100% of our state societies over to electronic processing of revenue sharing, co-marketing and other relevant financial transactions that allows for speedier payments and less time reconciling missing checks. We are also converting over most of our volunteer members (BOD, HOD Officers, Program Committee, etc...) to receive their per diems electronically prior to leaving for their meetings.

As we finalize the 2020 budget, catch-up on month end closings and stabilize and reconcile all the financial transitions with the new software, we are resolving one last issue with the new CRM in how it appropriately allocates member dues payments correctly. Once we are assured this has been corrected, we will look to implement the Board action of auto-renewal of memberships in early 2020.

## **IT SERVICES**

First and foremost, we have hired a new Director of Information Services. Raymond Arambula comes from the American Society of Radiologic Technicians (ASRT) in Albuquerque, New Mexico where he fulfilled many roles over the last 17 years. Ray started on September 23<sup>rd</sup> and will be working remotely for the remainder of 2019 as he prepares to transition his family to the DFW area. You will have a chance to meet Ray in New Orleans.

AARC has integrated our meeting registration company and software (CDS) into the Protech database in time for Congress fall registrations and the transition has been a smooth one.

We have begun discovery and the 1<sup>st</sup> stage of the final Protech database module implementation (Advertising, Sponsorships, and Fundraising). We expected these modules to be completed by the end of 2019 and under the Phase 2 budget approved by the Board.

We received notification from Protech that we will need to move to a responsive design version of their software that our members interact with through our website. Protech MX 8.4 will be implemented in summer of 2020 and launched in early August. Funding for this is included in the 2020 capital budget requests.

### **Website Redesigns**

AARC Internet Services also successfully worked with a 3<sup>rd</sup> party to redesign the ICRC website and implement it on our web platform (Wordpress). The ICRC website redesign was paid for with a donation from the ARCF. We are also in the process of redesign the Virtual Museum website and implementing it on Wordpress as well in the last quarter of 2019. Both of these projects were paid for by grants from the ARCF. In 2020, AARC will solicit grant funding to convert its final website, YourLungHealth.org as well.

### **Leadership Boot Camp**

At the Summer Meeting, we shared a Best Practice session in the House of Delegates to highlight Leadership Boot Camp. The event continues to be an opportunity for subject matter experts, attendees, and staff to share best practices and identify opportunities. Due to the attendance demand in 2019, we have secured space that will allow us to accommodate more attendees in 2020 and 2021. Future events will be March 21 - 23, 2020 and March 20 - 22, 2021.

### **Specialty Sections**

The 2019 Specialty Practitioner of the Year recipients have been selected by the section chairs from the nominations submitted:

- **Adult Acute Care:** Karsten Roberts, MS, RRT, RRT-ACCS
- **Diagnostics:** James P. Sullivan, BA, RPFT
- **Education:** Donna “De De” Gardner, DrPH, RRT RRT-NPS, FAARC
- **Management:** Margarete (Margie) Pierce, MS, RRT
- **Neonatal-Pediatrics:** Sara Wing Parker, MPH, RRT, RRT-ACCS, RRT-NPS, AE-C
- **Post-Acute Care:** Michael W. Hess, BS, RRT, RPFT
- **Sleep:** Beth Brooks, RRT, RRT-SDS
- **Transport:** Scott May, BHS, RRT, RRT-NPS, C-NPT

### **SPECIAL PROJECTS**

#### **Public Relations & Recruitment**

A business plan has been enacted for the new public relations and recruitment project, tentatively titled “Be an RT.” The multi-year plan focuses on downloadable flyers, handouts, PowerPoint® presentations, and video for the first year. The new website will launch in early November and will be displayed at the Board meeting.

#### **Clinical Practice Guidelines**

In June 2017, the AARC Board of Directors approved the funding of six different guidelines projects: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. Five of the six teams have begun guideline development; one team finishing data extraction.

#### **Outreach, Promotion, and Engagement Opportunities**

In addition to having several members visit the AARC office, AARC staff visited Collin College to engage with students in late September. The AARC’s ad posted in the 2019-2020 HOSA Affiliation packet which will reach 5,000 schools that participate in HOSA.



**O2VERLAP Project** – The AARC worked with the COPD Foundation; in conjunction with the America Sleep Apnea Association to partner on a PCORI grant research opportunity in which outcomes from comorbid patients suffering COPD and Sleep Apnea who wear oxygen will be studied. Patients received in-depth on-line education about COPD, oxygen use and adherence to CPAP therapy. Each patient was assigned a respiratory therapy coach to provide educational assistance and guidance along their educational journey. Recruitment for the study concluded in Q3 of 2019 and the project is winding down as the last few patients are finishing the program with their RT coaches. The AARC did benefit from some modest grant revenue as a result of this project and will be listed as a participating organization once the data is compiled and subsequently published.

## **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.

## **EDUCATION**

### **Pulmonary Disease Educator credential**

The NBRC held the viability study for a pulmonary disease educator credential in September. This is the first step in determining whether or not the NBRC will pursue the development of the credential.

### **Respiratory Care Education Annual**

Volume 28 will be 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.

### **CDC Strategic National Stockpile Ventilator Workshops**

The AARC is coordinating the 2020 workshops with the CDC. The current plans include workshops in Virginia and Michigan, as well as at AARC Congress 2020. Two other venues are under negotiation.

### **Clinical PEP Update**

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 2,804 records for the Clinical PEP program (1,606 unique member records and 1,198 non-member records) through 12/31/18. In 2018, 148 subscriptions to the product were purchased.

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

### **Additions to Education: 2019**

Leadership Institute: The revised Leadership Institute was launched in August 2019. An advanced leadership institute is under construction for a mid-2020 release.

NBRC CMP courses: Specialty sections have been engaged with the purpose of convening teams to develop 4 quarterly courses to prepare the credentialed practitioner for the RT, ACCS, NPS, SDS, and PFT CMP quarterly quizzes. The expectation is that the product will be ready for release in Q4 2019.

**2019 Educational Product Sales/Attendance Trends at a glance (as of 10/1/19)**

	2019 YTD	2018	2017	2016	2015	2014	2013	Comments for 2019
Live webcasts & JournalCasts	8,703 (483)	11,402 (480)	8,961 (390)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	
Asthma Educator Prep Course	237	223	241	246	183	268	203	Above budget
Ethics	3,320	4,498	4,299	4,242	1,928	1,757	2,361	Above budget
Exam Prep (F&P grants in 15, 16, & 18)	48	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	40	Above budget
Leadership Institute	58	52	60	99	68	89		Under budget
Asthma & the RT	459	547	512	604	446	172		Above budget
ACCS	133	192	140	164	121			Above budget
PFT: Spirometry	428	659	575	422	228			Above budget
PFT: Pediatrics	135	195	132	117	43			Above budget
PFT: Advanced Concepts	223	358	280	264	79			Above budget
Tobacco Training	152	227	188	259	85			Under budget
Congenital Heart Defects	74	77	72	122				At budget
Pulmonary Disease Educator	483	413	319	32				Above budget
NPS	131	143	124					Above budget
Pulmonary Rehabilitation	274	354						At budget

**INTERNATIONAL UPDATE. (See Intl Goals attachment)**

Jerome Sullivan and John Hiser have updated the goals and tactics along with an attached update.

**SUMMER FORUM 2019**

Despite a water main break in Ft. Lauderdale that caused a mandatory evacuation of the hotel, the Summer Forum meeting was a success. Attendance of 490 attendees fell just short of a new attendance record.

***FUTURE SUMMER FORUM DESTINATIONS***

- **2020 - Snowbird, UT**
- **2021 - Bonita Springs, FL**
- **2022 - Desert Springs, CA**

**AARC CONGRESS 2019**

AARC Congress 2019: The 65th International Respiratory Convention & Exhibition will take place Nov. 9-12, 2019 in New Orleans, LA. The Program is currently posted on-line and published in hard copy in the Sept. edition of the AARC Times.

### **Below are meeting demographics:**

- We will offer 9 hours of unopposed time for exhibitors in the Exhibit Hall
- At the time of this writing, we have 149 confirmed exhibitors, which is slightly behind the 2018 pace in Las Vegas. This is anticipated and budgeted for accordingly. With 3.5 weeks still remaining before the meeting, we're confident we will hit or come very close to budget.
- 151 presenters, 227 lectures
- 38 first time presenters (53 in 2018). This equates to 25% of presenters.
- The AARC Speaker Academy is held every other year and will not be held in 2019. It will return in 2020.
- Award-winning journalist Ted Koppel will deliver the keynote address. He will speak on his concerns and frustrations in America today over apathy towards COPD. Ted's wife Grace Anne Dorney-Koppel is a long-time sufferer from COPD and together, they fight for enhanced access for patients in rural parts of the country to have access to Pulmonary Rehabilitation Clinics and to respiratory therapists.
- This year's Closing Ceremony Keynote Address will be delivered by Hall of Fame speaker Walter Bond. Walter is a retired NBA player who has become more successful in business and public speaking than he was a basketball player. He is now a professional coach, leadership expert and personal mentor. He will speak on the skills, traits and attributes which are necessary to "be the best" – which includes being the best respiratory therapist.

### **Plenary Sessions:**

- Barry Make MD will present the Thomas L. Petty Memorial Lecture "What Would Dr. Tom Think of COPD Today?"
- Lluís Blanch MD – will present the Donald F. Egan Lecture "Asynchrony, Detection, Cluster & Outcomes"
- Shelly Mishoe will present the Phil Kittredge Memorial Lecture "Closing the Gap: Improving Critical Thinking Skills for the Respiratory Therapist"

### ***FUTURE CONGRESS DESTINATIONS***

- **2020 – Orlando, FL**
- **2021 – Phoenix, AZ**
- **2022 – New Orleans, LA**
- **2023 – Open (Postponed Nashville Recommendation)**
- **2024 – OPEN**
- **2025 – OPEN**
- **2026 – New Orleans, LA**

### **CRCE by Content Category**

More than 200 presentations covering all aspects of Respiratory Care and other healthcare related topics.

Adult Critical Care	41
Neonatal / Pediatrics	32
Pulmonary Diagnostics	14
Ethics	6
Education	30
Management	25
Sleep Disorders	8
Clinical Practice	43
Patient Safety	5

*Maximum CRCE any one attendee can earn (not including pre-courses or breakfast/lunch symposia):  
23.69*

## **OPEN FORUM**

14 Open Forums in 3 unique formats

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

## **PATIENT ADVOCACY SUMMIT**

Our 5th annual patient advocacy summit will be held Fri., Nov. 8th where caregivers, patients, family and representatives from the pharmaceutical industry will convene to discuss the disease process of the chronic pulmonary patient and strategies for better self-management. As of this writing, nearly 70 people have registered for the event. Valerie Chang and Troy Fields, co-keynote addresses to the group.

## **PRE-COURSES (INDUSTRY)**

### **2 AARC Sponsored Pre-courses:**

- Women in Leadership: Moving Forward
- The Burden of Asthma and Emerging Therapies

## **CONVENTION DATA SERVICES**

In 2018, the AARC partnered with a 3<sup>rd</sup> party meeting registration company by the name of Convention Data Services (CDS). CDS is a market leader in this space and excels in both the pre-registration and on-site registration. In New Orleans, CDS will be providing us with our registration equipment and support staff. This in turn will allow us to utilize fewer temp. staff provided by the New Orleans CVB and improve the attendee experience.

In addition, CDS also provides us with real-time registration data of which is a significant improvement over our existing iMIS database. At the click of a button we can easily view current registration statistics, attendee demographics, attendee rosters and state/countries of residence. We're also able to pull real-time registration revenue as well.

In addition, CDS provides us a state-of-the-art eCommerce system that allows us to offer promo/discount codes. This is incredibly beneficial for staff, BOD members, speakers and other high-profile volunteers or dignitaries. We were also able to extend limited promotional offerings to members. We ran two 10% off promotions – one upon release of the online program and another at the end of Sept. In total, 186 people took advantage of the promotion.

A Protech/CDS integration was part of our Phase II Protech project and the two systems are now fully integrated. This translate into significant staff savings for both SF and Congress in 2020 as well as an enhanced attendee experience.

## **BUILDING MANAGEMENT**

Three new HVAC units were installed in May of 2019. This is part of a 10-year maintenance and replacement plan for the 22 HVAC units, which serve both the AARC and Salon (rental). These units were all capitalized and in total, the costs came in just below budget.

The BOD also approved a capital budget, which was to include a renovation of the Executive Conf./Board Room. In May of this year, the AARC put bids with two architectural firms to oversee/manage the project.

In late July, we agreed to terms with Ward Architecture to manage the project. In Aug. we laid out the scope of the project and the PM has since put the work out to bid with general contractors, furniture/AV companies etc. As of this writing, we plan to select contractors by the end of Oct. and it is likely due to the Thanksgiving holiday that renovation will not begin until early Dec. It is estimated the entire project will take 4-6 weeks to complete, meaning completion of the project and remaining payments will not take place until early Q1 2020. As such and even though the approved capital dollars for this project were budgeted for in 2019, we will continue to draw from these capital dollars (paid through AARC reserve funds) in 2020.

## **HUMAN RESOURCES**

Our partnership with G&A Partners out of Houston for our payroll and HR needs is now in year 2. While there were some minor hiccups along the way at implementation, our partnership is strong. A major technology upgrade was implemented by G&A in Q1 of this year of which provides our staff with enhancements to managing their payroll, benefit and HR accounts.

## **AARC TIMES**

The publication team is winding down the 2019 campaign of which Dec. will be the last printed issue of the magazine. Most all members by now have all converted over to digital without issue or fanfare. In turn, a commemorative issue of the last published magazine will be made available for purchase in the AARC Store for those individuals wanting a piece of AARC history.

The commemorative issue will include:

- A “Look to the Future” theme that will tie in with the transition of the magazine.
- All of the clinical columns will attempt to predict where the future of their clinical practice will evolve in the next 10 years just as the magazine evolved to an all-digital edition.
- We’ll publish the 25 top “covers” of the AARC Times over that last 40 years.
- An Alpha and Omega approach will be taken. The Omega? The last printed edition at the front of the magazine. The Alpha? When inverted and flipped, a reprint of the very first ever issue published...both the Alpha and the Omega in the same issue

The publication, design, MarCom and Communications dept. have met monthly for the last 3 months to discuss the future of the magazine. We forecast that in early 2021, a new, on-line, web-based format of the magazine will be launched that will not only include the best of what the magazine brings to the table, but real-time, newsworthy content currently published on the AARC website. We anticipate this to have a more contemporary look and feel that would resemble something more of an online, daily newspaper vs. a monthly magazine. This will allow us to offload news and human-interest stories off of the main website and allow us to be more nimble and flexible in publishing magazine content, clinical columns, and timely human interest stories in near real-time without the need of a 3-4 month advance publication schedule we currently adhere to.

## **RESPIRATORY CARE**

We received 296 submissions for the 2019 Open Forum. Of these, 238 (80%) were accepted for presentation in New Orleans. 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. Abstracts were published online as a supplement to the October 2019 issue of the Journal. A printed abstract book will be available for congress attendees. Accepted abstracts will be presented in Poster Discussions, Posters Only, and Editors’ Choice sessions over the 3 days of congress. As in the past, authors of abstracts selected for Editors’ Choice commit to submit a full manuscript to Respiratory Care.

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*, was presented in June and the proceedings will be published in June 2020. Plans are underway for the 2020 conference, *COPD: Current Evidence and Implications for Practice*.

As a member benefit, CRCE can be obtained through reading the Journal and a JournalCast most months is available to members for CRCE. In total, 22 CRCE are available each month through Journal activities. In 2018, 1,946 members received CRCE by attending the JournalCasts and 2,597 received CRCE through the Journal.

We selected two persons to serve as Journal interns for 2020. From 31 applications, Denise Willis MS RRT RRT-NPS AE-C was selected as the intern for January – June 2020 and Andrew Miller RRT RRT-ACCS RRT-NPS was selected as the intern for July – December 2020. The internship will allow respiratory therapists an opportunity to learn the processes of peer-review, journal production, and other activities of RESPIRATORY CARE.

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.

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.

**(See 2019-2020 Strategic Plan attachment)**

# Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Winter 2019

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## RECOMMENDATION

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.

## REPORT

### CONGRESSIONAL UPDATE

The Federal Government's new Fiscal Year (FY) started on October 1, but Congress has not completed its work on the twelve appropriations bills to fund the government. To avert a government shutdown, the President signed into law a continuing resolution (CR) to keep the government open through November 21, giving lawmakers an additional eight weeks to pass their FY 2020 spending bills.

While the House finished its work on its FY 2020 spending bills, the Senate did start on theirs until they returned from the August recess. They waited until the House and Senate reached a deal to raise the budget caps which was needed to set the final spending levels for the Fiscal Year. The deal increases funding for domestic programs by \$24.5 billion over current levels and provides an additional \$5 billion for these programs in FY 2021. Despite reaching a budget agreement, the Senate Appropriations Committee was not able to approve its Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) spending bill, which funds discretionary health programs, because of disagreement over policy riders related to Title X funding. House and Senate conferees will be forced to negotiate final spending levels without levels approved by the Senate Appropriations Committee.

Moving forward, Congressional leaders are taking steps to avert a government shutdown when the CR expires. Senate Appropriations Chairman Richard Shelby (R-AL) has been working with the Administration on a plan to complete the FY 2020 appropriations process, which will depend on the ability to reach consensus on spending allocation for each bill. However, it remains unclear if Congress will be able to reach agreement on all FY 2020 spending bills or if all or parts of the government will be forced to operate under a full year CR.

Work on appropriations and other health priorities became more complicated when House Speaker Nancy Pelosi (D-CA) announced the commencement of a formal impeachment inquiry against President Trump. This official inquiry could bring simmering tensions to a full boil and may squelch any appetite for the necessary bipartisan negotiations on appropriations and other legislative action on topics including surprise medical billing and drug pricing.

Congress has continued to work on legislation to address the high cost of prescription drugs. In the House, Speaker Pelosi introduced her long-awaited drug pricing legislation, the Lower Drug

Costs Now Act (H.R. 3). The bill would allow Medicare to negotiate for as many as 250 of the costliest drugs in the health care system. It would set an upper limit for prices based on an international pricing index and impose penalties on companies that do not negotiate or have raised their prices faster than inflation since 2016.

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 but would set the benchmark as 2019 rather than 2016, as in the House bill (HR 3). Both bills would also cap seniors' out-of-pocket drug expenses. They would also shift a large share of what the government currently pays for the highest-cost drugs to private insurers and drug manufacturers.

## LEGISLATIVE INITIATIVES

### **H.R.2508 – Better Respiration Through Expanded Access to Telehealth (BREATHE) Act**

AARC continues to advocate for bipartisan cosponsors for the BREATHE Act, AARC's 3-year telehealth pilot that would cover respiratory therapists as telehealth practitioners furnishing certain disease management services to Medicare beneficiaries with COPD. As of October 8, there are 41 cosponsors of the bill, and AARC will continue to mobilize grassroots to garner additional cosponsors.

As part of our advocacy efforts, AARC and our lobbyists led a letter of support for H.R. 2508 from sixteen patient and provider organizations. The letter provided an overview of the bill and urged Members of Congress to co-sponsor the legislation.

A companion bill has not been introduced in the Senate, and AARC's lobbyists believe it is unlikely a standalone version of the bill will be introduced. To garner support for the pilot's concept, AARC used the August recess to do targeted grassroots outreach to fourteen Senators who are on key committees of jurisdiction or had expressed support for the pilot. AARC's lobbyists gave a webinar presentation to PACT leaders in the states represented by the fourteen targeted Senators. PACT leaders met with these Senators and their staff to educate them on the pilot and encourage the inclusion of the pilot in "CONNECT 2.0", which is a larger package including several telehealth policies. While we still believe Congress is unlikely to pass a large telehealth package, they may pull provisions from this larger bill and attach them to other must pass legislation. We are hopeful that "CONNECT 2.0" will be released in the coming weeks.

### **S. 2519 - Ending New Nicotine Dependencies (ENND)**

In the last Board report, we reported our support for several federal tobacco bills aimed at raising the age to 21 to purchase tobacco products, banning flavors, prohibiting online sales, ensuring FDA oversight authority, providing for retail compliance checks, and assessing penalties for violations. The ENND Act was introduced by Senators Romney (R/UT) and Merkley (D/OR) following reports that the number of underage users of e-cigarettes has spiked and reports of serious lung illnesses and deaths from certain vaping products. The bill bans all flavors of e-cigarettes except tobacco and prevents vaping devices from being adulterated with hazardous substances by requiring cartridges to be tamper-proof. Existing tobacco taxes would be applied to e-cigarettes with the profits from the tax used to launch a public education campaign.



## **H.R. 2771 - Protecting Home Oxygen and Medical Equipment Access Act of 2019**

We highlighted this bill in the last Board report which will provide relief to rural and non-rural, non-competitive bid areas which have seen substantial reimbursements cuts as CMS applied competitive bid rates to these areas. The bill also eliminates the oxygen budget neutrality requirement that mandates CMS reduce payment for one category of oxygen if it raises payment in another (e.g., portable versus stationary). As an update, the AARC recently signed an organizational support letter to build consensus for co-sponsorship for the bill. As of this report, there are 43 co-sponsors.

### **FEDERAL INITIATIVES**

Since the last Board report, CMS has issued a flurry of regulations. They include proposed rules on the CY 2020 payment update to the physician fee schedule and the hospital outpatient prospective payment system (PPS); final rules on inpatient PPS, skilled nursing facilities and inpatient rehab facilities; final rules on discharge planning that took 4 years to release from the publication of the proposed rules; proposed rules on home health PPS and updates to DME and competitive bidding. Noteworthy details related to these proposed and final rules are provided below.

With respect to DME, it is too soon to know how the change in the bidding process to use “lead item” pricing will impact future reimbursement rates. The bidding window closed on September 18 and we don’t expect to see rules on the new payment formula until next spring. In the interim, the DME proposed rule for FY 2020 focused on calculating fee schedule amounts, establishing special payment limits, and developing a Master List of items requiring face-to-face encounters, written orders prior to delivery and prior authorization. With respect to oxygen, the national coverage policy requires a face-to-face examination within a month of starting home oxygen therapy.

### **Chronic Care Management (CCM) Proposals Improve Access to Respiratory Therapists**

The CY 2020 update to the physician fee schedule proposes to make refinements to CCM services provided to Medicare beneficiaries with multiple chronic conditions defined as “two or more chronic conditions expected to last 12 months or until the death of the patient or place the patient at significant risk of death, acute exacerbation/decomposition, or functional decline.” Changes involve adding new temporary codes for non-complex and complex CCM services to be used in lieu of current established CPT codes.

For non-complex care, clinical staff working under the general supervision of the physician or other qualified non-physician practitioner can provide up to 20 minutes of non-complex care management services that include assessment of the patient’s needs, assurances of timely preventive care services, medication reconciliation and oversight of patient self-management of medications with an additional 20 minutes “add-on” as needed. Complex CCM services would allow the clinical staff up to 60 minutes of initial assessment with an add-on of an additional 30 minutes.

AARC submitted comments to CMS on September 27 supporting the proposed code changes and highlighting the expertise and skills of respiratory therapists in treating patients with chronic respiratory conditions.

## **Proposed Changes to the Quality Payment Program Impacting Respiratory Care**

### *Pulmonary Specialty Measures*

Each year, CMS makes refinements to the physician Merit-based Incentive Payment System, commonly referred to as the Quality Payment Program. Among the changes proposed in the CY 2020 update is the addition of a “Pulmonary” specialty set for the CY 2022 MIPS payment year and future years that includes, among other things, measures related to the pharmacologic management of COPD, tobacco screening and cessation intervention, severity assessment of sleep apnea and adherence to positive airway pressure therapy, optimal asthma control and medication management for people with asthma. These measures were previously developed as individual quality measures when the program was first implemented.

AARC concurred with the inclusion of the measures in our September 27 comments noted above, but highlighted one significant omission, i.e., pulmonary rehabilitation. Knowing that this critical treatment for patients with COPD is underutilized, we recommended CMS add quality measures to address improvements in quality of life scores and functional capacity for those COPD patients who are enrolled in pulmonary rehabilitation programs that were developed by the American Association for Cardiovascular and Pulmonary Rehabilitation.

### *Spirometry Evaluation*

Another issue of importance to the respiratory profession is CMS’ proposal to remove in CY 2022 a previously finalized quality measure related to Spirometry Evaluation. CMS believes the measure is duplicative of a more robust measure involving Long-Acting Inhaled Bronchodilator Therapy defined as “*Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%) and who have an FEV1 less than 60% predicted and have symptoms who were prescribed a long-acting inhaled bronchodilator*” and they want to reduce physician burden where possible. CMS claims the process of having the spirometry results reviewed and documented under this measure is essentially a component of the Spirometry Evaluation measure and therefore is no longer necessary. Although we stated our preference to retain both measures in comments to CMS on September 27, we supported CMS’ recommendation.

## **Pulmonary Rehabilitation Payment Updates**

There are no surprises in the proposed FY 2020 updates related to pulmonary rehabilitation. In fact, the rates have been mostly consistent over the past few years. For hospital outpatient PR programs, the proposed rates for CY 2020 compared to last year are as follows:

<b>Year</b>	<b>G0424</b>	<b>G0237</b>	<b>G0238</b>	<b>G0239</b>
2020 Proposed	\$55.87	\$23.57	\$23.57	\$34.33
2019 Final Rule	\$55.90	\$32.12	\$32.12	\$32.12

The lower payment rate for G0237 and G0238 is based on claims data which put the services into a different Ambulatory Payment Classification (APC) Group from last year. As a reminder, the G0237 and G0238 codes are considered individual respiratory therapy codes for non-COPD patients and are paid in 15-minute increments, while G0239 is a group code. The G0424 code used for patients with COPD is a single, bundled code that includes services that were separately payable prior to implementation of the pulmonary rehab program.

The conversion factor CMS uses to determine the physician fee schedule varies from year to year. However, proposed payment to physician-based PR programs for CY 2020 is consistent with CY 2019.

Year	G0424	G0237	G0238	G0239
2020 Proposed	\$29.95	\$ 9.38	\$ 9.74	\$12.27
2019 Final Rule	\$29.91	\$ 9.73	\$10.09	\$12.61

### **New Payment Methodology for Skilled Nursing Facilities Kicks in October 1, 2019**

As reported in previous Board reports, the Advocacy website, and in AARC Times, skilled nursing facilities were subject to a new payment system effective October 1, 2019. The Patient-Driven Payment Model (PDP) replaces the long-standing Resource Utilization Groups (RUG-IV) model by creating five separate payment categories and eliminating incentives to provide volume of services as opposed to services that better align with a resident’s complex medical needs. Key among the changes is the addition of a Non-Therapy Ancillary (NTA) Services payment component which addresses the resource use and cost of providing respiratory care, prescription drugs, medical supplies and lab services.

This a welcome change because respiratory services will no longer be based on nursing staff times as was the case under the old methodology which inadequately captured the resource use of RTs who care for ventilated patients 24 hours a day. Eight respiratory conditions/extensive services are included among those used to determine NTA classifications. We have already heard there is an increased interest in RT services in SNFs in many areas of the country and this bodes well for the profession.

### **Standardized Patient Assessment Data in Post-Acute Care Facilities**

As reported in the Fall 2017 Board Report, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act requires standardized assessment among post-acute care providers in five categories: 1) functional status; 2) cognitive function; 3) special services, treatment and interventions; 4) medical conditions and co-morbidities; and, 5) impairments. Respiratory care falls into category 3. At the time, AARC submitted comments on the respiratory categories under consideration which included Oxygen, Suctioning, Trach Care, Non-invasive Ventilators (e.g., BiPAP and CPAP) and Invasive Ventilators. However, CMS chose not to finalize the special services categories due to the need for further research.

CMS has now finalized the standardized data sets in the FY 2020 update to the SNF PPS rules and the FY 2020 IRF update. They are proposed in the CY 2020 Home Health rules. CMS accepted our comment to include high concentration oxygen therapy as a sub-category under oxygen in addition to continuous and intermittent, since concentrations > 40% require more resource use and residents who need it are more critically ill. Although CMS addressed other comments we made in the final rule, changes were not made. We may not always win, but we make our opinions known as we advocate for the profession.

### **Non-invasive Ventilators under Competitive Bidding**

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. As a reminder, AARC has taken a two-part approach to addressing the issue: engaging Congress to draft Dear Colleague letters to the Administration and drafting legislation to address the issue.

AARC and our lobbyists scheduled and attended a meeting with Dr. Anand Shah, the Director for Medical Innovation at the Centers for Medicare and Medicaid Services (CMS) on August 22. Representatives from the ALS Association, the American College of Chest Physicians (ACCP), and the National Association for Medical Direction of Respiratory Care (NAMDRRC) attended the meeting to show the consensus among the provider and patient community. The meeting focused on our concerns with the current coverage policy for non-invasive ventilators and how those concerns will impact patient care, clinical support from respiratory therapists, and result in higher costs due to more frequent need for emergency treatments and possible long-term care.

During the meeting with Dr. Shah, we proposed convening an expert panel of clinicians that would include staff from CMS to review and assess the current coverage policies, clinical literature and stakeholder input relating to these devices. Dr. Shah acknowledged that convening an expert panel of clinicians along with staff from CMS was a reasonable approach to addressing the problem. We are waiting further direction from CMS and expect to meet with other key staff soon.

We have been working with Representatives Peter Welch (D-VT) and Morgan Griffith (R-VA) who indicated an interest in introducing legislation which sends a message to CMS that Congress is serious about the adverse impact the agency's policy will have on patients' access and quality of life. We have a draft bill to remove noninvasive ventilators from competitive bidding for 5 years (through the next cycle) and require the Secretary to convene a technical expert panel to address the coverage issues which we expect to be introduced shortly. We continue to gain support for legislation on the Senate side.

### **AARC Supports Administration's Policy on Banning Flavored E-Cigarettes**

On September 11, the Administration announced its intention to remove from the market non-tobacco flavored e-cigarettes, including mint and menthol. Many public health groups issued press statements, as well as the AARC, in support of the move and encouraging quick action by the FDA. According to data from the 2019 National Youth Tobacco Survey, more than one in four high school students use e-cigarettes with roughly 64% using mint and menthol flavors.

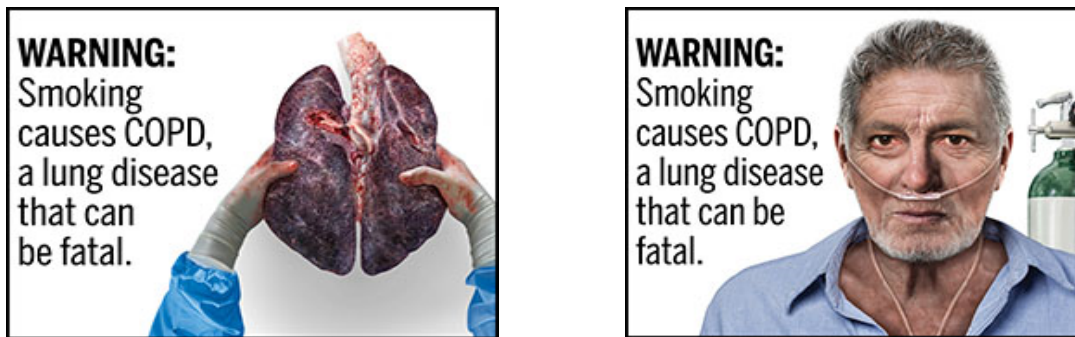
As part of our work with the Tobacco Coalition comprised of over 50 public health groups, the AARC signed joint letters of support to the President and First Lady commending them on their action and urging the Administration to reject tobacco industry pleas to weaken the proposal.

### **FDA Proposes Thirteen New Graphic Warning Labels**

The FDA has proposed 13 new cigarette graphic health warnings for cigarette packages and advertisements that depict the negative health consequences of smoking to accompany textural warning labels as required by the Tobacco Control Act. The graphic and text would occupy the top 50 percent of the area of the front and rear panels (see example below) and at least 20 percent of the area at the top of advertisements. Manufacturers would also be required to submit a plan to include the random display of the distribution of the required warning labels and quarterly rotation of the warnings on cigarette advertisements. Previous attempts in 2010 to issue graphic warnings failed as a result of strong lobbying and an injunction by the tobacco industry.



The new proposed graphics and warnings are based on FDA’s careful examination of scientific literature and the inclusion of certain warning statements that focus on less-known health consequences, such as type II diabetes, head and neck cancer, bloody urine, and macular degeneration. One well-known cause of tobacco use – COPD – is featured in two proposed warning labels shown below. AARC will be submitting comments to FDA as well as signing on to joint comments from the Tobacco Coalition.



Source: <https://www.fda.gov/tobacco-products/labeling-and-warning-statements-tobacco-products/cigarette-health-warnings>

## STATE INITIATIVES

### Overview

As the end of the year approaches, legislative bills slow down and regulations increase. The summer Board report highlighted various actions among states regarding legislation that impacts occupational and professional licensing. Since that time, AARC Government Affairs is not aware of significant actions to prompt further details, especially since most legislatures are out of session for the remainder of the year.

MN and NY continue to be the only states that would require the RRT credential for entry to licensure with NY requiring a BS in respiratory therapy or in a program determined by the Department to be equivalent within 5 years of enactment. Both bills have been referred to the appropriate committee with no action to date.

Noteworthy state legislative and regulatory actions are discussed below.

## **Tobacco Legislation**

With the recent disturbing outbreak of serious vaping illnesses and deaths, we are now seeing an uptick in actions to ban flavored e-cigarettes among other bills to protect youth.

**OH** became the 18<sup>th</sup> state to move the age to purchase tobacco to 21. Tobacco legislation is still at the forefront of state legislative activities introduced this year. As highlighted in the last report, there are several other states with legislation pending.

**IL** introduced a bill September 5 to ban on the sale and distribution of flavored tobacco products. Any distributor who violates the Act can have their license removed. "Characterizing flavor" means a distinguishable taste or aroma, other than the taste or aroma of tobacco, imparted by a tobacco product or any byproduct produced by the tobacco product. "Characterizing flavor" includes, but is not limited to, tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, mint, wintergreen, herb, or spice.

**MA** introduced a bill September 26 to prohibit retailers, retail establishments, or other persons or entities from selling or distributing any flavored tobacco product or flavored tobacco product enhancer to any consumer, except in a smoking bar and only for use in the smoking bar. The bill adds definitions of "characterizing flavor", "flavored tobacco product" and "smoking constituent" which is "any chemical or chemical compound in mainstream or sidestream tobacco smoke that either transfers from any component of the tobacco product to the smoke or that is formed by the combustion or heating of tobacco, additives or other component of the tobacco product.

**CA** has House and Senate bills awaiting the Governor's signature that makes it an infraction for a person to smoke in a state park system or to dispose of used cigar or cigarette waste on a state beach or in a unit of the state park system. The Senate bills adds an infraction punishable by a fine of \$250 for a person to smoke a cigarette, cigar, or other tobacco product within 25 feet of a playground or tot lot sandbox area. Another bill with the Governor requires as of April 1, 2020 that a manufacturer of an electronic cigarette sold in the state to submit a written physical description and a photograph of each type of electronic cigarette sold to the State Department of Public Health. Commencing on July 1, 2020, the Department must post the description and photograph of each electronic cigarette on its internet website and coordinate with the State Department of Education to notify local education agencies of the posting.

**DC** introduced a bill September 24 to prohibit the sale or distribution of electronic smoking devices within a quarter mile of any middle school or high school in the District. Violators are subject to a civil fine of not more than \$1000 for each violation. Another bill introduced around the same time prohibits the sale or distribution of a flavored electronic smoking device defined as containing a constituent that imparts a characterizing flavor. Characterizing flavors means "a distinguishable taste or aroma imparted by an electronic smoking device, including fruit, chocolate, vanilla, candy, dessert, alcoholic beverage, or mint." Flavored electronic smoking devices include flavored e-cigarettes, flavored e-liquids, and flavored e-cigars.

**NY** adopted an emergency rule to prohibit the sale of electronic liquids with characterizing flavors in response to the alarming increase of e-cigarette use among New York's youth. It is

unlawful for any individual or entity to possess, manufacture, distribute, sell or offer for sale any flavored e-liquid or product containing the same. The state also introduced a bill that would to prohibit public display of tobacco advertisements and smoking paraphernalia within five hundred feet of schools. Each violation is punishable by a civil penalty of not more than \$500.

**RI** issued an Emergency Order in late September to protect youth against the harms of vaping by requiring the Health Department to issue emergency regulations prohibiting the sale of flavored Electronic Nicotine Delivery Systems (ENDS) products; convening a Vaping Advisory Group to monitor state and national vape trends, and investigating the sale and distribution of ENDS and ENDS products containing Tetrahydrocannabinol (THC) outside of the state's medical cannabis program, and the sale of ENDS products to underage youth.

### **Long-term Care Provisions**

**NJ** enacted a bill to require long-term facilities that provide care to ventilator-dependent residents to develop an outbreak response plan to include written policies to meet staffing, training, and facility demands during an infectious disease outbreak and to submit a report within 180 days of enactment.

**AZ** issued a proposed rule in mid-September to reflect new CDC recommendation re infectious disease for healthcare workers. Each healthcare worker ( hospital employee, health worker, medical staff member (physician) , etc.) who has contact with hospital patients must receive baseline annual tuberculosis screening and tuberculosis prevention information as well as healthcare workers of any long-term care facility who has contact with long term care patients or residents. No annual follow-up testing requirements are necessary. However, the Center for Disease Control guidelines must be followed on symptom screenings and tuberculosis education.

**AR** adopted rules relating to the Long- Term Care Facility Nursing Assistant Training Program. Lesson content includes among other things the Respiratory System and Oxygen Use, which includes content on CPAP and Bi-PAP and ventilators, the latter of which states: Settings of the machines are prescribed by the physician and may only be administered and adjusted by the licensed nurse. Respiratory therapists are listed in the rule as providing breathing treatment(s) and special equipment for respiratory conditions.

### **Activities Impacting Respiratory Therapists**

**IL** enacted a bill in late August requiring medical personnel, **including respiratory therapists**, to immediately report to the department when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child. Medical personnel who work with children in their professional or official capacity must complete mandated reporter training at least every 6 years and attest at each time of licensure renewal that they understand they are a mandated reported of child abuse and neglect in addition to other statement attestations. Beginning January 1, 2021, if the mandated reporter's profession (e.g., respiratory therapist) has continuing education requirements, the mandated training under the act shall count toward meeting the licensee's required continuing education hours.

**IN** issued a notice of intent through its rulemaking to require every board, commission, or committee under certain provisions of its law to revise its licensing or certification requirements to explicitly list the convictions of concern that may disqualify an individual from receiving a license. Respiratory care practitioners would be impacted. Criteria must be established to determine whether an applicant should be denied a license if the applicant has a conviction of concern and to establish a procedure for an individual to receive a pre-application determination as to whether the individual's criminal history would preclude the individual from obtaining a license.

**TX** proposes in rulemaking to allow qualified military spouses to practice as a respiratory care practitioner without obtaining a license during the time the military service member to whom the military spouse is married is stationed at a military installation in Texas. The exemption cannot exceed three years, and practice must be authorized by the Board after verifying that the military spouse holds an active license in good standing in another state with substantially equivalent requirements for licensure as Texas. The proposed new rule is mandated by previously passed legislation.

**FL** adopted a rule in late September regarding respiratory care licensure by endorsement. An applicant who has not practiced respiratory care for 2 years or more must complete a Board-approved comprehensive review course within two (2) years immediately prior to the filing of the licensure application or be recredentialed in the level in which he or she is applying to practice in order to ensure that he or she has the sufficient skills to re-enter the profession. Board-approved comprehensive course means any course or courses which includes, at a minimum, fourteen (14) hours in the topics and numbers of hours as follows: Patient assessment 3 hours, Hemodynamics 2 hours, Pulmonary Function 1 hour, Arterial blood gases 1 hour, Respiratory equipment 2 hours, Airway Care 1 hour, Mechanical ventilation 2 hours, Emergency care/special procedures 1 hour, General respiratory care (including 1 hour medication).

**FL** also adopted a rule related to laboratory, radiology and respiratory services. Those qualified to furnish services include a licensed respiratory care practitioner certified in critical care services or a respiratory therapist defined in FL rules. For respiratory services, each hospital must have written policies and procedures describing the scope of respiratory services provided to patients of the hospital as well as guidelines for the transfer or referral of patients requiring respiratory care services not provided at the hospital. Among other things, nonphysician respiratory care personnel shall not perform patient procedures associated with a potential hazard, including arterial puncture for obtaining blood samples, unless authorized in writing by the physician director of the respiratory care service acting in accordance with professional staff policy.

**SD** has a proposal dealing with assisted living centers in which a respiratory therapist is listed as a “licensed health care professional” along with other professions in the state.

**NJ** is proposing amendments to various sections of the Respiratory Care Practitioner Licensing Act, concerning the definitions of various terms associated with the respiratory care practice, proper titles and acronyms to be used by licensed respiratory care practitioners, examination requirements associated with the licensure of respiratory care practitioners, and the criteria by which credit for continuing education in respiratory care will be accepted. In addition, P.L. 2017,



c. 120 eliminated temporary licensure for those waiting to take the licensure examination. The Board also proposes to expand acts or practices deemed to be the unlicensed practice of respiratory care.

### **Emergency Medical Personnel/Paramedics**

CA has a bill highlighted in the Summer report that would authorize licensed paramedics, working under expert medical oversight, to deliver community paramedicine or triage to alternate destination services. Minimum standards would reflect input from practitioners of appropriate medical authorities which we assume would include respiratory therapists. However, the Senate sponsor placed it in an inactive file in mid-September so its fate moving forward is unknown.

WI introduced a bill that could impact respiratory care services in the Emergency Department. It allows an approved medical emergency services program to provide emergency care while in the hospital emergency department until regular hospital staff assume responsibility for care and during transfer of a patient between health care facilities. Actions delegated to the emergency medical services practitioner by a health care provider must be 1) within the scope of the health care provider's license and competency and 2) delegated to an emergency medical services practitioner whom the health care provider ensures is adequately knowledgeable and trained to perform the delegated action. An emergency medical services program is not prohibited from using community paramedics and community emergency medical services practitioners or from providing nonemergency services.

### **Telehealth**

PA introduced a bill in mid-September authorizing professional licensing boards to regulate telemedicine and providing for insurance coverage of telemedicine. A health care provider that holds a valid license, certificate or registration from a Commonwealth professional licensure board is authorized to practice telemedicine in accordance with the act and the corresponding licensure board regulations. Each licensure board must issue regulations that are consistent with this act to provide for and regulate telemedicine within the scope of practice and standard of care regulated by the board. Respiratory therapists should be included.

### **OTHER**

Verbal updates will be provided at Congress as applicable.

# House of Delegates Speaker Report

Reporter: Teri Miller, MEd, RRT, CPFT

October 9, 2019

## Recommendations

*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.*

### Report:

#### The following are the Speaker goals and updates for 2019:

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.
- The Progress & Transition Committee has been re-activated and will assist in re-organizing the Strategic Objectives Adhoc Committees under it in order to realign with AARC Horizon Goals.
- During Joint Session, President Schell and I work to establish a "town hall" opportunity for Directors and Delegates to discuss and brainstorm key issues facing our profession in order to identify opportunities for action.
- Worked with President Schell to include Delegates in bi-annual Webcast to state affiliate presidents and facilitate strengthening of communications.
- Working collaboratively to approve and implement most recent Bylaw changes and share with affiliates.

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. With a larger turn-over in the HOD over the course of the past year, we will continue to focus on leadership development in the HOD and identify ways in which each member can contribute.
- 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 HOD opening ceremony which honors our military, veterans, and first responders and allow introduction of Directors to Delegates.

- During Summer 2019, Delegates attended BOD deliberation of Resolutions, giving valuable input for consideration. The overall feedback has been positive, and we wish to see this activity continue for future resolutions.
- In response to affiliate requests, we have coordinated with CoARC and the NBRC to visit the HOD to share updates and initiatives, to facilitate communication back to the affiliates.

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 Bootcamp and engaged actively in that program.
- We have challenged Delegates to participate in an HOD Plus One Campaign for each delegate to recruit at least one new member and share these successes in the HOD through our Roll Call process.
- We have identified key leaders in management, advocacy, and membership growth to share their insights, ideas, and engage robust discussion in the HOD on how affiliates may implement and engage back home.
- The Orientation Committee, along with Asha Desai and Parliamentarian Kauffman, has continued to update Delegate orientation materials to facilitate a smooth transition into the Delegate role.
- We have convened an HOD Adhoc Committee which will work to develop ideas structure, funding, and implementation of the ARCF Bill Bitzel Memorial Fund. The Committee is comprised of HOD delegate volunteers, BOD representation, ARCF representation and founder representation and is led by Kerry McNiven (CT) and Karen Sicard (GA). Once endowed, the fund will be used for its original intent to support student engagement in professionalism development at the affiliate level. We encourage all affiliates (and members) to help contribute to this fund so that it can be activated soon for student and affiliate support. All recommendations from the committee will be submitted to the ARCF for final review and approval for implementation.
- We have continued to grow our student mentoring program and expanded it for this meeting to include international student representation.

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

- In Summer 2019, three resolutions were proposed, debated and ultimately approved by the BOD for implementation. We will designate additional time for committee work and break out session at our Winter meeting in order to facilitate communication and development of ideas and potential resolutions.
- We have worked to design collaborative time between the HOD and BOD at the upcoming meeting and to improve communications related to resolutions.
- We have given attention to incorporating best practices and relevant presentations which will support affiliates and delegates and encourage membership growth and engagement.

- We have promoted improved communication of Executive office initiatives through the HOD for sharing and championing within the affiliates.
- 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. In the coming year we will work with affiliates to implement this policy, focusing on education, process, and support.
- We continue to work to identify excellence in our affiliates and membership through key awards which are administered through the HOD. We have placed increased emphasis on participation in achieving and receiving the Summit Award and congratulate the Nebraska Society for Respiratory Care on this achievement! We also congratulate John Steinmetz (NV) on receiving the Outstanding Affiliates Contributor Award and look forward to sharing the recipient of the Bill Lamb Award at the Winter meeting.
- The Delegate Assistance Committee has continued to work diligently to support those affiliates who need assistance to send representation to the HOD at each meeting and to be good stewards of our resources.

### **Speaker Charges:**

1. Preside at all meetings of the House – in progress
2. Prepare an agenda for each meeting and submit it to each delegation at least twenty-three (23) days prior to such meeting- In progress
3. Appoint a Parliamentarian 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 Parliamentarian for their support and continuous attention to the needs of the HOD; 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 continued considerable work with the Audit Subcommittee and Policy CA. 002, as it has been time intensive and thoughtfully done, especially as it approaches implementation. Many thanks go to President Schell for her collaboration and open communication. Finally, many thanks to the Delegates for all you do for our profession! We have had a successful year thanks to each of you and look forward to leading forward in our affiliates in 2020!

Respectfully submitted,

Teri Miller

# President's Council

Submitted by Dianne Lewis--2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

It is with great pleasure, I announce the newest Life and Honorary members. Life membership was granted to Ken Thigpen, BS, RRT. Honorary Membership was granted to Debbie Bunch. The Presidents Council will be meeting in New Orleans, so if there is any business you would like us to discuss, please do not hesitate to contact me.

## Other-Info:

None

## **Board of Medical Advisors (BOMA) Report**

Neil MacIntyre MD (chair)

1. General comments: I am winding down my second rotation as chair of BOMA and the link between AARC and the physician community. I have welcomed input from all members of AARC leadership on issues where BOMA could be of service. I particularly welcomed the opportunity to provide physician support for important AARC initiatives.

2. Areas of particular interest to BOMA:

a. Advanced respiratory care practitioner. BOMA recognizes the importance of an advanced RT practitioner in providing state-of-the-art care to patients with both acute and chronic respiratory disease. Providing high level education, supporting the development and application of complex diagnostic and therapeutic equipment, performing in depth patient assessments, developing comprehensive treatment protocols, and providing comprehensive disease management programs run by RT driven protocols are all examples of the unique services an advanced practitioner can provide. BOMA fully supports advanced degrees for these professionals and is available to assist in developing state and national legislation to license them.

b. Lobbying efforts with CMS and other payers to appropriately fund respiratory care services – especially in the outpatient setting. Issues include telehealth support, oxygen reimbursement, remote monitoring, pulmonary rehabilitation reimbursement, and home mechanical ventilation support. BOMA members have written in support of the current RT bill being discussed in Congress and clearly supports appropriate funding for RTs in providing these services.

c. Recognition of exceptional RTs who have made or are making a difference. In 2018 the BOMA travel award was funded directly by BOMA members with matching funds from AARC. This allowed travel to the AARC meeting for Mike Davis to present his “Editors Choice” research paper. This award is planned once again for 2019 and will be funded by BOMA members. BOMA also welcomes its role in nominating candidates for important awards such as the Forrest Bird Lifetime Achievement award, the Baran Aerosol Development award and the Legends of Respiratory Care.

*Standing  
Committee  
Report*



**Recommendations:**

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”)

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”)

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”)

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”)

**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: California Society for Respiratory Care, Oregon Society for Respiratory Care, Wisconsin Society for Respiratory Care, and Louisiana Society 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 2019 cycle: Massachusetts has responded with intend to submit by the end of this year cycle (2019). Wyoming that was not part of original list also plans to submit for review, not received.

This list completes the State Affiliates that are due or past due for the 2019 cycle as advised by Timothy Myers and the <http://www.aarc.org/aarc-membership/state-societies/>.

Thank you for approval of the November Bylaws Committee Recommendation.

Respectfully submitted,

Dennis J. Guillot

2019 AARC Bylaws Chair

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

# Elections Committee

Submitted by Ed Borza--2019 Fall/Winter Report

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## Recommendations:

N/A

## Report:

The AARC election was conducted and results certified by the elections chair and reported to President Schell October 8, 2019. Specialty section results VOTES / %

### Adult Acute Care Section:

Madison Frazke BSRRT, RRT-ACCS, RRT 84 / 35.74%

Maria Madden MS, RRT-ACCS, RRT 150 / 63.83%

write-in candidates received no more than 1 vote each

### Diagnostics Section:

Ralph Stumbo Jr., RRT, CPFT 152 /98.06%

write-in candidates received no more than 1 vote each

### Education Section:

Jennifer Anderson, EdD, RRT-NPS, RRT 201 / 61.47%

Aaron Light, DHSc, RRT-ACCS, RRT 126 / 38.53%

There were no write-in votes

### Management Section:

Kimberly Bennion MHS, RRT 169 / 55.96%

Julie Jackson BSRT, RRT-ACCS, RRT 133 / 44.04%

There were no write-in votes

## Officer and Directors

### President-Elect

Lynda Goodfellow, EdD, MBA, RRT, AE-C 1032 / 46.7%

Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C 1168 / 52.8%

write-in candidates received no more than 1 vote each

### Directors at Large

Michael Madison MBA, RRT 848 / 36.6%

Kerry McNiven MS, RRT 1086 / 46.9%

Curt Merriman BA, RRT, CPFT 696 / 30.0%

Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC 1179 / 50.9%

write-in candidates received no more than 1 vote each

## Other-Info:

Those elected to the 2020 Board and Specialty Section Chairs:

**Adult Acute Care**-Maria Madden MS, RRT-ACCS, RRT

**Diagnostics**-Ralph Stumbo Jr., RRT, CPFT

**Education**-Jennifer Anderson, EdD, RRT-NPS, RRT

**Management**-Kimberly Bennion MHS, RRT

**President-Elect**-Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C

**DIRECTORS AT LARGE**: Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC and Kerry McNiven MS, RRT

# Executive Committee

Submitted by Karen Schell--2019 Fall/Winter Report

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## **Report:**

Verbal Report will be given at the BOD meeting

# Finance Committee

Submitted by Karen Schell--2019 Fall/Winter Report

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## Report:

Verbal Report will be given at the BOD meeting

# Audit Sub-Committee Report

Reporter: Joseph Goss, MSJ, RRT, RRT-NPS, FAARC – Chair

*Winter 2019*

## Recommendations

None

## Report

Briefly, at the summer 2019 meeting the Board of Directors did not accept the recommendation by this subcommittee that the Executive Office be the repository of affiliates financial information. The Board directed the Chartered Affiliates Committee (CAC), along with the Audit Subcommittee, to consult with the Executive Office on fiduciary information required to meet the obligations of House policy on financial reporting.

As a result, the CAC worked with the Executive Office to develop a method affiliates will electronically upload the necessary reporting documents. The CAC proposes changing financial checklist to the verification tool submitted from the internal tool originally conceived. Simply, the checklist would have been use by an affiliate to perform internal monitoring and control, but now the checklist will serve as a reporting document. In addition to the checklist, the affiliate will be required to provide a letter from an independent CPA or auditor verifying that an audit, review or compilation was completed during the affiliate's reporting period.

Information that will not be collected include financial statements, IRS and state tax information, and bonding policy details. The House policy will still require that an affiliate maintain these documents, but they are not collected. As mentioned, the only document submitted, in addition to the financial reporting checklist, is the auditor's or CPA's report verifying an audit, review or compilation was completed during the reporting time period.

Additionally, I can report the CAC has developed a timeline to begin an education campaign and when the first affiliates will submit their documentation.

## Other

I would like to thank the Audit Sub-Committee for their participation. Additionally, AARC Executive Office staff, especially Asha Desi, for working with the Chartered Affiliates Committee while developing the reporting mechanism.

Committee members: Lynda Goodfellow (GA), Sheri Tooley (NY), Jennifer Anderson (TX), John Walton (IL) and Joseph Goss (NJ)

Liaisons: Timothy Myers (EO)

Respectfully submitted,

*Joseph Goss, Speaker-elect*

*Attachment: Chartered Affiliates Financial Reporting Checklist*

## Report of the Judiciary Committee

The committee has not been asked to undertake any tasks for the Board. There have been no complaints against membership. The committee has nothing to report.

A. L. DeWitt  
Attorney & Chair

# 2019 Program Committee Fall Board Report

Chair: Sarah Varekojis, PhD, RRT, FAARC

Past Chair: Tom Lamphere, BS, RRT-ACCS, RPFT, FAARC

Members:

Kim Wiles, BS, RRT, CPFT, FAARC

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT, FAARC

Brady Scott, MS, RRT, RRT-ACCS, AE-C, FAARC

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 Summer Forum took place July 20-22, 2019 in Ft. Lauderdale, Florida. We had 490 attendees and 25 vendors at the 2 ½ day meeting. We also hosted a successful pre-course for managers and educators titled “Professional Development: Enter to Learn, Go Forth to Lead!”.
  - The 65<sup>th</sup> AARC International Respiratory Convention & Exhibition will take place November 9-12, 2019 in New Orleans, Louisiana. Registration is open, and we are on pace to meet budget with attendees. In addition, we have 149 exhibitors registered. The full program is available on-line, in the September 2019 issue of the AARC Times, and on the app for registered attendees. Two AARC pre-courses will be offered: “The Burden of Asthma and Emerging Therapies”, and “Women and Leadership: Moving Forward”. The program will include the following distribution of content:

Content Category	Number of Lectures
Adult Acute Care	41
Management	25
Neonatal/Pediatrics	32
Sleep	8
Education	30
Clinical Practice	43
Diagnostics	14
Patient Safety	5
Ethics	6

In addition, the program will include:

- 216 sessions on current respiratory care topics
- 135 speakers
- Over 300 original research projects presented at 14 Open Forum sessions
- 20+ hours of CRCE credits
- Over 200 exhibitors
- 3 days of exhibits with all companies in the industry
- The Sputum Bowl committee implemented a new streamlined application process for 2019. Twenty-eight teams have registered and met the requirements to compete. This includes 19 affiliate sponsored teams and 9 “renegade” teams, representing 19 different states. This is an increase over the 21 teams that competed in the 2018 Sputum Bowl.
- The Program Committee would like to thank the membership, Executive Office staff and the BOD for their support and contributions on these events.
- Evaluate effectiveness and success of said programs.
  - The committee will review attendee feedback from both the 2019 Summer Forum and the 2019 International Congress meetings to guide the development of future 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 AARC BOD has approved the following locations and dates for the AARC Summer Forum:
    - 2020 — July 13–15 (Mon–Wed), Snowbird, UT
    - 2021 — July 12–14 (Mon–Wed), Bonita Springs, FL
    - 2022 — July 26–28 (Tue–Thu), Palm Desert, CA
    - 2023 — Dates TBD, Fort Lauderdale, FL
    - 2025 — Dates TBD, Fort Lauderdale, FL
  - The AARC BOD has approved the following locations and dates for the AARC International Congress:
    - 2020 — Nov. 14–17 (Sat–Tue), Orlando, FL
    - 2021 — Nov. 6–9 (Sat–Tue), Phoenix, AZ
    - 2022 — Dates TBD, New Orleans, LA
    - 2026 — Dates TBD, New Orleans, LA
- Solicit programming from members that meets the membership needs.
  - Proposals for the 2020 Summer Forum and the 2020 International Congress will be solicited from the membership using the same process and platform as last year. The committee will incorporate the new special consultant from the Diversity Committee into our processes beginning in 2020.



# Strategic Planning Committee

Submitted by Brian Walsh-- 2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

Nothing to report. The BOD and Executive Office is executing the current Strategic Plan.

# *Special Committee Reports*

# Benchmarking Committee Report

October 3, 2019

## Report

1. No committee conference calls were held this past quarter.
2. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.
3. Rick Ford was interviewed on the Big Ideas Theater to discuss benchmarking and the new benchmarking program.
4. Membership in AARC Benchmarking has decreased from 96 subscribers in June to 76 subscribers as of October 2, 2019.

## Recommendations

None

# Billing Codes

Submitted by Susan Rinaldo Gallo--2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

A consultant from Vapotherm, Inc. has submitted a CPT code proposal for High Velocity Nasal Insufflation. We have responded to requests for information and support for this proposal. At the February CPT meeting this code was submitted as an add on to the Ventilator Management code 94002. The AARC had supported a proposal to obtain a CPT code for High Velocity Nasal Insufflation but wanted it to be a stand alone code (supported with modifications). The results of the AMA CPT editorial board vote will be published the end of October and I will update you at the November meeting. I don't think the proposal passed. If unsuccessful, this proposal will most likely be modified and resubmitted. Since this technology has gained popularity and is time consuming to manage, having a CPT code would be a very good thing. We will continue to provide input on this proposal. The last Respiratory Care code that was proposed was for Carbon Dioxide Tension monitoring by SenTec. This proposal failed twice due to the lack of physician work involved. Traffic on the list serve has been light.

## Other-Info:

Objectives: 1.Recommend new AMA CPT respiratory care and pulmonary function related codes as needed and assist with coding proposals. 2.Maintain a repository for current respiratory care and pulmonary function codes. 3.Serve as a coding resource for members. 4.Monitor the Billing Codes list serve postings. 5.Review and update the AARC coding sources such as Coding Resources on aarc.org and the Uniform Reporting Manual.

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**AARC Diversity Committee Report**  
**Submitted by Jakki Grimball – 2019 Winter/Fall BOD meeting**

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## **Recommendations:**

We recommend to the Board to change the name of the Diversity Committee to the Diversity and Inclusion Committee.

## **Report:**

The AARC Diversity Committee held a phone conference on September 19th to discuss the committee's objectives.

### **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

Gabrielle Davis has been appointed as a consultant on the AARC Program Committee for the AARC Diversity Committee. She will consult with Program Committee on proposals for future sites and topics for AARC meetings. **This is not an official seat on the Committee.**

### **Committee Objectives:**

1. 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. *In Progress*
  - Each committee member agreed to prepare a 3 – 5-minute video blurb about Diversity and Inclusion on our first Committee conference call. The Committee members on the September 19<sup>th</sup> conference call agreed this goal will be completed 1<sup>st</sup> quarter 2020.
  
2. Create a Diversity webinar for AARC University. *In Progress*
  - The Committee members agreed to put a LGBT presentation on hold (a LGBT CEU is required for licensure in Washington DC). Crystal and Joel are preparing a Webcast on a Social Determinates of Health. The webcast is set to be broadcasted January 30, 2019.

3. Develop a speaker's bureau for the AARC to make available to state/affiliate meetings. The BOD approved the recommendation to change this charge to **“Develop a list of speakers with an expertise in diversity to be made available as a resource for state meetings”** at the Summer 2019 meeting. *In Progress*
  - The lists of speakers will be saved as a Google Documents and will only be accessible by Committee members, Shawna and Doug.
  - Each Committee member has been charged to submit a at least one proposal of a relevant Diversity/Inclusion topic for a presentation at the AARC Summer Forum or at the AARC Congress by the end of 4<sup>th</sup> quarter 2019. The Committee members are not charged to provide the presentation, unless they would like to volunteer. The list of speakers can be used to contact speakers.
  
4. Research and compile a comprehensive list of related links and resources on diversity in health care for inclusion on the AARC web site, including:
  1. Cultural diversity
  2. Workforce diversity
  3. Gender equity
  4. LGBT health
  5. Health literacy
  6. Disparities in healthcare
  7. Case studies in cultural competence
  8. The committee discussed adding topic: Differently abled/temporarily-able-bodied (patients and colleagues). *In Progress*
  - Shawna posted the list of proposed links on the Committee's AARConnect page requesting approval and other recommendations. She is adding the list to the AARC Diversity Website.

Respectfully submitted by Jakki Grimball

Thank you, Shawna and Doug for your assistance and guidance.

## AARC Fellowship Committee 2019 Winter Board Report

### Recommendations:

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.

**Justification:** We learned this year that a rubric is very cumbersome and that the process still lends itself to subjectivity on the part of the committee members. After voting this year, it was realized there were many different interpretations of specific eligibility criteria surrounding Eligibility criteria #3. We found that having a post initial choice conference call allowed the committee to ask questions and for those of us who are new (< 2 years on the committee) to the process, we learned firsthand about the different interpretations. During this process, we discovered that a post-initial choice conference led to better interpretations of the nominee documentation and additional nominees were elevated to AARC Fellow-elect. We find this process allows for a continually improving process that ensures we do the right thing.

### Presidential Recommendation (not for board approval) for 2020 Committee Structure:

1. 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.

### 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).
  - **The committee reviewed 31 eligible nominations.**
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
  - **The committee elected seventeen (17) members as Fellow-Elect:**

Michael Anderson	Robert Aranson	Jeffrey Davis
Michael Davis	Dennis Guillot	Lanny Inabnit
Jody Lester	Aaron Light	Kerry McNiven
Thomas Piraino	Amanda Richter	Chris Russian
Keith Siegel	Stephen Smith	Noel Tiburcio
Lisa Trujillo	Kazunao Watanabe	

## AARC Fellowship Committee 2019 Winter Board Report

3. Develop/improve an objective rubric for review of applications and use to shadow process for 2019 to implement in 2020.
  - **The committee chair after presenting an initial rubric and presenting it to the committee found the idea to be too cumbersome and the work on this ended. The committee will continually evaluate the process and will look for ways to reduce subjectivity in our choices. Suggest this goal be revised to be one that charges the committee with a continual process improvement objective that can be shown through policy revision or innovative ideas to ensure our process continues to showcase our FAARC designation as the pre-eminent designation one can obtain.**
4. Provide a webcast with the Executive office to review the application and evaluation process with the AARC membership.
  - **Time got away on this, although it wasn't met this year, suggest that we try to develop this earlier in the year, especially after the policy is revised..**
5. Mentor committee members for future chair position.
  - **On-going.**

### **Measurable outcomes:**

1. Number of qualified submissions each year.
  - a. **31 eligible nominations – increase of four from 2018**
2. New fellows presented each year.
  - a. **17 Fellows to be awarded the FAARC designation – increase of ten from 2018**
3. Scoring rubric developed and summary of pilot test (shadow results)
  - a. **Rubric idea abandoned after failed test.**

I want to thank the members of this committee for a job well done this year. We learned a lot this year and found a way to improve the process. In the end, this committee chose to do the right thing this year vs. waiting until next year to fix the process. I realize there will be much debate on who did and did not get chosen, but over the history of the 21 years we've awarded the FAARC (including this year's class – 371), the process has continually improved and the awardees continue to tell us that they see this as a designation of honor and pride they'll treasure forever.

**Chair:** Frank Salvatore, MBA, RRT, FAARC

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

**AARC Staff:** Tom Kallstrom, MBA, RRT, FAARC



## AARC Advocacy and Government Affairs Committee 2019 Winter Board Report

Recommendations – None

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.
  - H.R. 2508 was introduced on May 2, 2019. We're at 40 co-sponsors along with our Sponsor/Introducer Rep. M. Thompson – CA as of the printing of this report (see attached document #1).
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.
  - All committee members have been assigned states and we will work with them on both state and federal advocacy.
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.
  - Our committee has been working over the course of this past year to find ways to push the boundaries of each state communication network. Unfortunately, it was found that leadership at all levels did not participate fully in the advocacy effort we looked at (May 2019 – VLC Reboot). The concern is if engagement on the leadership level is not there, could that be why the communication is not getting to the grass-roots level. We'd like to explore this through work with the AARC HOD as well as engaging the AARC BOD in discussions. (see attached document - #2)
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
  - Two Virtual Lobby Campaigns have been held. The regular one leading up to the AARC PACT Hill Day (3/27/19-4/10/19) and one after our bill was introduced called VLC-Reboot (5/14/19-5/23/19). We are currently into our third campaign although it is not an actual time bound virtual lobby campaign, we dubbed it publicly as our Summer Lobby Blast which started on August 19, 2019. An interesting tactic was undertaken with the summer lobby blast, in this campaign the members of the House of Representatives that were listed as co-sponsors got thank you messages rather than another request to co-sponsor. We also tailored our message in the Senate to target 14 Senators in 13 states rather than a blanket message in the Senate. This campaign will continue until the Connect Act gets dropped at some point in 2019 or 2020. (see attached documents #3 through #6).
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

**AARC Advocacy and Government Affairs Committee**  
**2019 Winter Board Report**

**Measurable outcomes:**

1. Increase by 20% the number of co-signers of the Telehealth bill. (**Goal met – went from zero to 40 co-sponsors**)
2. Produce 10% more emails sent to Capitol Hill this virtual lobbying campaign. (**Goal met – we increased total messages to Congress during the main VLC by 39.6%; we also increased the number of individual advocates who wrote to Congress by 24.6%.**)

**I want to thank the members of my committee. This committee does a lot of work behind the scenes and the attaining of our measurable outcomes is directly related to the work they do with the states. As always, we'd be rudderless without Ann Marie. She's the glue and engine that encourages us to continue to work hard.**

**Chair:** Frank Salvatore, MBA, RRT, FAARC

**Members:** Kim Bennion, Carrie Bourassa, John Campbell, Joseph Goss, Mike Madison, Natalie Napolitano, Keith Siegel, Gary Wickman

**AARC Staff:** Ann Marie Hummel

Sponsor	Rep. Thompson, Mike [D-CA-5]	
Co-Sponsors		Date CoSponsored
1	Rep. Cox, TJ [D-CA-21]*	5/2/2019
2	Rep. Carter, Earl L. "Buddy" [R-GA-1]*	5/2/2019
3	Rep. Kelly, Mike [R-PA-16]*	5/2/2019
4	Rep. Fitzpatrick, Brian K. [R-PA-1]	5/10/2019
5	Rep. Lofgren, Zoe [D-CA-19]	5/15/2019
6	Rep. Pingree, Chellie [D-ME-1]	5/15/2019
7	Rep. Smith, Adrian [R-NE-3]	5/15/2019
8	Rep. McKinley, David B. [R-WV-1]	5/20/2019
9	Rep. Young, Don [R-AK-At Large]	5/22/2019
10	Rep. Miller, Carol D. [R-WV-3]	5/23/2019
11	Rep. McMorris Rodgers, Cathy [R-WA-5]	5/23/2019
12	Rep. King, Steve [R-IA-4]	6/3/2019
13	Rep. McCollum, Betty [D-MN-4]	6/3/2019
14	Rep. Rouda, Harley [D-CA-48]	6/3/2019
15	Rep. Smucker, Lloyd [R-PA-11]	6/3/2019
16	Rep. DeFazio, Peter A. [D-OR-4]	6/3/2019
17	Rep. Burchett, Tim [R-TN-2]	6/3/2019
18	Rep. Kind, Ron [D-WI-3]	6/4/2019
19	Rep. Rice, Kathleen M. [D-NY-4]	6/4/2019
20	Rep. Suozzi, Thomas R. [D-NY-3]	6/10/2019
21	Rep. Golden, Jared F. [D-ME-2]	6/10/2019
22	Rep. Levin, Mike [D-CA-49]	6/10/2019
23	Rep. Kim, Andy [D-NJ-3]	6/10/2019
24	Rep. Hastings, Alcee L. [D-FL-20]	6/10/2019
25	Rep. Jackson Lee, Sheila [D-TX-18]	6/12/2019
26	Rep. Zeldin, Lee M. [R-NY-1]	6/18/2019
27	Rep. DelBene, Suzan K. [D-WA-1]	6/27/2019
28	Rep. King, Peter T. [R-NY-2]	6/27/2019
29	Rep. Balderson, Troy [R-OH-12]	7/9/2019
30	Rep. Levin, Andy [D-MI-9]	7/10/2019
31	Rep. Axne, Cynthia [D-IA-3]	7/10/2019
32	Rep. Palazzo, Steven M. [R-MS-4]	7/10/2019
33	Rep. Slotkin, Elissa [D-MI-8]	7/12/2019
34	Rep. Cohen, Steve [D-TN-9]	7/17/2019
35	Rep. Thompson, Bennie G. [D-MS-2]	7/17/2019
36	Rep. Aguilar, Pete [D-CA-31]	7/17/2019
37	Rep. Rogers, Harold [R-KY-5]	7/17/2019
38	Rep. Grijalva, Raul M. [D-AZ-3]	8/2/2019
39	Rep. Finkenauer, Abby [D-IA-1]	8/2/2019
40	Rep. Loeb sack, David [D-IA-2]	9/24/2019

\* - orig. co-sponsor

\* - orig. co-sponsor

\* - orig. co-sponsor

Party	
Democratic	24
Republican	16
<b>TOTAL:</b>	<b>40</b>

Cosponsors by U.S. State or Territory	
California	5
New York	4
Iowa	4
Pennsylvania	3
Maine	2
Washington	2
West Virginia	2
Michigan	2
Mississippi	2
Tennessee	2
Alaska	1
Arizona	1
Florida	1
Georgia	1
Kentucky	1
Minnesota	1
Nebraska	1
New Jersey	1
Ohio	1
Oregon	1
Texas	1
Wisconsin	1
<b>TOTAL:</b>	<b>40</b>

AARC Advocacy and Government Affairs Committee  
 2019 AARC BOD/State Affiliate Leadership Engagement

**ATTACHMENT #2**  
 This work was completed after the May 2019  
 Virtual Lobby - Reboot Campaign

State	% Engagement of Leadership
OK	86%
WI	86%
AARC	81%
NJ	80%
CT	78%
MN	73%
FL	71%
WA	67%
ID	56%
MA	55%
PA	55%
UT	55%
CA	50%
VA	50%
WV	50%
MI	48%
TX	45%
AK	44%
KY	44%
MT	44%
KS	43%
IL	42%
NY	40%
ME	38%
SD	38%
BOMA	37%
IN	37%
GA	36%
OR	36%
CO	33%
IA	33%
NC	33%
RI	29%
SC	29%
AZ	27%
MD/DC	27%
LA	25%
NE	25%
OH	25%
ND	22%
NV	20%
WY	20%
AL	19%
MO	18%
AR	15%
TN	12%
DE	10%
MS	10%
NM	8%
HI	0%
VT/NH	0%
	<b>40% Engagement</b>

Key:  
 Above the Avg.  
 Above 50%

AARC ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE  
2019 ADVOCACY STATISTICS - BY STATE

ATTACHMENT #3

2019 ADVOCACY - ALL CAMPAIGNS					
#	STATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	WI	7,358	6,753	544	61
2	PA	6,665	6,546	99	20
3	TX	4,789	4,616	145	28
4	CO	4,641	4,569	41	31
5	FL	4,038	3,965	30	43
6	MI	3,522	3,388	111	23
7	CA	3,310	3,243	53	14
8	IL	2,367	2,268	86	13
9	GA	2,074	2,022	40	12
10	OH	1,973	1,901	62	10
11	MA	1,926	1,899	23	4
12	NC	1,924	1,840	72	12
13	TN	1,719	1,709	3	7
14	MN	1,695	1,633	57	5
15	NY	1,671	1,644	15	12
16	CT	1,498	1,461	30	7
17	VA	1,483	1,395	87	1
18	OK	1,405	1,320	80	5
19	LA	1,353	1,322	22	9
20	WA	1,228	1,179	41	8
21	NJ	1,173	1,151	22	0
22	MO	1,115	1,100	5	10
23	MD	1,093	1,065	10	18
24	KY	1,085	1,079	2	4
25	IN	988	987	1	0
26	AZ	916	902	1	13
27	KS	896	868	28	0
28	SC	837	812	20	5
29	WV	806	797	8	1
30	IA	755	740	12	3
31	AR	635	618	13	4
32	MS	562	552	9	1
33	SD	549	531	12	6
34	UT	519	504	8	7
35	DE	517	514	0	3
36	AL	466	460	2	4
37	ID	445	438	7	0
38	ME	436	424	7	5
39	OR	365	346	17	2
40	MT	363	358	0	5
41	NV	340	339	0	1
42	NH	309	301	6	2
43	NE	258	257	0	1
44	ND	240	239	0	1
45	NM	237	232	4	1
46	HI	217	212	5	0
47	VT	194	194	0	0
48	AK	180	180	0	0
49	RI	171	163	6	2
50	WY	162	155	4	3
51	DC	71	62	7	2
		<b>73,539</b>	<b>71,253</b>	<b>1,857</b>	<b>429</b>

**THERE IS NO LISTING FOR ADVOCATES ON THIS PAGE BECAUSE THERE IS NO WAY TO REMOVE DUPLICATES OVER THE COURSE OF THREE CAMPAIGNS. ADVOCATES WILL BE SHOWN FOR EACH OF THE THREE CAMPAIGNS IN 2019.**

AARC ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE  
2019 ADVOCACY STATISTICS - BY STATE

ATTACHMENT #4

2019 ADVOCACY - VIRTUAL LOBBY CAMPAIGN MAIN						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	WI	892	6,370	5,779	534	57
2	PA	964	4,680	4,594	69	17
3	CO	315	4,376	4,311	37	28
4	TX	1,053	4,127	3,971	135	21
5	FL	756	3,160	3,109	17	34
6	MI	514	3,027	2,904	104	19
7	CA	674	2,558	2,507	39	12
8	MA	162	1,728	1,708	16	4
9	GA	352	1,695	1,649	35	11
10	OH	395	1,598	1,534	55	9
11	TN	414	1,574	1,565	3	6
12	IL	274	1,502	1,431	58	13
13	MN	232	1,402	1,352	45	5
14	NC	286	1,361	1,285	66	10
15	NY	352	1,332	1,311	12	9
16	VA	273	1,275	1,188	87	0
17	OK	252	1,253	1,168	80	5
18	LA	255	1,168	1,139	20	9
19	WA	246	1,033	994	32	7
20	CT	172	985	955	23	7
21	NJ	198	982	965	17	0
22	MD	246	949	921	10	18
23	KY	208	895	890	2	3
24	KS	192	770	746	24	0
25	IN	172	752	752	0	0
26	MO	180	751	740	4	7
27	IA	147	626	613	10	3
28	WV	147	597	589	7	1
29	SC	128	588	566	20	2
30	AR	134	532	519	10	3
31	SD	90	488	470	12	6
32	MS	100	447	444	3	0
33	AZ	98	424	412	0	12
34	UT	96	424	413	4	7
35	DE	105	374	371	0	3
36	MT	77	339	334	0	5
37	ID	75	322	318	4	0
38	AL	84	317	314	0	3
39	ME	77	310	301	7	2
40	OR	54	268	253	15	0
41	NH	59	251	243	6	2
42	ND	50	217	217	0	0
43	NE	59	217	216	0	1
44	NV	55	209	208	0	1
45	AK	45	177	177	0	0
46	VT	39	168	168	0	0
47	NM	39	157	153	3	1
48	WY	32	148	141	4	3
49	RI	26	117	109	6	2
50	HI	18	93	93	0	0
51	DC	49	61	57	3	1
		<b>11,912</b>	<b>59,174</b>	<b>57,167</b>	<b>1,638</b>	<b>369</b>

2019 ADVOCACY - VIRTUAL LOBBY CAMPAIGN MAIN						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	TX	1,053	4,127	3,971	135	21
2	PA	964	4,680	4,594	69	17
3	WI	892	6,370	5,779	534	57
4	FL	756	3,160	3,109	17	34
5	CA	674	2,558	2,507	39	12
6	MI	514	3,027	2,904	104	19
7	TN	414	1,574	1,565	3	6
8	OH	395	1,598	1,534	55	9
9	GA	352	1,695	1,649	35	11
10	NY	352	1,332	1,311	12	9
11	CO	315	4,376	4,311	37	28
12	NC	286	1,361	1,285	66	10
13	IL	274	1,502	1,431	58	13
14	VA	273	1,275	1,188	87	0
15	LA	255	1,168	1,139	20	9
16	OK	252	1,253	1,168	80	5
17	MD	246	949	921	10	18
18	WA	246	1,033	994	32	7
19	MN	232	1,402	1,352	45	5
20	KY	208	895	890	2	3
21	NJ	198	982	965	17	0
22	KS	192	770	746	24	0
23	MO	180	751	740	4	7
24	CT	172	985	955	23	7
25	IN	172	752	752	0	0
26	MA	162	1,728	1,708	16	4
27	IA	147	626	613	10	3
28	WV	147	597	589	7	1
29	AR	134	532	519	10	3
30	SC	128	588	566	20	2
31	DE	105	374	371	0	3
32	MS	100	447	444	3	0
33	AZ	98	424	412	0	12
34	UT	96	424	413	4	7
35	SD	90	488	470	12	6
36	AL	84	317	314	0	3
37	ME	77	310	301	7	2
38	MT	77	339	334	0	5
39	ID	75	322	318	4	0
40	NE	59	217	216	0	1
41	NH	59	251	243	6	2
42	NV	55	209	208	0	1
43	OR	54	268	253	15	0
44	ND	50	217	217	0	0
45	DC	49	61	57	3	1
46	AK	45	177	177	0	0
47	NM	39	157	153	3	1
48	VT	39	168	168	0	0
49	WY	32	148	141	4	3
50	RI	26	117	109	6	2
51	HI	18	93	93	0	0
		<b>11,912</b>	<b>59,174</b>	<b>57,167</b>	<b>1,638</b>	<b>369</b>

AARC ADVOCACY AND GOVERNMENT AFFAIRS COMMITTEE  
2019 ADVOCACY STATISTICS - BY STATE

ATTACHMENT #5

2019 ADVOCACY - VLC REBOOT - MAY 2019						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	PA	418	1,325	1,304	18	3
2	WI	266	881	868	9	4
3	TX	177	563	549	7	7
4	CA	172	542	528	12	2
5	IL	154	520	502	18	0
6	AZ	145	457	456	0	1
7	NC	141	447	442	3	2
8	CT	135	443	437	6	0
9	FL	145	440	433	0	7
10	MI	129	425	415	6	4
11	NY	96	292	289	0	3
12	GA	88	277	273	3	1
13	CO	76	247	241	3	3
14	MO	64	219	216	0	3
15	MN	67	217	210	7	0
16	OH	68	214	213	0	1
17	SC	66	213	210	0	3
18	IN	65	198	198	0	0
19	LA	51	171	170	1	0
20	VA	57	160	159	0	1
21	MA	49	157	154	3	0
22	WV	48	154	154	0	0
23	KY	50	151	150	0	1
24	NJ	47	149	145	4	0
25	DE	43	135	135	0	0
26	AL	40	127	126	0	1
27	MD	41	119	119	0	0
28	WA	39	118	117	0	1
29	NV	36	111	111	0	0
30	OK	36	108	108	0	0
31	TN	34	103	102	0	1
32	ME	29	93	90	0	3
33	AR	25	91	87	3	1
34	IA	30	90	90	0	0
35	ID	28	87	84	3	0
36	KS	28	84	81	3	0
37	UT	26	81	78	3	0
38	OR	22	66	66	0	0
39	MS	19	64	63	0	1
40	RI	15	51	51	0	0
41	NM	14	42	42	0	0
42	NE	13	36	36	0	0
43	NH	11	33	33	0	0
44	SD	9	31	31	0	0
45	MT	7	21	21	0	0
46	HI	5	18	15	3	0
47	ND	4	16	15	0	1
48	DC	4	9	4	4	1
49	VT	3	9	9	0	0
50	WY	2	9	9	0	0
51	AK	1	3	3	0	0
		<b>3,338</b>	<b>10,617</b>	<b>10,442</b>	<b>119</b>	<b>56</b>

2019 ADVOCACY - VLC REBOOT - MAY 2019						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	PA	418	1,325	1,304	18	3
2	WI	266	881	868	9	4
3	TX	177	563	549	7	7
4	CA	172	542	528	12	2
5	IL	154	520	502	18	0
6	AZ	145	457	456	0	1
7	FL	145	440	433	0	7
8	NC	141	447	442	3	2
9	CT	135	443	437	6	0
10	MI	129	425	415	6	4
11	NY	96	292	289	0	3
12	GA	88	277	273	3	1
13	CO	76	247	241	3	3
14	OH	68	214	213	0	1
15	MN	67	217	210	7	0
16	SC	66	213	210	0	3
17	IN	65	198	198	0	0
18	MO	64	219	216	0	3
19	VA	57	160	159	0	1
20	LA	51	171	170	1	0
21	KY	50	151	150	0	1
22	MA	49	157	154	3	0
23	WV	48	154	154	0	0
24	NJ	47	149	145	4	0
25	DE	43	135	135	0	0
26	MD	41	119	119	0	0
27	AL	40	127	126	0	1
28	WA	39	118	117	0	1
29	NV	36	111	111	0	0
30	OK	36	108	108	0	0
31	TN	34	103	102	0	1
32	IA	30	90	90	0	0
33	ME	29	93	90	0	3
34	ID	28	87	84	3	0
35	KS	28	84	81	3	0
36	UT	26	81	78	3	0
37	AR	25	91	87	3	1
38	OR	22	66	66	0	0
39	MS	19	64	63	0	1
40	RI	15	51	51	0	0
41	NM	14	42	42	0	0
42	NE	13	36	36	0	0
43	NH	11	33	33	0	0
44	SD	9	31	31	0	0
45	MT	7	21	21	0	0
46	HI	5	18	15	3	0
47	DC	4	9	4	4	1
48	ND	4	16	15	0	1
49	VT	3	9	9	0	0
50	WY	2	9	9	0	0
51	AK	1	3	3	0	0
		<b>3,338</b>	<b>10,617</b>	<b>10,442</b>	<b>119</b>	<b>56</b>

AARC ADVOCACY AND GOVERNEMENT AFFAIRS COMMITTEE  
2019 ADVOCACY STATISTICS - BY STATE

ATTACHMENT #6

2019 ADVOCACY - PRE-CONNECT (SUMMER 2019)						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	PA	233	660	648	12	0
2	FL	353	438	423	13	2
3	IL	153	345	335	10	0
4	CA	156	210	208	2	0
5	OH	72	161	154	7	0
6	MO	103	145	144	1	0
7	NC	68	116	113	3	0
8	WI	60	107	106	1	0
9	HI	40	106	104	2	0
10	GA	37	102	100	2	0
11	TX	75	99	96	3	0
12	WA	35	77	68	9	0
13	MN	45	76	71	5	0
14	CT	41	70	69	1	0
15	MI	60	70	69	1	0
16	WV	40	55	54	1	0
17	MS	16	51	45	6	0
18	VA	23	48	48	0	0
19	NY	33	47	44	3	0
20	OK	25	44	44	0	0
21	KS	30	42	41	1	0
22	NJ	29	42	41	1	0
23	TN	39	42	42	0	0
24	MA	28	41	37	4	0
25	IA	17	39	37	2	0
26	KY	37	39	39	0	0
27	IN	31	38	37	1	0
28	NM	30	38	37	1	0
29	ID	12	36	36	0	0
30	SC	33	36	36	0	0
31	AZ	21	35	34	1	0
32	ME	17	33	33	0	0
33	OR	13	31	27	2	2
34	SD	15	30	30	0	0
35	MD	10	25	25	0	0
36	NH	21	25	25	0	0
37	AL	18	22	20	2	0
38	NV	11	20	20	0	0
39	CO	15	18	17	1	0
40	VT	11	17	17	0	0
41	LA	14	14	13	1	0
42	UT	11	14	13	1	0
43	AR	12	12	12	0	0
44	DE	4	8	8	0	0
45	ND	6	7	7	0	0
46	NE	5	5	5	0	0
47	WY	4	5	5	0	0
48	MT	4	3	3	0	0
49	RI	4	3	3	0	0
50	DC	1	1	1	0	0
		<b>2,171</b>	<b>3,748</b>	<b>3,644</b>	<b>100</b>	<b>4</b>

2019 ADVOCACY - PRE-CONNECT (SUMMER 2019)						
#	STATES	ADVOCATES	CONNECTIONS / MESSAGES	EMAILS	TWEETS	CALLS
1	FL	353	438	423	13	2
2	PA	233	660	648	12	0
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7	OH	72	161	154	7	0
8	NC	68	116	113	3	0
9	MI	60	70	69	1	0
10	WI	60	107	106	1	0
11	MN	45	76	71	5	0
12	CT	41	70	69	1	0
13	HI	40	106	104	2	0
14	WV	40	55	54	1	0
15	TN	39	42	42	0	0
16	GA	37	102	100	2	0
17	KY	37	39	39	0	0
18	WA	35	77	68	9	0
19	NY	33	47	44	3	0
20	SC	33	36	36	0	0
21	IN	31	38	37	1	0
22	KS	30	42	41	1	0
23	NM	30	38	37	1	0
24	NJ	29	42	41	1	0
25	MA	28	41	37	4	0
26	OK	25	44	44	0	0
27	VA	23	48	48	0	0
28	AZ	21	35	34	1	0
29	NH	21	25	25	0	0
30	AL	18	22	20	2	0
31	IA	17	39	37	2	0
32	ME	17	33	33	0	0
33	MS	16	51	45	6	0
34	CO	15	18	17	1	0
35	SD	15	30	30	0	0
36	LA	14	14	13	1	0
37	OR	13	31	27	2	2
38	AR	12	12	12	0	0
39	ID	12	36	36	0	0
40	NV	11	20	20	0	0
41	UT	11	14	13	1	0
42	VT	11	17	17	0	0
43	MD	10	25	25	0	0
44	ND	6	7	7	0	0
45	NE	5	5	5	0	0
46	DE	4	8	8	0	0
47	MT	4	3	3	0	0
48	RI	4	3	3	0	0
49	WY	4	5	5	0	0
50	DC	1	1	1	0	0
		<b>2,171</b>	<b>3,748</b>	<b>3,644</b>	<b>100</b>	<b>4</b>



## **Vision Grant Committee**

No recommendations

The BOD did not approve the committee recommendations at the Summer BOD meeting. Nothing to report at this time.

Lynda Goodfellow, Chair  
Gregg Ruppel  
Georgianna Sergakis

# International Committee 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 conferences that attract respiratory therapists 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.

Four fellows were selected for this year's visit. We have two physicians, one from China and one from Nigeria, and two respiratory therapist, one from Oman and one from China. We had 18 applicants for fellows and 10 for city hosts. City hosts applications this year came primarily from the northeast and mid-Atlantic states with one from Utah and the other from Kentucky. Plans include mentioning this to the HOD and encouraging folks from their states to apply.



**Yu-qi Liu, MD**  
**Quanzhou City, China**

**City Host 1**  
Pittsford, NY: Sheri Tooley

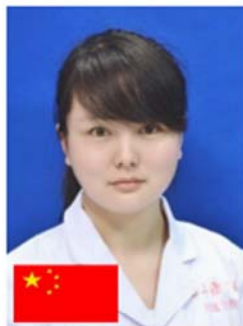
**City Host 2**  
Greenville, NC: Charles  
Bangley

Senior Doctor  
The Second Affiliated Hospital of Fujian Medical University  
Quanzhou City, Fujian Province, China

Director of the Department of Critical Care Medicine and the Department of Teaching and Research of Critical Care  
responsible for the medical safety, teaching, scientific research and administration of 37 beds in the Department of Critical Care in two districts of her hospital, as well as the Department of emergency medicine in Fujian Medical University

Vice director of branch fistula surgeon physicians of Chinese Medical Doctor Association  
Member of Department of surgical infection & critical care medicine, Chinese Medical Association  
Member of critical rehabilitation, Chinese Rehabilitation Association  
Group leader of respiratory therapeutics, Fujian Respiratory Association, Chinese Medical Association  
Member of the Fujian provincial critical medical association  
Standing committee of Fujian Institute of organ transplantation  
Vice chairman of Critical Medical Association of Quanzhou City, Fujian province  
Chairman of Parenteral & Enteral Nutrition Association of Quanzhou Medical Association  
Visiting professor, Department of respiratory care, Taiwan Chang Gung University of Science & Technology

Hopes to develop respiratory therapy and promote respiratory therapy in China.



**Yao Tian, RT**  
**Xi'an, China**

**City Host 1**

Charlottesville, VA: Ryan Sharkey

**City Host 2**

Louisville, KY: Shelby Cutler

Respiratory Therapist  
The First Affiliated Hospital of Xi'an Medical University  
Xi'an, China/Shaanxi/Xi'an, China

Leader of the respiratory treatment group  
Respiratory Therapist in charge of airway management, lung rehabilitation, blood and gas analysis, lung function, respiratory regulation management, and training of advanced personnel

Bachelor of Clinical Medicine – Internal Medicine, Surgery, Diagnostics, Iconography, Obstetrics and Gynecology – Xi'an Jiaotong University  
Associate Degree Respiratory therapy – Xi'an Medical University

Numerous publications and is also Associate Editor – Clinical Practical RT Journal

Our hospital is the only hospital in northwest China with a team of respiratory therapists, and it is the national respiratory therapy training base.

The university, the dean and our director attach great importance to the development of respiratory therapy and are willing to strive for this goal.



**Amsa Mairami, MD**  
**Abuja, Nigeria**

**City Host 1**

Washington, DC: Carolyn Williams

**City Host 2**

Kerry McNiven: Simsbury, CT

Senior Consultant Pediatrician  
National Hospital of Abuja  
Abuja, F.C.T, Nigeria

Senior attending Neonatologist  
Oversees ~3500 deliveries a year & 34 bed neonatal unit – NICU & special care baby unit, inborn & out born sections admitting 1200 babies each year  
47% preterm babies –  
provides pediatric & neonatal training to residents, fellows & nurses  
provides training on resuscitation and respiratory management to RC  
provide educational and technical resources for 6 regional centers  
principal site investigator for the Nigerian Neonatal Registry, a consortium of NICU's in Nigeria systematically collecting clinical and outcome data on newborns admitted to the NICU

National Hospital Abuja - first in Nigeria to develop a low-cost bubble CPAP  
Lead role in its development and dissemination to regional teaching hospitals in Nigeria & coauthored the training manual for it's use

Numerous publications & research projects & positions of prominence in Nigerian Society of Neonatal Medicine, Nigerian Medical Association & Pediatric Association of Nigeria  
Reinforce my expertise & gain new knowledge in NIV & learn what is involved in developing a respiratory therapy training program



Head of Respiratory Care Services  
 Ministry of Health Headquarters Oman  
 Alkwair, Muscat, Oman

Respiratory Therapist & member of the AARC

Promoting the RT profession to Secondary Schools in Oman  
 Main Organizer of respiratory care training programs & workshops  
 Participant & member in research & trials on RC equipment & supplies  
 Creates and Distributes national standards, guidelines, policies, & procedures to all MOH hospitals  
 Presenter at several RC symposiums, workshops, & seminars

Previous Experience in all areas of respiratory care, attended numerous training programs and is a frequently invited speaker

**Khalsa Al Siyabi, RT**  
**Muscat, Oman**

**City Host 1**  
 Ogden, UT: Sarah [Burdash](#)

**City Host 2**  
 York, PA: [Lindey Knisely](#)

It would be an honor for her and her colleagues if she is chosen as an AARC fellow as she is the representative of Main Ministry of Health governing all Respiratory Therapists in Oman for it will stand our ground representing them as the first Omani Fellow of the AARC. She is hopeful that the AARC will support her plan to uplift the profession of RT in Oman.

## 2019 PROGRAM SCHEDULE

Oct. 27–Nov. 13, 2019

EVENT		
Arrive in the First City	Sunday	Oct. 27, 2019
First City Rotation	Monday–Friday	Oct. 28–Nov. 1, 2019
Arrive in Second City	Saturday	Nov. 2, 2019
Second City Rotation	Sunday–Thursday	Nov. 3–7, 2019
Arrive in New Orleans, LA	Friday	Nov. 8, 2019
AARC Congress 2019	Saturday–Tuesday	Nov. 9–12, 2019
Fellowship Program Ends	Wednesday	Nov. 13, 2019

- 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. Plans are on track for the Congress.

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

We continue to work on improving communication and on targeted

activities.

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

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

We recently received a request for assistance in setting up a program in Thailand. The request came from Chulee Jones, PhD, PT international fellow in 2014 and her colleague Thananchai Bunburaphong, M.D. from Chulabhorn Royal Academy, Bangkok, Thailand.

A working group was formed from three members of our committee. The committee consists of Drs. Arzu Ari, Michael Davis and Lisa Trujillo. Initial contact has been made and we are waiting to proceed based upon their response to our initial questions regarding where they are in the development of their program.

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 last December and again in January, I had the pleasure of meeting with President Schell, ICRC President Jerome Sullivan, ARCF Chair Michael Amato, Executive Director Tom Kallstrom and Associate Executive Director Tim Myers regarding the future direction of the international efforts of the AARC.

These two meetings included a review of our history, planning the future, ideas for more exposure, and succession and leadership planning. Discussions also included the AARC horizon goals.

Most recently (September 26 & 27) I met with Jerome Sullivan, and Tom Kallstrom, at the AARC executive office to review and revise AARC and ICRC international goals and also align these with the AARC Horizon Goals. Tom Kallstrom will be providing the board with the results of that meeting in New Orleans.

**Measurable outcomes:**

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

The ARCF approved 4 fellows for 2019.

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

Please see number 4 above regarding the Thailand request.

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

Several articles have been published in the past regarding leadership travel outside the US. I would encourage all members of the Board and the House, and individual members to let me know of any travel for seminars, workshops, medical mission trips or other activities related to international activities. Each year I encourage the Times editors to include as many articles related to AARC International Goals as possible.

As you know *AARCTimes* will soon be going digital. We are currently waiting to see what the new format will be regarding the international issue and international news.

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 Garza MD, FAARC

Bruce Rubin, MD, FAARC

Jerome Sullivan PhD, RRT, FAARC

Lisa M. Trujillo, DHSc, RRT

**BOD Liaison:** Lisa M. Trujillo, DHSc, RRT

**AARC Staff:** Tom Kallstrom

# Membership Committee Report

Reporter: Jennifer Anderson, EdD, RRT, RRT-NPS – Chair

*Winter 2019*

## Recommendations

There are no recommendations at this time.

## Report

Since our last report, the Membership Committee met in June and September. Many committee members also attended AARC Summer Forum and/or the Summer Meetings. Members also regularly participate on AARC Connect.

The membership committee has been tasked with the following objectives.

- Increase the membership 5% each year.
- Develop strategies for members to engage with HOSA programs within their state to recruit volunteers from under represented populations
- Encourage underrepresented populations to join the AARC.
- Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC. (Mentor program)

### **Develop strategies for members to engage with HOSA programs within their state to recruit volunteers from under represented populations**

The AARC Board approved HOSA survey for state society presidents and delegates was launched at the summer HOD meeting. We received 80 responses from 46 states.

In September, we sent out the AARC Board approved HOSA survey for program directors. The survey was just closing as of this report.

The committee will analyze the results from both surveys for future steps, including resource development. We anticipate that the survey will identify members who are already participating with HOSA and opportunities for idea sharing.

### **Encourage underrepresented populations to join the AARC**

VA Outreach/Membership Campaign

The committee continues discussion about a tagline for a future campaign. Perhaps having an annual Membership campaign each March.

Membership Tools

The committee has reviewed several resources. Review and recommendation discussions continue via AARConnect. The Membership Tools area is now accessible from [aarc.org](http://aarc.org).

### **Identify and evaluate methods to recruit respiratory therapy students as ACTIVE members of the AARC. (Mentor program)**



Committee members continue to be positive advocates throughout the country – both in person and online in venues such as AARConnect, Facebook, and Twitter. Committee members will be helping with a communication campaign on the student section of AARConnect.

As of the end of September, membership is 44,911.

Respectfully submitted,

*Jennifer Anderson*

*Membership Committee Chair*

# Position Statement Committee

Submitted by Mike Madison--2019 Fall/Winter Report

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## Recommendation:

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.

# Virtual Museum

Submitted by Trudy Watson--2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

We continue to receive requests for permission to use images from the Virtual Museum in educational materials, conference presentations, and college courses and have assisted with requests to locate specific vintage images. We recently received a request from the Drug Enforcement Administration to use one of our images in the DEA's Museum in Washington, D.C. We also have offered suggestions to members wishing to identify vintage equipment or wishing to donate vintage items.

The Virtual Museum (VM) is currently undergoing conversion into the new layout. A new gallery (Early COPD Management:1940-1960) is ready to launch when the VM conversion is completed. During the past year, we have added over 75 images to the VM library and would welcome any assistance you can provide in locating new images.

Each of the four nominating agencies submitted at least one nomination for the 2019 Legends of Respiratory Care. From the 15 total nominations received, five new Legends were selected and include Leland Clark, PhD, Allen DeVilbiss, MD, John Hutchinson, MBBS, Marie Krogh, MD, and John Severinghaus, MD. The 2019 Legends will be announced during the AARC Awards Ceremony in New Orleans.

I've enjoyed working with the 2019 Virtual Museum Committee members: Robert Aranson, MD, Gayle Carr, Felix Khusid, Dianne Lewis, and Colleen Schabacker and appreciate the support provided during the year by Cheryl Hoerr, Asha Desai, and Tom Kallstrom.

## Other-Info:

None

## **Career Pathways Committee-Fall/Winter 2019-Lutana Haan**

Membership of the committee consists of Brad Leidich, Diane Oldfather, Susan Rinaldo-Gallo, John Lindsey, Brian Cayko, Shawna Strickland and Lutana 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

### **2019 Progress:**

1. Review the AARC Position Statement on Continuing Education to provide more explicit information about career pathways, promotion of career pathways for entry-level therapists and future educators, leaders, and researchers. Also, address the types of degrees and degree advancement as a quality measure for RT completion degrees.
  - a. Status
    - i. Create infographic: A professional infographic was created with help from AARC. Final stages of approval are pending.
    - ii. Create powerpoint: A short powerpoint aimed at students early in an associate's degree to promote degree advancement. Additionally, we plan to record a voice over powerpoint to post on website.
    - iii. Create videos: We created several question on degree advancement to tag on with the AARC's video production of "Be and RT" campaign. These have just been recorded, editing and review is needed.
    - iv. Provide language for programs-drafted and committee needs to review to move forward
2. The AARC will identify websites (bls.gov, career coaching) commonly used by universities and assure that there is language that highlights the increasing role of the bachelor's degree for prospective students.
  - a. Status: Suggestions were made to bls.gov, no changes were made this year.
3. The AARC will provide definitions of AS, AAS, BS, BAS degrees on a website as a decision-making resource for prospective students.
  - a. This is provided on AARC.org

## Plans for 2020

Continue to find ways to promote understanding of degree advancement. It appears we could benefit from more insolvent with CoARC and NN2.

### Original Charge

#### **AARC Task Force for Career Pathways**

##### AARC

4. Review the AARC Position Statement on Continuing Education to provide more explicit information about career pathways, promotion of career pathways for entry-level therapists and future educators, leaders, and researchers. Also, address the types of degrees and degree advancement as a quality measure for RT completion degrees.
5. The AARC will identify websites (bls.gov, career coaching) commonly used by universities and assure that there is language that highlights the increasing role of the bachelor's degree for prospective students.
6. The AARC will provide definitions of AS, AAS, BS, BAS degrees on a website as a decision-making resource for prospective students.

##### CoARC

1. The CoARC will evaluate what additional data programs can submit, through its annual report of current status, which would be helpful in promoting career pathways. This additional data may include, but not be limited to, names of organizations with whom they have articulation agreements, type of degree offered, whether the degree is accredited by CoARC as Degree Advancement, number of degree credits that transfer as part of articulation agreement, baccalaureate degree programs that their graduates attend, type of baccalaureate degree offered, and usual number of degree credits that transfer.
2. The CoARC and the AARC will collaborate to develop a website hosted on the AARC website that allows prospective students to search for associate degree programs that have articulation agreements, baccalaureate degree options where students commonly transfer, and the number of degree transfer credits.

##### NN2 and NA2RC

1. Collaborate with NN2 and NA2RC (name will change shortly) leadership to ask their membership to highlight the RT career pathway by posting the AARC goal of having 80% of RTs either hold or be working towards a bachelor's degree by 2020 near the top half of the first page of their program website.
2. Collaborate with NN2 and NA2RC leadership to ask their membership to post links to articulation agreements and other baccalaureate degree programs in prominent positions on their program website.

NOTE: The NA2RC website has as their (mission) Statement: “It is the opinion of the NN2RC that the Associate degree should be maintained as the standard for entry into the field of Respiratory Care with the development of a career pathway into Baccalaureate and Master’s degree programs for advancement in the profession.” The AARC could align our language and collaborative efforts around career pathway development.

# BS Entry to Practice

Submitted by Brian Walsh-- 2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

Entry to Respiratory Therapy Practice 2030 published. Additional meetings scheduled to focus on how to make this issue paper a reality in the fall.

## Ad Hoc Committee on Airline Oxygen Safety

### Charges

- Develop strategies and tactics aligning with the AARC's 2019 Horizon goals to address the concerns of the public and the respiratory therapy community as it relates to airline travel with oxygen within the United States.
- Evaluate current rules and regulations, education and understanding of oxygen and oxygen equipment by airlines staff.
- Develop educational materials to distribute to the airlines and airline personnel to enhance their understanding of portable oxygen concentrators and emergency oxygen.
- Lobby for less restrictive travel with oxygen.

### Horizon Goal Alignment

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

- Promote RTs in federal policies as the best-educated, competency-tested health care professionals to provide respiratory care services
- Respiratory Therapists will advocate locally, nationally, and globally on issues facing our patients, our practice, and our members.
- Respiratory Therapists will be recognized for providing the highest quality and the safest care of patients with cardiopulmonary conditions
- Collaborate with other like-minded organizations to improve the health of the communities and to reinforce the value of RTs.

**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 targeted messaging for each audience
- The AARC will market the value of the Respiratory Therapist to all customers and stakeholders.
- AARC effectively deploys all possible channels for communicating to its stakeholders

**Education/Professional Development** – AARC offers engaging, valuable professional education that advances the professional practice of respiratory therapy and supports elevation of the profession

- AARC will explore innovative ways to educate the workforce that continually increases the level of competency within the profession
- Provide education on acute, chronic and co-morbid conditions related to cardiopulmonary health

### Objectives

1. Gather anecdotal information from members on patient issues or misinformation regarding air travel for oxygen users via AARC CONNECT.
2. Consult with pulmonary organizations, medical societies and patient advocacy groups to determine extent of misinformation about oxygen use on airlines.



3. Research airline reservation policies and rules for individuals traveling with oxygen among the largest carriers and develop a list of variations to inform future decisions.
4. Contact key airline personnel and federal government officials to stress the importance of consistent and proper messaging and the extent of misinformation among carriers
5. Work with appropriate stakeholders to develop educational materials for airline personnel that include:
  - a. Flight Attendant checklist to ensure accurate procedures are followed during takeoff and landing
  - b. Patients' Bill of Rights for travelers needing oxygen to ensure their voice is heard and they are treated fairly
  - c. Video or other types of educational materials (e.g., You Tube, "Big Theater Ideas") for use by airline personnel that demonstrate the need for and proper use of portable oxygen concentrators when traveling on airlines, highlighting respiratory therapists as experts
6. Develop literature to be used by respiratory therapists to educate their patients on safe oxygen travel and the importance of understanding proper use of their equipment
7. Depending on success of educational materials, determine if federal regulations need to be revised to improve delivery and consistency of messaging

### **Measurable Outcomes**

- 3 of the 5 largest US carriers agree to use educational materials developed by AARC for their airline personnel
- At least half of the major airlines agree to work together to make their reservation and oxygen travel policies consistent with one another
- The Federal Aviation Administration clarifies its airline policies via rulemaking to improve consistency among carriers
- Patient complaints are reduced by 50% as a result of AARC educational materials.

### **Recommendations:**

**None**

### **Report November 2019:**

Much work has gone into reviewing FAA regulations and individual airlines requirements for passengers traveling with oxygen as well as training for crew members. A pilot and a flight attendant from 2 separate airlines were interviewed about the process of passengers traveling with oxygen and emergency procedures. While the FAA does not require the 48 advance notice prior to the departure date all US carrier websites reviewed did. Documents provided by 2 different airline personnel show a clear lack of knowledge of how oxygen equipment works. Per FAA regulations all airlines have a medical service staffed by physicians on the ground 24/7 that can give orders to "persons who identify themselves as doctors, nurses, EMT, or paramedic". RT was not included. The flight attendants do not have to provide individuals with the medications and emergency equipment if the individual cannot "prove" who they are. It does not specify what that proof is in the form of. The flight attendant I spoke with said she thought respiratory therapists would qualify and would give them the equipment, but again this is a judgment call.

Both the pilot and flight attendant spoke to the emergency training. The flight attendant on this specific airline said that they do emergency simulation training in a mock airplane and they are required to take CPR annually. The pilot said that they really don't get involved except to speak to the physician on the ground to assess whether they need to make an emergency landing. He said they typically don't change anything until they are forced to but he thought that they would be receptive to our educational assistance. All airplanes carry oxygen tanks. The number of tanks depends on the size of the plane and the maximum length of the flight. Oxygen tanks and emergency equipment are required to be checked after each leg of the flight. FAA regulations require an AED on every plane. Emergency medications with IV kit include: atropine, diphenhydramine (injection and tablet), lidocaine, nitroglycerin, inhaled bronchodilator, and epi(1:10,00 and 1:1,00), dextrose. There are no epi pens. Narcan is being added to all new kits. Emergency equipment includes: AED, oral airways, resuscitation masks and adult bag, BP cuff and stethoscope.

The committee posted a call for stories of patients traveling with oxygen that has not yielded many responses.

Next steps:

- Reach out to our advocacy groups
- The pilot interviewed is reaching out to put us in contact with individuals in his company responsible for education
- Develop relevant educational materials

I would like to thank committee members Dianne Lewis, Frank Salvatore, Joe Hylton, Jon Inkrott, Dr. Jerry Krishnan, Steve Sittig, and Executive Office Tom Kallstrom and Anne Marie Hummel for their diligence and commitment to the committee work.

# Advanced RT Practices, Credentialing, and Education

Submitted by Brian Walsh-- 2019 Fall/Winter Report

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## **Recommendations**

N/A

## **Report:**

The BOD approved the APRT scope of practice and will be published prior to the Fall BOD meeting. More meetings to be scheduled this fall.

# Ad Hoc Committee on AS to BS Conversion

Report Date: 10-7-2019

Submitted by Chris Russian, Chair

## Committee Members

Jamy Chulak

Jose Rojas

Georgianna Sergakis

Dr. Gregg Marshall

Ms. Teresa Meinen.

## 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

## Recommendations:

None

## Report:

The committee continues to revise a survey for AS programs. We anticipate the survey results will lend information on programs interested in converting or developing affiliation agreements/consortiums. We continue to work with programs that are in the middle of converting. We have collected career pathways information. We have reached out to three programs that have requested assistance. I have provided curriculum information to one of the programs. The program has requested curriculum writing assistance which we are willing to provide.

The committee is discussing the two new charges. Nothing specific to report currently.

Three additional people have expressed interest in working with our committee. If possible, we would like to add them to the committee.

Tom Jones (University of Arkansas for Medical Science)

Kim Clark (University of North Carolina-Charlotte)

Lacy Patnoe (Dakota State University)

## Other-Info:

N/A

# *Specialty Section Reports*

## 2019 Adult Acute Section Charges-Carl Hinkson

1. First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
  - a. In progress and 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. In progress
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.
  - a. Completed
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. Various topics are frequently discussed.
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
  - a. In progress
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. Completed
7. Identify, cultivate, and mentor new section leadership.
  - a. In progress
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
  - 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. Ongoing
12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.
  - a. Not started
13. Survey the membership to identify the next evidenced based CPG to be developed.
  - a. Not started

# Education Section Report

## 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 1,389 members.
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 Ad Hoc committees on Career Pathways, BS Entry to Practice, and AS to BS Conversion address this charge.
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 faculty needs assessment is planned
  - Future research initiatives will be explored at Congress Business meeting
4. Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.
  - The RRT (Recruitment and Retention ThinkTank) is a discussion thread in AARC Connect to develop ideas for needed student and faculty sustainability resources. The RRT will be activated again during and after the Congress Business meeting to identify focused areas to retain/develop students and faculty.
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:** Completed in Spring. Will revisit after RFP deadline.

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:**

The **Recruitment and Retention ThinkTank (RRT)** discussion was our quarterly engagement activity – this quarter focused on the discussion of an article in the Respiratory Care Education Annual. The discussion (ongoing at the time of this report) was initiated by Dr. Randy Case and centered on the following initial discussion prompt:

*Hello Colleagues,*

*Let's take a dive in the Recruitment and Retention Think-Tank based on one of the articles from the latest Respiratory Care Educational Annual, [Admission Criteria and Course Performances in an Undergraduate Respiratory Care Program: A Case for Non-Cognitive Measures](#), written by Dr. Megan Koster and Dr. Thomas Wing. According to the article, new research suggests utilizing non-cognitive abilities of prospective students in addition to traditional cognitive abilities when determining potential candidates for entry into clinically-based programs, such as Respiratory Therapy. These types of non-cognitive abilities include interpersonal, communication, and analytical skills, which we typically recognize as essential skills within the clinical environment.*

*Within the study, these non-cognitive abilities were examined through the use of Multiple Mini-Interviews (MMI). According to Koster and Wing (2019), the MMI consisted of prospective students moving "through a series of focused stations with scenario-based questions" p.4. The students were evaluated on how they responded to each specific scenario. The study goes on to explain how the students' performances on the MMI correlated with their eventual academic performance in the clinical setting.*

*Traditionally, the admissions processes for many health care programs do not include a component to assess non-cognitive abilities. However, as this article demonstrates, the implementation of non-cognitive skills within the admission criteria may be warranted.*

- *So, what are your thoughts, ideas, and suggestions regarding the use of non-cognitive abilities within the admission criteria for undergraduate respiratory care programs?*
- *Is this something your program already does? If so, what are some of the specific non-cognitive criteria you utilize? What methods do you utilize to assess these skills? If no, would you like to see this type of admission criteria used within your program and why?*
- *For our clinical educators, do you think the use of non-cognitive abilities within admission criteria could help produce a stronger and more robust group of respiratory therapists for the future?*
- *Which non-cognitive skills do you think are the most important to assess and why?*

*Looking forward to hearing from you all,*

*Randy Case*

*Koster, M. S. & Wing, T. J. (2019). Admission criteria and course performance in an undergraduate respiratory care program: A case for non-cognitive measures. [Respiratory Care Education Annual, 28\(Fall 2019\), 3-17. http://www.aarc.org/wp-content/uploads/2019/09/rcea2019.pdf](#)*



**Recruitment and Retention ThinkTank (RRT):** Without question, recruitment and retention is an area of interest to discuss in the Education Section. The Section membership was made aware of the revision that is currently in progress through the “Be an RT” initiative. The premiere will be further highlighted at Congress. The Education Section members are very excited about this initiative and thank Dr. Strickland and the AARC staff for this resource.

On a related note, we also announced an opportunity offered by the Education Section specifically for students. Working with President Schell, we developed a plan to address the issue and engage our current students with regard to this topic.

The video contest yielded 5 video submissions (from: Laurel Technical Institute, East Tennessee State University, The Ohio State University, Middle Georgia State, Laurel Business Institute). Two programs will be recognized at the Student Symposium and HOD meeting at AARC Congress in November.

First Place: Laurel Technical Institute Class of 2020.

Video link: <https://youtu.be/jK9pVMhTAog>

Students: Megan May (Director), Allison Pitts (Video Editing), Jaclyn Busin, Katelynn Caldwell, Rebecca Ewing, Teirra Ferris, Bailie Pago, Breanna Schlatter, Amber Tolnar

Honorable Mention: Middle Georgia State

Video link: <https://youtu.be/2sJHBPzbP4>

Students: Justin McNair and Class of 2020 (names will be added to announcement for Congress).

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

**Status:** For 2019 -20, 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:** Complete. The SPOTY award winner was: De De Gardner, DrPH, RRT, RRT-NPS, FAARC, FCCP

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

**Status:** Emerging leaders were asked to moderate afternoon sessions at the Summer Forum and encouraged to contribute to discussions in Connect. Following election announcements, the Chair will work to mentor the Chair-Elect.

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 education related webcasts 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 listserv that promotes the art and skill of respiratory care.

**Status:** At Congress, polling and discussion themes will again be utilized to inform future programming and initiatives for the section as well as to encourage the sharing of resources, generate ideas for future resources and provide networking opportunities. Discussion during the Education Section Business meeting will be guided toward solutions or the development of plans to address these specified needs.

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 reorganization was initiated by Diane Oldfather and will be complete by end of 2019. The 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/resources is ongoing.

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 slightly decreased this quarter, and as of October 7, 2019 active membership was 1,389, a change of 10 individuals since last estimate in July. This is likely due to membership renewal timelines, but active recruitment efforts will continue. A fall educator email is scheduled for delivery to Program Directors and Directors of Clinical Education.

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



## Fall 2019 Management Specialty Section Report

### Recommendations

None

### Report

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

**Status:** Section Chair collaborated with the Program Committee to:

- Presented the Summer Forum Professional Development pre-conference work shop entitled, "Enter to Learn, Go Forth to Lead" scheduled for July 19, 2019.
- One-hundred packets were created for the Summer Forum Pre-conference, and 90 were placed.
- Twenty-seven management-specific presentation slots were selected and approved for the 2019 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.
- Management Section 2019 Survey created and submitted to Doug Laher for approval for discussion during Summer Forum Management Section meeting and for distribution via AARConnect Management Section Community after Summer Forum. **Key Goals:** Gather ideas for AARC and Management Section membership recruitment and topics for future conference and pre-conference workshops.



## Fall 2019 Management Specialty Section Report



2019 AARC  
Management Section

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

**Q4 2019 Management Specialty Section Meetings** are scheduled for:

- Scheduled for November 10, 2019 from 1300-1345 in conjunction with the 2019 International Respiratory Congress in New Orleans, Louisiana.

**Q4 2019 Leadership Book Club** coordinated by Scott Reistad, completed reading *Leadershift* by John Maxwell.

- Fall Session: September 16 – December 2, 2019
- 12 respiratory leaders across the nation volunteered to lead chapter discussions.
- The fall read started September 16, 2019. During August and September (pre-book read start), 66 RTs joined the Leadership Book Club.
- From September 16 – September 30, 2019, we have appreciated the following:



## Fall 2019 Management Specialty Section Report

Leadership Book Club AARConnect Activity	Sept 16 – Sept 30, 2019
<b>Total Discussion Posts</b>	37
<b>New Threads</b>	7
<b>Replies to Discussion</b>	30
<b>Replies to Sender</b>	10
<b>Likes</b>	4
<b>Unique Contributors</b>	20

We are well on the way of exceeding participation numbers compared to our Spring read.

### **Q3 2019 Summer Forum**

Historically, 80-100 AARC managers/directors have attended the Summer Forum. We report that trend in attendance at the 2019 Summer Forum continued. The Management Section Chair with the help of section members tracked attendance at each Management Section presentation (at presentation start, middle and 5 minutes before presentation ends) to more accurately capture speaker and/or topic interest.

### **Q3-Q4 2019 Management Section Library Review**

- Initial coordination was begun during the Management Section meeting at Summer Forum with nine volunteers stepping forward to assist with section reviews.
- Work on the library is slated for conclusion October 15, 2019.

*Special thanks to the following Management Section members for their volunteer efforts on this project: Scott Daniel, Alicia Wafer, Cheryl Hoerr, Tom Berlin, Keith Siegel, Jeff Thompson, Rena Laliberte, and Jonathon Vono.*



## Fall 2019 Management Specialty Section Report

- 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.

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,

- September 28, 2019, the following article was shared to raise the awareness regarding the CDC's call for e-cigarette/vaping pulmonary disease now identified as on the rise. An additional article from the CDC regarding educating healthcare professionals were included.

CDC Request for Reporting Lung Illness and Vaping

[https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)

Managers are encouraged to join the Leadership Book Club community on AARConnect and contribute to the discussions. The programming for the management section at the Summer Forum and International Congress highlights topics that the members of the management specialty section have identified as important to their practice to assure the viability of the Respiratory Care profession and to encourage practice at the top of scope and/or license.



## Fall 2019 Management Specialty Section Report

### 2019 YTD Management Section Membership and Growth

- As of September 30, 2019, there were 1595 total section members as compared to May 31, 2019 which reported 1581 members.

### 2019 Year-to-Date (September 30, 2019) New Section Memberships by Month

Members Joining the Management Section	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Month Joined	41	23	32	38	43	30	46	43	40

**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 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.

**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. January 1 – September 30, 2019 participation is reported in the table below.



## Fall 2019 Management Specialty Section Report

Management Section AARConnect Activity	Jan – September 30, 2019
<b>Total Discussion Posts</b>	<b>1208</b>
<b>New Threads</b>	<b>301</b>
<b>Replies to Discussion</b>	<b>907</b>
<b>Replies to Sender</b>	<b>219</b>
<b>Likes</b>	<b>57</b>
<b>Unique Contributors</b>	<b>700</b>

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.

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

**Status:** As of this writing there are 1595 total management specialty section members.

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

**Status:** Nine AARC national leaders were invited to a meeting under the direction of the Associate Executive Director, Doug Laher, during Summer Forum 2018 to discuss professional development opportunities for all AARC members. A strategic plan was discussed with the identification of key process indicators (KPI) to include measures for success and support for the AARC Horizon goals. While not formally adopted, 14 KPIs are being addressed with 17 activities via the Management Section (see below).





## Fall 2019 Management Specialty Section Report

2019 Key Process Indicator/Activity Key	Completed # (%)	In Progress # (%)	Off Track # (%)	Deferred # (%)
n= 17 activities	16 (94)	1 (6)	0 (0)	0 (0)
2019 Key Process Indicators	Lead	Activity	Status	
<p><b>MEMBERSHIP</b></p> <p>Create baseline trending outcomes for 2018 and 2019 regarding:</p> <ul style="list-style-type: none"> <li>-Management Section Membership</li> <li>-Utilization of AARConnect (Management)</li> <li>-Leadership Book Club Participation</li> <li>-2019 Management Section Survey</li> </ul>	Management Section Chair and Amanda Feil, AARC	Will utilize these outcomes to identify areas for improvement and focus as engagement activities as well as for monitoring trends.	Reported above.	
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p>Update Management Section Library</p> <p><b>EVENTS/MEETINGS</b></p>	Management Section Chair and members with assistance from Amanda Feil, AARC	<p>Request Excel spreadsheet of Management Library.</p> <p>Will have assignments for Management Section volunteers for input at Summer Forum and via AARConnect.</p>	<p>In progress; received spreadsheet from Amanda Feil; strategic planning SF 2019.</p> <p>Goal: Complete by October for November BOD and Congress reporting</p> <p>Create assignment profiles from Excel spreadsheet;</p> <p>Present request for volunteers at Summer Forum and via AARConnect in July 2019.</p>	
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Provide interactive sessions to develop skills for “communicating so others will listen and how to listen so others will communicate”.</p>	Management Section Chair, Program Committee and Pre-conference Faculty	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop ( <i>Enter to Learn, Go Forth to Lead</i> )	Complete July SF	
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p><b>MEMBERSHIP</b></p>	Management Section Chair	Create master “hot topics” list from the 2018 survey to Management Section members (Gary Kauffman and Cheryl	<p>Management Section Survey drafted to include this topic for feedback;</p> <p>Sent to Doug Laher for approval 6-9-19. Revised</p>	



## Fall 2019 Management Specialty Section Report

<p><b>ADVOCACY</b></p> <p>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.</p>		<p>Hoerr); conduct another survey at Summer Forum and Congress as well as via AARConnect asking for subject matter experts and any additions to the list of hot topics for inclusion</p>	<p>and approved 6-18-19 and sent to Shawna Strickland for Lynda Goodfellow’s review prior to Summer Forum.</p>
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Provide professional development reading references and conduct a reading group(s) to discuss relevant, applicable processes/ideas.</p>	<p>Scott Reistad</p>	<p><i>Rising Strong</i> and <i>Don’t Eat the Marshmallows</i> Yet selected for spring reading</p>	<p>Completed Spring 2019</p>
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Provide professional solutions and interactive ideas/activities for conflict resolution.</p>	<p>Management Section Chair &amp; Pre-conference workshop faculty/ Program Committee</p>	<p>Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)</p>	<p>Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p>
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Offer interactive sessions with practical applications for professional, oral and written presentations.</p>	<p>Management Section Chair &amp; Pre-conference workshop faculty/ Program Committee</p>	<p>Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)</p>	<p>Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p>
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Offer interactive sessions with practical applications for professional, oral and written</p>	<p>Management Section Chair &amp; Pre-conference workshop faculty/ Program Committee</p>	<p>Only partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (<i>Enter to Learn, Go Forth to Lead</i>)</p>	<p>Complete at SF Pre-Conference Workshop; communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p>



## Fall 2019 Management Specialty Section Report

<p>presentations.</p>			
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>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.</p> <p><b>ADVOCACY</b></p> <p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>MEMBERSHIP</b></p> <p><b>COMMUNICATION/MARKETING</b></p>	<p>Management Section Chair and identified experts in the profession</p>	<p>Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)</p>	<p><b>Complete at SF Pre-Conference Workshop; communication.</b></p> <p>organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p> <p>Will add content experts to areas of focus from survey to be sent to Section members at Summer Forum, Congress and via AARConnect.</p>
<p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>EVENTS/MEETINGS</b></p> <p>Assist with research and quality outcome data entry, analysis and reporting in the form of executive level reports, abstracts, manuscripts, etc., by providing timely mentor(s) review and feedback.</p> <p><b>ADVOCACY</b></p> <p><b>EDUCATION/PROFESSIONAL DEVELOPMENT</b></p> <p><b>MEMBERSHIP</b></p>	<p>Management Section Chair and identified experts in the profession</p>	<p>Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)</p> <p>Will identify subject matter experts via survey (SF, Congress and to Management Section members)</p>	<p><b>Complete at SF Pre-Conference Workshop; communication,</b></p> <p>organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019.</p> <p>Will add content experts to areas of focus from survey to be sent to Section members at Summer Forum, Congress and via AARConnect.</p>



## Fall 2019 Management Specialty Section Report

<b>COMMUNICATION/MARKETING</b>			
<b>EDUCATION/PROFESSIONAL DEVELOPMENT</b>  <b>EVENTS/MEETINGS</b>  Provide assistance in the development of professional writing skills by utilizing subject matter expert review(s) as mentors for written reports such as professional articles, executive level reports, abstracts, manuscripts, curriculum vitae, etc.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	<b>Complete at SF Pre-Conference Workshop:</b> communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019
<b>EDUCATION/PROFESSIONAL DEVELOPMENT</b>  <b>EVENTS/MEETINGS</b>  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.	Management Section Chair & Pre-conference workshop faculty/ Program Committee	Partially addressed in interactive session part of 2019 Summer Forum pre-conference, interactive workshop (Enter to Learn, Go Forth to Lead)	<b>Complete at SF Pre-Conference Workshop:</b> communication, organization and teamwork ranked highest as qualities of a successful manager on 2018 survey of the management section. These qualities will be a focus during 2019
<b>ADVOCACY</b>  <b>COMMUNICATION/MARKETING</b>  <b>EDUCATION/PROFESSIONAL DEVELOPMENT</b>  <b>EVENTS/MEETINGS</b>  <b>MEMBERSHIP</b>  <b>REVENUE/FINANCE</b>  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	<b>Management Section will support AARC initiatives.</b>
<b>ADVOCACY</b>  <b>COMMUNICATION/MARKETING</b>	All Section Chairs	Management Section	<b>Leadership Book Club included as part of this initiative. This activity completed Spring 2019.</b>



## Fall 2019 Management Specialty Section Report

<p><b><i>EDUCATION/PROFESSIONAL DEVELOPMENT</i></b></p> <p><b><i>EVENTS/MEETINGS</i></b></p> <p><b><i>MEMBERSHIP</i></b></p> <p>Create and support an AARC Community/Roundtable with regular leadership discussions.</p>			
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## **Neonatal Pediatric Specialty Section Board Report**

### **2019 AARC Congress Meeting**

**Steven Sittig RRT, RRT-NPS,FAARC**

**Report:** The Neonatal Pediatric Section list serve continues to be very active with pertinent content. The section chair has posted quarterly topics for discussion on AARConnect to spur new topics for discussion. The current chair posted several times to the section via AARConnect to encourage members to vote in the current AARC Leadership election in hopes of increasing overall voter turnout.

The transition of leadership to this section will conclude at this meeting with the chair elect Brad Kutch (chair elect) planning on attending the board meeting in New Orleans to observe as well as be ready to undertake duties and responsibilities after the AARC Business meeting. Section membership remains strong as this section remains the largest specialty section with current membership of 2023 members. This is down slightly from earlier in the year, but we anticipate a rebound in membership from attendees of the Congress. This slight down turn maybe due to retirements from the profession as noted with overall membership.

At the annual section meeting at this AARC Congress, we plan to devote some time to increasing attendee's knowledge to improve their RPF's for the 2020 AARC Congress as well as recognize our 2019 Neonatal Pediatric Section Specialty Practitioner of the Year. As always, we also review submission tips for the section SPY award.

**Other-Info:** This will be my last Neonatal Pediatric Specialty Section report to the AARC Board of Directors. It has been an honor and privilege to represent this section and serve as it's representative on the AARC BOD. I want to thank the AARC executive office staff as well as the past/current BOD members for their support and guidance during my term. To be able to serve on this board was a career goal inspired by a conversation with past president John Hiser many years ago.

# Post-Acute Care

Submitted by Adam Mulally– 2019 Fall/Winter Report

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## Recommendations

Section name revision: Ambulatory and Post-Acute Care Section Rationale: The addition of the term Ambulatory Care better represents our section members impact (both current and potential) in today's healthcare system.

## Report:

In an attempt to "rebrand" and reinvigorate our section, a discussion and follow-up zoom meeting was held; while this dialog was limited to those section members who engage in the AARC Connect platform, we have a consensus that the following section description better represent our section member impact (both current and potential) in today's healthcare system. Our intention is to update our sections description on AARC.org and announce the proposed change at the congress meeting; engagement in our section has wavered and we are hopeful that this new description plays a role in our efforts to establish a robust, active and impactful section. We are a diverse and passionate group of respiratory therapists, dedicated to promoting and facilitating respiratory wellness throughout the continuum of care for people with chronic and urgent health conditions that affect breathing; as well as, enhancing awareness of these conditions and their impacts. Our section provides a venue for collaboration, allowing us to be synergistic in our achievements, learn from one another, and advance the practice of respiratory care together. In addition, section members share resources to avoid duplication of efforts and to enhance each other's work. Join our section to access the support you need to provide your patients and their caregivers optimal support throughout their course, including preventative care, continuing care, and end-of-life.

## Other-Info:

Can we have an update on the AARC Instagram account; it would be great to have this up and running to promote and engage with at Congress!



# Sleep Section

Submitted by Jessica Schweller--2019 Fall/Winter Report

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## Recommendations:

N/A

## 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: 682 members.
- Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your specialty section 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)
  - Proposals submitted for the upcoming Congress and speaker information provided as well. Submissions reviewed along with programming committee for topic content and speaker reliability. Feedback provided to programming committee to help develop sleep content for Congress 2019.
  - Will continue to manage interest in the Sleep Section to help provide relevant topics to the current sleep trends and learning needs of the group.
  - Working to try and integrate more sleep symposiums that may overlap with other groups to help increase interest and membership to 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:
  - “ 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**Status:** trying to increase communication and engagement from section membership through AARConnect. Networking to try and improve awareness of sleep disorders as well as the effects of sleep on chronic health. This is completed by sharing information via social media and improving communication to other RT’s in sleep
5. Jointly with the executive office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.  
**Status:** 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. The next step will be a collaboration possibly with the Education Section to try and reach out to student leadership about interest in sleep disorders/careers.
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:** nominations received this past year and Beth Brooks named Sleep Section SPOTY 2019
  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. This is still an ongoing project to continue to engage current members as well as new members to get involved in our section
  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. Discussed this further at Congress during our section meeting as well on ways to utilize all resources.
  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:** Materials reviewed and no new information added
  11. Share best practice with fellow section chairs to improve value or membership participation.  
**Status:** currently working alongside education chair to discuss ways to reach out to directors of RT programs regarding their sleep educators to see if they are members of the sleep section and if not, ways to improve membership. Next plan would be to collaborate with the Post-Acute Care section as our two areas of interest are similar.
  12. Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement.  
**Status:** One recommendation for the improvement of membership would be to offer membership to multiple sections included in AARC membership fees if your area of expertise crosses other sections. This would allow members to engage in different interests that might help facilitate career advancement and networking
  13. Survey the membership to identify the next evidenced based CPG to be developed.  
**Status:** survey completed in 2017/2019 regarding topics for Congress. We can utilize the data to discuss clinical practice guidelines that are more current for sleep but there aren't many out there at this time.

## Other-Info:

N/A

# Surface to Air Transport Section

Submitted by Olivia Kaullen--2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

For the Transport Section I am pleased to report that we completed our first book club on "Crucial Conversations" from July to September. It didn't have a huge pick-up but I have some ideas to keep moving it forward. I also put out a recap of some of the information from the discussion board as a Quarterly Discussion Board Recap/Newsletter. It has some reminders for Congress and some points that might spark some discussion on the discussion board. Looking to the future I would like to have members submit case studies and have a member spotlight.

Olivia

## Other-Info:

None

*Organization  
Representatives  
Reports*

# AMA CPT Health Care Professional Adv Comm

Submitted by Susan Rinaldo Gallo--2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

There was a recent CPT code proposal for High Velocity Nasal Insufflation proposed by Vapotherm. The details of this are reported in the Billing Codes Committee report. The AMA CPT has marked four pulmonary medicine codes to be deleted. Deletions are due to a very low use or that there are similar codes that can be used. The codes that will be deleted in 2021 are: 94250 - Expired gas collection, quantitative, single procedure. The volume report was less than 23,000 for Medicare in 2018. 94400 - Breathing response to CO2. The volume reported by Medicare in 2018 was 1,290. 94750 - Pulmonary compliance study. The volume reported by Medicare in 2018 was 20, 618. 94770 - Carbon dioxide, expired gas determination by infrared. The volume reported by Medicare for 2018 was 6,860. I will provide guidance to our members early in 2020. This will give them time to adjust their charge masters if needed.

## Other-Info:

N/A

# Liaison to AACVPR Report – Oct. 2019

## Recommendations:

None

## REPORT:

1. **The AACVPR Bills are:**
  - a. **HR 3911, an AHA bill that would move the Nonphysician Provider (NPP) Supervision and Independent ordering of Cardiac and Pulmonary Rehabilitation to 2020.** A CHANGE of 4 year since the current implementation date is 2024
    - i. Bill being written in legislative counsel
    - ii. Will be introduced in the US House
    - iii. AACVPR will do a Virtual lobbying of members, patients and providers sending letters to their 2 U.S. Senators and U.S. Representatives
  - b. **AACVPR expects a bill # by early this week, Oct. 14<sup>th</sup> for the “SITE OF SERVICE, 250-yard rule”**
    - i. Need PR/CR off campus services to be saved from drastic reimbursement cuts
    - ii. An unintended consequence of Section 603
    - iii. To improved beneficial services
1. **Respiratory Therapist Voted on the 2019 AACVPR BOD, active AARC member**
  - a. ***Aimee Kizziar, MHAL, BA, RRT-NPS, RCP***  
*Pulmonary Rehabilitation Program Supervisor*  
*Pulmonary Medicine Clinic*  
*University of California Davis Health*  
*Office: 916-321-5610*  
*Fax: 916-554-5415*  
*PR Department: 916-321-5611*  
*PR Department Fax: 916-447-1647*  
*Email: [alkizziar@ucdavis.edu](mailto:alkizziar@ucdavis.edu)*
2. **AACVPR Day On the Hill for 2020 will be held March 2-3, 2020**

- 3. I ask the AARC BOD to support the AACVPR Pulmonary Rehabilitation and Cardiac Rehabilitation bills when introduced.**

**Respectfully Submitted:**

**Gerilynn**

**Gerilynn Connors, BS, RRT, MAACVPR, FAARC**  
**Clinical Manager, Respiratory Care Outpatient Services**  
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# Interprofessional Education Collaborative Report

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## October 2019 Report:

Next meeting of the IPEC is scheduled for early 2020. No formal updates from IPEC at this time.

## Additional updates:

1. 2020 USPHS IPEC Award
  - a. Public Health Excellence in Interprofessional Education Collaboration Award
  - b. United States Public Health Service and IPEC
  - c. Recognized interprofessional health education teams that have significantly impacted the community through multidisciplinary collaboration on a program geared toward improving health knowledge, awareness, and behavior
  - d. Award cycle opens October 16, 2019; Applications due February 3, 2020
  - e. Previous winner: MGH Institute of Health Professions
2. Advertised Crimson Care Collaborative IPEC Webinar (09/18) on AARConnect
3. AARC Webinar scheduled with Shelley Mishoe (10/23)
4. Tentative plan for IPE/IPCP AARC Webcast in 2020

## Recommendations

1. Create announcements, graphics, or flyers, advertising USPHS IPEC Award encouraging RT-inclusive teams to prepare and submit applications
2. Survey AARC membership regarding current interprofessional education and collaborative practice efforts and highlight them in AARC Times or other official media communication

Respectfully submitted by:

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

AARC Special Representative – Interprofessional Education Collaborative



# American Heart Association

Submitted by Brian Walsh-- 2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

Nothing to report. Meeting the week of October 14th. 2020 Guidelines are still on schedule. Will continue to work with the AHA to help promote the new guidelines.

## **CAMTS BOD REPORT FOR AARC CONGRESS BOARD MEETING**

The CAMTS BOD most recently met in Seattle, WA – July 11, 12, & 13 20019 with the executive committee meeting on the evening of July 10th. The executive summary of the meeting is provided for EPORT American National Standards Institute (ANSI). The American National Standards Institute is a private non-profit organization that oversees the development of voluntary consensus standards for products, services, processes, systems, and personnel in the United States. By attaining this accreditation by ANSI process, CAMTS is now recognized as the standard development nationally on medical transport.

The next CAMTS BOD meeting is scheduled for October 31st thru November 2nd in Atlanta prior to the national Air Medical Transport Conference. The standards committee, of which I am a part, has met three times this year so far via teleconference to address any comments on the 11th edition standards. I will continue to serve on CAMTS Executive Committee as secretary in 2020.

The calendar for 2020 CAMTS BOD meeting schedule is being developed with the spring meeting will be in Albuquerque prior to Critical Care Transport Medical Transport Conference in April. The summer meeting location is still to be determined but the fall meeting will be in Ft. Worth Texas prior to 2020 AMTC conference. It is also anticipated we will continue to utilize phone conference meetings as needed to accomplish deliberation schedules.



### **Board Meeting Summary**

**Marriott Waterfront – Seattle, WA – July 11, 12, & 13 of 2019**

Executive Committee Members Present: Mr. Gryniuk, Mr. Sittig, Dr. Conn, Dr. Orr, Mr. A. Smith

Board Members Present: Dr. Guyette, Mr. Lewis, Dr. Miller, Dr. Holleran, Ms. Rush, Mr. Goff, Dr. Brunko, Ms. Treadwell, Mr. Brisbois, Dr. Stuhlmiller, Ms. Corbett, Mr. Becker, Ms Montgomery, Mr. Ruff

Staff Present: Ms. Frazer, Ms. Eichel, Mr. D. Smith

Members Present: Dr. Cohen, Ms Palmer, Mr. Brisbois

Guests: Dr. Dhun Damrongsak, Mary Cheisa (CEO of SAPLACOR - 7/12/19), Jen Boyer (The Flying Penguin PR -7/12/19)

Call to Order ..... Dr. Conn

Meeting called to order at 0805hrs on July 11, 2019.

Guest – Dr. Dhun Damroongsak was introduced to the entire Board. Dr. Damrongsak is the program administrator for BDMS Emergency Accredited Services in Bangkok. This is a dual accredited service for RW/FW/S including marine. He was invited to serve on the CAMTS Global Board of Directors as an ad hoc member and is attending his first CAMTS Global meeting to be held in a separate meeting room July 11 from 8 -12 noon.

Introductions / Meeting Announcements.....Ms. Frazer

Ms Frazer announced other guests who will join the meeting on Friday. Ms Mary Chiesa is a former neonatal nurse who developed the award-winning AEGIS Neonate Medical Wrap that allows new mothers and newborns to safely bond skin to skin immediately after birth and throughout the neonate phase. The X-Static Silver thread knitted throughout provides AEGIS with thermoregulating and antimicrobial properties. This method of securing infants was tested during ambulance transport and found to be an effective and secure method to transport newborns.

Jen Boyer was also asked to join the board meeting during lunch on the 12th.. Jen is a resident of Seattle and the PR person who puts out CAMTS press releases after each Board meeting.

The Business part of the meeting was discussed after the CAMTS Global meeting met separately with members attending in person and by GoToMeeting. Highlights from the CAMTS Global meeting included:

Damrongsak unanimously approved as an ad hoc member to the CAMTS Global Board of Directors.

Program #121518 was awarded Full Accreditation for RW and FW.

Business meeting continues:

Approval of Minutes: July 2019.....Dr. Conn

A motion was made by Dr. Brunko and seconded by Dr. Holleran for approval of the minutes as distributed. Motion passed.

Treasurer’s Report.....Mr. A. Smith

A balance sheet was distributed. The Ralph Rogers Education Foundation was discussed. There is a need for more seed money to be able to support an application for leadership education funding. Thus far, the balance of donations is at about \$6500.00. Dr. Holleran made a motion and Dr. Guyette seconded to make a \$10,000 donation to the Ralph Rogers Foundation to provide a jump start for marketing purposes to enlist more contributions and award a future applicant. The motion carried unanimously.

Executive Directors’ Report.....Ms. Frazer / Mr. D. Smith/ Ms. Eichel

Ms. Frazer discussed the upcoming EMS nomenclature meeting in September regarding the change of the term Emergency Medical Services to “Paramedicine”. Opinions in the community are split regarding the proposed change.

Ms. Frazer discussed feedback from a recent contentious site visit. A site surveyor developed a risk assessment tool to help identify appropriate site surveyor assignments for a program. Ms. Frazer and Ms. Eichel gave an overview of the tool with the board. Testing of the tool revealed some flaws in its current form. Ms. Frazer and the office staff conduct an informal form of risk assessment in assigning site surveyors. Dr. Guyette noted that it would be valuable for Ms. Frazer to quantify those

factors that she uses in the surveyor assignments. The board discussed options to address this surveyor's concerns. Ms Eichel and Dr. Tobin will reaccess the tool and test it with upcoming surveys.

Mr. D. Smith reviewed his attendance at the recent NASEMSO meeting. He stated there was little discussion related to standards during that meeting. Mr. Smith also attended a focused committee meeting on community paramedicine while at that meeting and shared an overview of those discussions with the board.

Mr. Smith shared discussions he's been party to regarding increasing the professionalism of paramedics through requiring a minimum of a 4-year degree. This stance is being readily accepted in several countries already. Mr. Gryniuk shared details of the IAFCCP's recent white paper related to the same. The Fire Service has been a noted opponent to such requirements due to many Fire Departments operating EMS as well.

Mr. Smith discussed his work with the NFPA sub-committee on heliport fire safety requirements. A new draft of those standards is pending by that committee.

Mr. Smith discussed his attendance at the recent Case Managers Society of America conference. CAMTS had a booth at the conference and there were several accredited and non-accredited transport programs that also had displays.

Ms. Eichel reviewed the recurrent site surveyor training she has conducted.

Ms. Frazer discussed her attendance at the recent HAI safety meeting. Drones were discussed at that meeting. Mr. Goff provided a presentation to the board on unmanned aerial vehicles and their potential effect on HAA operations. Mr. Goff reviewed the recent transport of a human organ for transplant that was delivered by drone from one facility to another in the State of Maryland. The board discussed CAMTS' role in dealing with the challenge created by these UAVs. Dr. Becker discussed the development of a UAV by his program to assist in search and rescue operations.

Ms. Frazer will be speaking at an August conference at the BDMS Academic Annual Meeting in Bangkok on air medical standards and CAMTS expansion in Asia.

Ms. Frazer reviewed future meetings. The next meeting will be in October in conjunction with AMTC in Atlanta. The board will meet be October 31st to November 2nd. There will be a January web

meeting. In April 2020 we will be in Albuquerque, NM from the 16th to the 18th of April in conjunction with the CCTMC conference. The board discussed the 2020 summer meeting. There was discussion about the need to maintain an international presence for our meetings. Ms. Frazer also pointed out that CAMTS saves thousands of dollars by holding international meetings due to free meeting space and less for food and lodging. Most three-day meetings in the U.S. cost from \$8000 to \$24,000. Mr. A. Smith suggested that CAMTS use some of our savings on international meetings to help subsidize the Board’s international travel. The board felt such a subsidy would be welcome by their member organizations who in the past have expressed concerns about international travel.

The board further discussed the possibility of a late July 2020 meeting in Italy. Dr. Becker will contact Leonardo to see if they could possibly sponsor the meeting.

#### COMMITTEE REPORTS

Aviation Advisory Committee.....Mr. Brisboi / Ms. Frazer

Ms Frazer reported that a committee meeting is planned during AMTC – date and time TBA.

Education & Practice Committee.....Dr. Holleran

Dr. Holleran provided a presentation to the board on Education Committee activities. She discussed the challenges centered around use of alternative courses as developed by transport programs and simulation challenges. Dr. Holleran states that ASTNA has developed a simulation textbook that will be released at AMTC. The book includes 50 evidenced-based transport simulations. ASTNA is asking for CAMTS to endorse this text. The board discussed concerns regarding “endorsements”. There was discussion about incorporating the book into the CAMTS Best Practice book rather than calling it an “endorsement”. The board agreed with this approach. The board asked to see a copy of the text before proceeding with inclusion into the Best Practice book. Dr. Holleran then discussed concerns regarding development of alternative courses and changes to the currently accepted trauma courses. All the currently accepted courses, not only those on trauma management need to be re-evaluated for their current completion requirements. Specific core requirements need to be developed to measure each course whether it is a traditionally marketed course, or a program developed course. Dr. Holleran then reviewed the replies she received from professional nursing associations regarding transport paramedic to transport nurse transition. Dr. Holleran shared her recommendation of what to require for such a transition as the associations were non-committal in their responses. CAMTS will develop a position paper.

Standards.....Mr. D. Smith

Mr. D. Smith stated that the Standards Committee has not had a recent meeting. With some of the suggested educational standards changes discussed at this meeting he will be reconvening the committee to review the changes. Mr. Smith states he has not progressed with work on the Community Paramedicine standards primarily due to the limited number of these programs currently in operation. As such, our market would be every limited at this time.

The board discussed several potential additions to the next edition of the standards.

Quality Management.....Ms. Eichel

Ms. Eichel reviewed her revision of the QM policy for CAMTS. Ms. Eichel then provided a presentation on our current QM dashboard. There has been a substantial overall positive performance trend over the past five quarters. It is noted that there were multiple poor responses received from programs regarding our fees being within “market value”. This was driven by the recent fee changes that were implemented.

Ms. Eichel reviewed a blinded CQI tracking log she uses to track complaints received regarding accredited programs and site surveyors.

ACCREDITATION DELIBERATIONS.....The Board

Dr. Orr reviewed our Mission Statement, Vision and Values, as well as the rules of conduct for program deliberations. There were 17 Full Accreditations, 1 Provisional Action, and 3 Probational Accreditations. Congratulations to the following Programs!

New Accreditation:

- Acadian Air Med – Lafayette, LA.....RW
- AirLink/VitaLink Critical Care Transport - Wilmington, NC.....RW/G
- Life Flight – Nicklaus Children’s Hospital – Miami, FL.....RW/FW/G
- Mercy Flight Central – Canandaigua, NY.....RW
- Vector Aeromedical – Liberty, NC.....FW

Reaccreditations:

Air Evac Lifeteam - O'Fallon, MO.....RW/FW  
 Air Link – Scottsbluff, NE.....RW/FW  
 Air Methods South Central Region.....RW  
 AirMed International – Birmingham, AL.....FW/ME  
 AirMed – Salt Lake City, UT.....RW/FW  
 Boston MedFlight – Bedford, MA.....RW/FW/G  
 CALSTAR – McClellan, CA.....RW/FW  
 Cox Air Care – Springfield, MO.....RW  
 Critical Care MedFlight – Lawrenceville, GA.....FW  
 Med-Trans Corporation Consolidated – Denton, TX.....RW/FW  
 Nightingale Regional Air Ambulance – Norfolk, VA.....RW  
 Travis County Star Flight – Austin, TX.....RW  
 UT Health East Texas Air 1 – Tyler, TX.....RW  
 UVA Medical Transport Network – Charlottesville, VA.....RW/G  
 West Michigan Air Care – Kalamazoo, MI.....RW

Meeting Adjourned at 1320 hours. The next meeting will be held in Atlanta – October 31,  
 Nov. 1 and 2, 2019.



# Chartered Affiliate Consultant

Submitted by Garry W. Kauffman – 2019 Fall Report

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## Recommendations

None

## Report

Since the Spring BOD report, I have not been asked to facilitate Strategic/Operational Planning sessions with Chartered Affiliates. I have continued to provide support to the chartered affiliates with new information as to best practices. Following my work with the Texas Society for Respiratory Care, TSRC President Mary Hart and I have been in frequent contact with regard to orientation for new board members and launching an RT Leaders Group in the TSRC West Region.

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

Respectfully submitted,

*Garry W Kauffman RRT, FAARC, MPA, FACHE*

# Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) Report

## Recommendations

None at this time.

## Report

I have attended most of CoBGRTE's monthly Executive Committee (EC) meetings since the last report in June, 2019. The CoBGRTE had a successful mini-symposium the evening of July 20, 2019 on the topics of Program Marketing and Graduate Education and Roundtable Discussion dinner and Brainstorming session on topics relevant to Respiratory Care education at the AARC Summer Forum in July. The annual in-person CoBGRTE Board meeting was held July 22, 2019 with a full agenda of committee reports, liaison reports, time set aside for a report from the AARC Education Chair, and the leader of the AARC collaborative to increase the number of RTs with BS or higher education.

CoBGRTE will have a booth at the AARC Congress again this year. The purpose is to provide Congress attendees with information on BS and Master's level Respiratory Care Programs throughout the country. They will also provide information on CoBGRTE's goals and purpose. CoBGRTE will also hold another Roundtable Discussion and Brainstorming dinner at the AARC Congress in New Orleans. CoBGRTE is working to coordinate meetings with the AARC Executive Committee and CoARC Executive Committee while at the AARC Congress.

The COBGRTE 2020 elections have happened and at this date the results have not yet been posted.

CoBGRTE continues to recognize CoARC as the Gold Standard in Respiratory Care Education accreditation and opposes the development of a second accreditation committee for the field. COBGRTE expressed these concerns directly to CAAHEP in March, as well as to ASAHP representatives to CAAHEP. CoBGRTE continues to follow the JRC-RC/NN2/CAAHEP efforts closely.

CoBGRTE provided input to the AARC on the Entry to Practice issue paper and is happy to see the results of that work after the July AARC Board Meeting. The CoBGRTE agrees with the updated AARC Position Paper on Competency Requirements for

Respiratory Therapists to include a BS degree as entry level education and the RRT as the entry level credential.

The CoBGRTE continues to work on a White Paper advocating the value of MSRC programs.

CoBGRTE continues to partner with the AARC, CoARC, NBRC, and the ACCP to advance Respiratory Therapy education and support the further development of the APRT. The main focus of the group continues to be supporting the move to BS degree or higher as entry level education for Respiratory Therapists by working to support programs to convert from AS to BS and promoting more Graduate education programs, developing and implementing the APRT curricula, providing support to members through continuing education, and increasing membership in the organization and the AARC.

## **Other**

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

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# Extracorporeal Life Support Org

Submitted by Bradley Kuch--2019 Fall/Winter Report

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## Recommendation:

None at this time

## Report:

The ELSO-Steering Committee received the letter of acknowledgement of the organization's 30-year anniversary. The committee was very touched by the gesture. Many wonderful comments were pass along regarding the wonderful partnership between the AARC and ELSO. The AARC liaison to ELSO and the ELSO Education section Chair continues to work through the white-paper, with hopes of completion of the first draft by the next Board meeting. No other report at this time.

# [International Council for Respiratory Care] Report: Fall 2019

## Recommendations

**Recommendation:** No recommendations at this time

## Report

**I. Japan Society for Respiratory Care and Rehabilitation (JSRCR):** The JSRCR is a 6,700-member organization which has expressed interest in establishing a dialogue between their organization and the AARC & ICRC. In this regard a working group/committee has been established to discuss commonalities and areas of mutual interest with the goal of making recommendations on future plans. The working group is comprised of representatives from JSRCR, from the AARC BOD and Executive Office and from the ICRC. Arrangements are underway to have this group exchange information and perhaps to meet at the 2019 AARC Congress in New Orleans. Dr. Norihiro Kaneko, a JSRCR Board of Directors member will be in New Orleans and will share updates from the recent JSRCR BOD meeting regarding their perspective on a yet to be determined alliance.

**II. Review of AARC International Goals:** On September 26-27, 2019, a meeting was held at the Executive Office in Dallas to review, refresh and consolidate the many international goals of the Association. The main focus was to review, revise and place in a trackable spreadsheet the AARC's international goals to align with the AARC Horizon Goals. The participants in the meeting were Thomas Kallstrom, Exec. Dir/CEO AARC, John Hiser, Chairman International Committee and Jerome Sullivan, President ICRC. General agreement was reached on all items and the final draft of the spreadsheet and supporting documents will be available for the AARC Congress in New Orleans.

**III. International Meetings and Activities for the AARC's New Orleans Congress have been finalized:**

**AARC Opening Session & Awards Ceremony - Saturday, November 9, 2019 @ 8:00 AM**  
**Garza International Achievement Award Presented**  
**Earnest Morial Convention Center**

**ICRC Business Meeting**  
**DATE: Monday, November 11, 2019**  
**TIME: 7:30 am - 4:30 pm**  
**LOCATION: New Orleans Marriott**  
**Room: Mardi Gras Ballroom - Salons D-E (3rd Floor)**

**International Council Luncheon - by invitation only Official Delegations**

**TIME: 12:00 - 1:00 pm**  
**LOCATION: New Orleans Marriott**  
**Room: Balcony K (4th Floor)**

**International Reception**  
**DATE: Monday, November 11, 2019**  
**TIME: 5:30 pm - 7:30 p.m.**  
**LOCATION: New Orleans Marriott**  
**Room: Riverview 1 and Pre-Function (41st Floor)**

**This is a reception for international participants recognizing the International Fellows, City Hosts**

**The Toshihiko Koga, MD International Medalist Award, and  
The Hector Leon Garza, MD International Achievement Award**

**AARC Closing Ceremony – Tuesday, November 12, 2019**  
**LOCATION: Convention Center La Nouvelle Orleans Ballroom**  
**TIME: 12:45 - 2:15 pm**

**IV. International Award Recommendations and Actions Finalized for 2019:** Michael Amato will receive the Hector Leon Garza, MD International Achievement Award and Brian Oka will be the recipient of the Toshihiko Koga, MD International Medal.

**V. New Country Members of the ICRC:** At the ICRC Annual Business Meeting Liberia and Nepal are scheduled for ratification as new country members of the Council.

**VI. Update on Fundamental Respiratory Care Support Course (FRCSC):** As indicated in previous reports to the AARC BOD the standardized Fundamental Respiratory Care Support Course (FRCSC) is a modular training course intended for implementation outside of the United States for health care providers not experienced in respiratory care as practiced in North America. Thirty of the 37 Modules/Chapters have been submitted and are in various stages of either the editing, publication formatting or print-ready production process. Currently there are five Modules yet to be assigned.

**VII. International Education Recognition System (IERS):** The IERS system continues to be very busy. In the last quarter the IERS system received 10 applications for review and of those, eight programs received full Approval. Currently under review is the Level II Application for “The 9<sup>th</sup> North American Pediatric Respiratory Therapist Practice Course from the Hunan Provincial People’s Hospital in Changsha, China.

# NAAHP

Submitted by Tim Op't Holt– 2019 Fall/Winter Report

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## Recommendations

N/A

## Report:

There are no new developments on the NAAHP front at this time. Most communications with NAAHP are aimed more towards the logistics of student acceptance into medical school. Common questions include scenarios such as recommendation letter suggestions, registration deadlines, fulfilling pre-reqs, etc.

Other-Info:

N/AAs a Patron Member, AARC will be listed in the NAAHP quarterly journal. We also get reduced rates on advertising, eblasts to all members, a copy of the journal, and listing in the national meeting program book. Their next national meeting is June 24-28, 2020 in New Orleans.

*ARCF*  
*CoARC*  
*NBRC*





**COMMISSION ON ACCREDITATION FOR  
RESPIRATORY CARE**

## **CoARC Update**

**Allen N. Gustin, Jr., MD, FCCP, FASA  
President**

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

# Mission Statement

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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

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

# What Does CoARC Do?

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- 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

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- 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 ACCP);
- 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

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- 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.

# CAAHEP, NA2RC, and the JRCRC

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- At its March meeting, the CoARC was informed that the National Association for Associate Degree Respiratory Care (NA2RC) applied to the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to sponsor a new accrediting committee - the Joint Review Committee on Education in Respiratory Care (JRCRC);
- On April 14, CAAHEP approved the NA2RC sponsorship of the JRCRC;
- Currently, the NA2RC is the only sponsor of JRCRC.

# CAAHEP, NA2RC, and the JRCRC

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- In May, the CoARC sent letters to CHEST, ASA, and ATS asking the organizations not to support the JRCRC. In June, the CoARC sent similar letters to NAMDRC and SCCM.
- At request, the CoARC also provided the AARC BOMA with an overview document explaining the events leading up to this.
- To date, ASAHP, ATS, and CoBGRTE have provided written support for CoARC. ASA, CHEST, and NAMDRC still reviewing.

# Program Numbers by CoARC Level as of Oct 1, 2019 (n=451)

	200-level (Entry Base)	210-level (Entry ADT BS)	220-level (Entry ADT MS)	300-level (U.S. satellites)	400-level (Sleep cert)	500-level (Degree Advancement)
Continuing Accreditation	375	1	3	9	4	0
Probationary Accreditation	7	0	0	0	0	0
Provisional Accreditation	22	2	1	1	1	6
Inactive Accreditation	1	0	0	0	0	0
Approval of Intent	4	0	0	1	0	6
Letter of Intent	2	0	0	0	0	5

**Total # of Associate Degree Programs**

356 Entry

**Total # of Baccalaureate Degree Programs**

67 Entry; 15 DA

**Total # of Master's Degree Programs**

6 Entry; 2 DA



# 2018-19 Voluntary Withdrawals

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- Since January 1, 2018 to July 31, 2019, there have been 25 program and program options that have withdrawn.
- 20 base programs. 3 satellites, and 2 PSG certificate option
- 13 states (AL, AR, AZ, CA, IL, KY, MI, MO, NJ, OH, PA, TX, VA)
- 9 AAS, 1 AOS, 6 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:
  - 7 low enrollments (5/9 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.

# 2019 Annual Report of Current Status

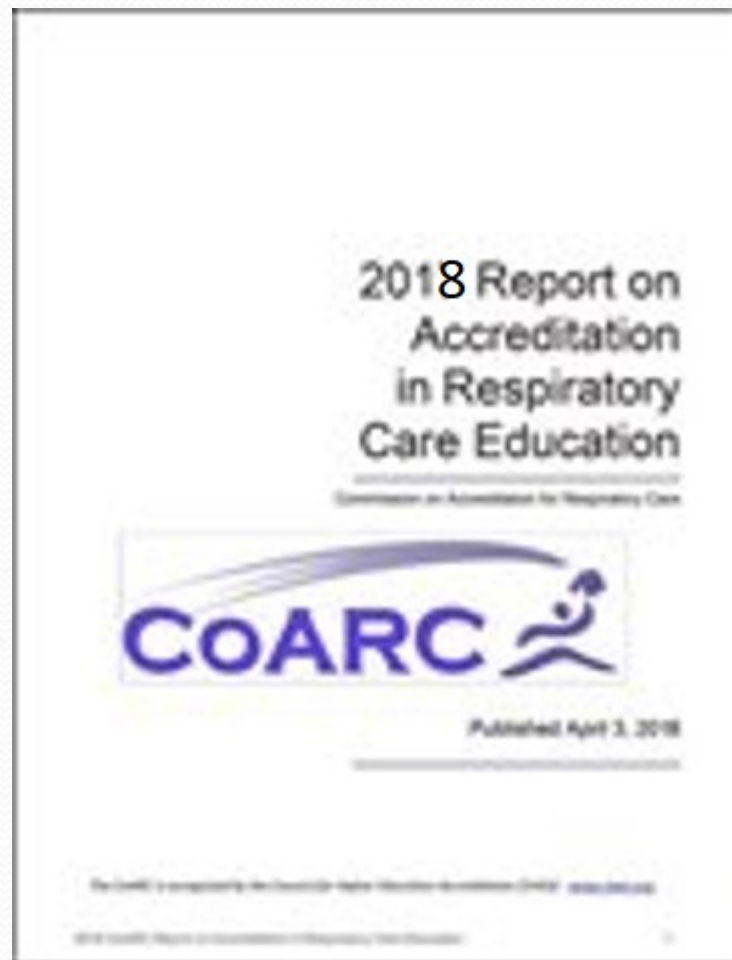
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- The data collected for the 2019 RCS will focus on the reporting years for 2016, 2017, and 2018 (i.e., outcomes data from January 1, 2016 thru December 31, 2018);
- The 2019 RCS opening date is **November 1** and the due date is **February 1**.
- The validation/review of the 2019 Annual Report of Current Status (RCS) will be completed prior to the March 2020 Board meeting.

# 2018 Report on Accreditation

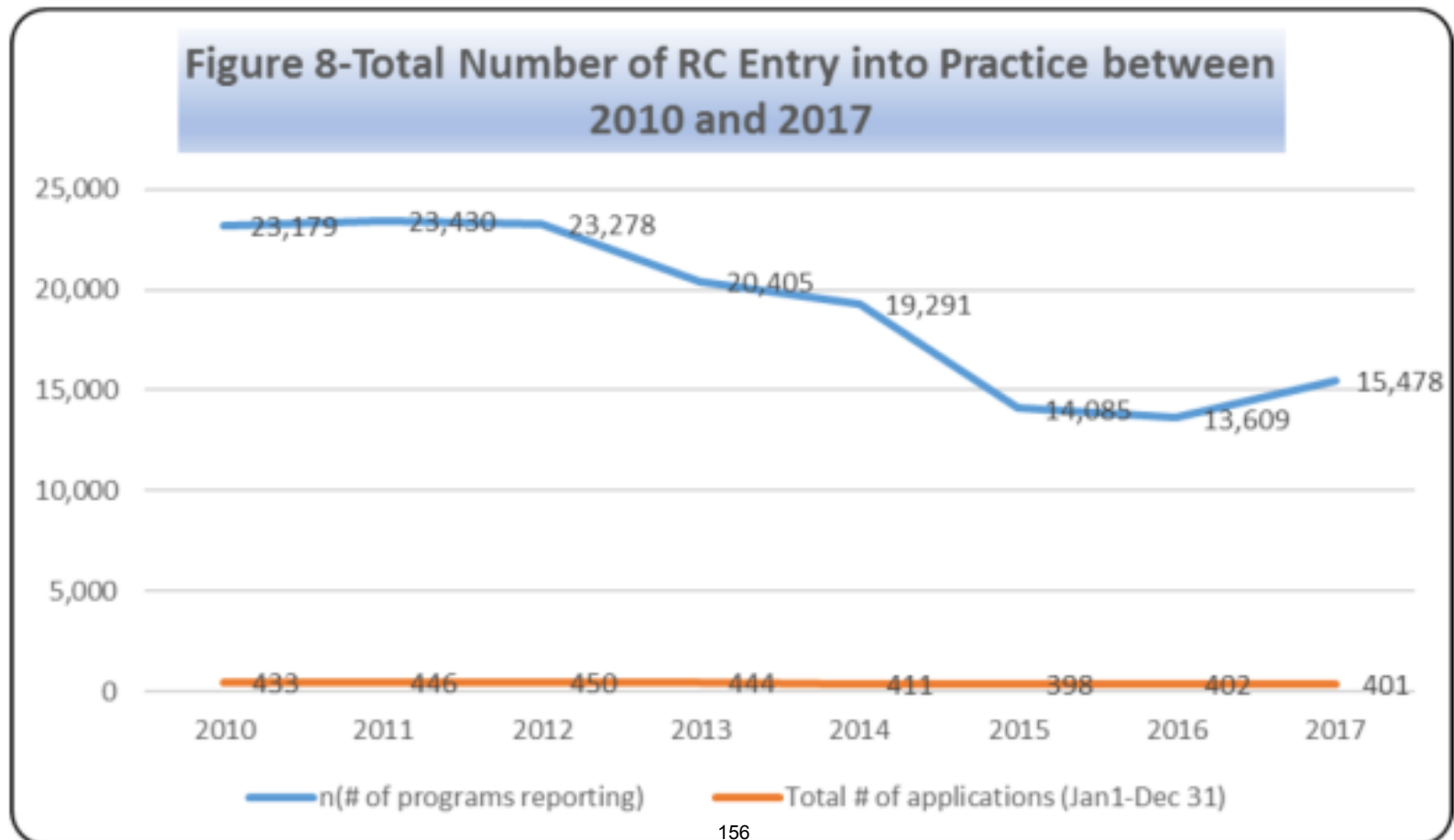
The *2018 Report on Accreditation in Respiratory Care Education* was published in early June.

The report is available for download at [www.coarc.com](http://www.coarc.com).



## Total Applications

Each year, programs are required to report the number of applications they received. **Figure 8** shows the total number of applications to RC programs from 2010 through 2017. Total applications reached a peak of 23,430 in 2011, and then decreased by 41.3% between 2011 and 2016. The number of applications increased by 13.7% between 2016 and 2017. The mean number of applications per program was 39 in 2017. 34 in 2016, 35 in 2015, 47 in 2014, 46 in 2013, and 52 from 2010 through 2012. The median number of applications per program was 30 in 2017, 27 in 2016, 35 in 2015, 32 in 2014, 34 in 2013, 38 in 2012, 40 in 2011, and 38 in 2010.

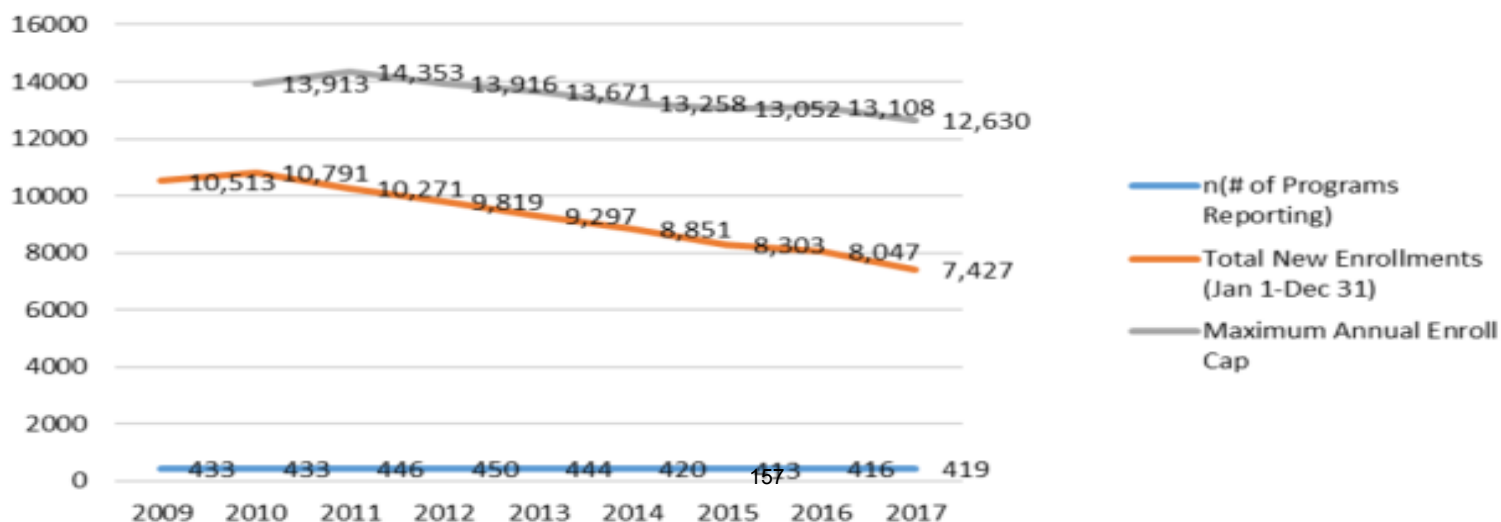


## Total New Enrollments

*Programmatic enrollment* is deemed by the CoARC to occur when a student enrolls in the first core respiratory care course; i.e. a non-survey/non-prerequisite course available only to students matriculated in the respiratory care program. This may be different than the enrollment or matriculation date determined by the institution. This definition is used for calculating programmatic attrition, on-time graduation rates, and maximum annual enrollment. **Figure 9** shows total new enrollments from 2009 through 2017. Enrollments for 2010 through 2017 are compared to the total maximum annual enrollment capacity<sup>1</sup>. The CoARC did not track maximum annual enrollment capacity prior to 2010. The data show new enrollments reaching 58.8% of maximum annual enrollment capacity in 2017, 61.4% of capacity in 2016, 63.6% in 2015, 66.8% of capacity in 2014, 68.0% of capacity in 2013, 70.5% of capacity in 2012, 72% of capacity in 2011, and 78% of capacity in 2010. For 2017, 8.1% (34 of the 419) programs reported new enrollments reaching maximum annual enrollment capacity. Of these 34 programs, 11 offered the AAS degree, 11 offered the AS degree, 11 offered the BS degree and 1 offered the MS degree. The 34 programs were located in 19 different states.

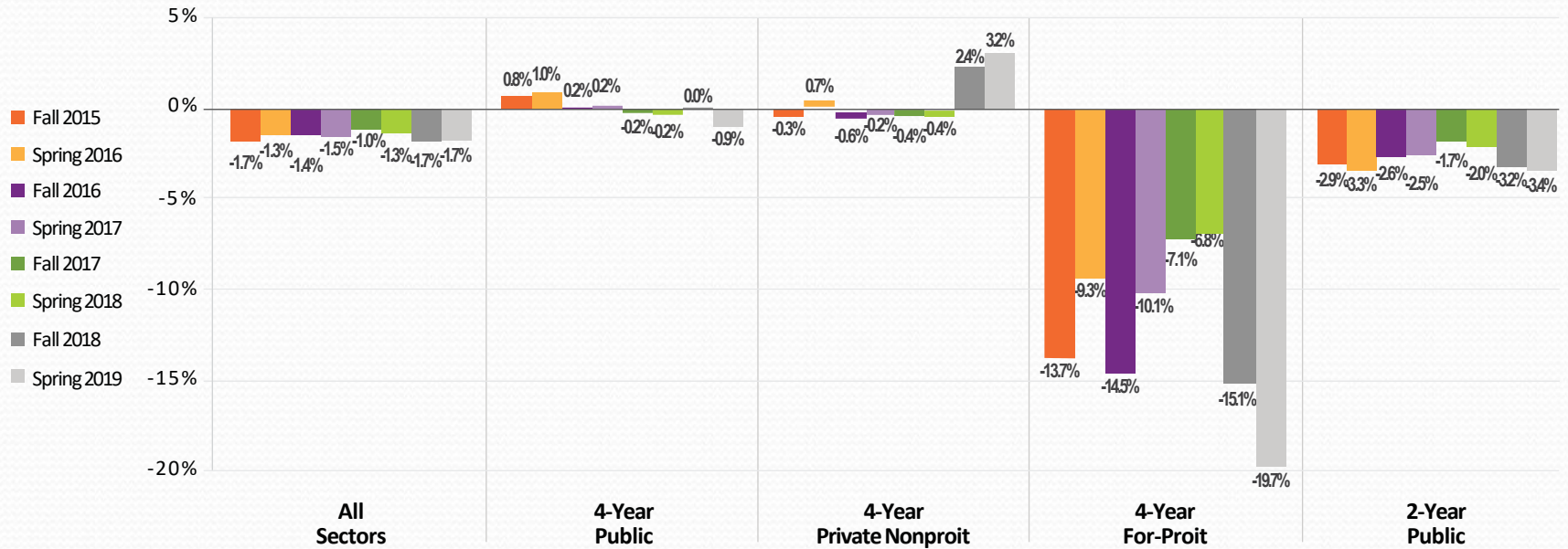
The mean maximum annual enrollment capacity per program was 30 in 2017, 31 in 2016, 32 in 2015 and 2014, 31 in 2013 and 2012, and 32 in 2011 and 2010. The mean number of new enrollments per program was 18 in 2017, 19 in 2016, 20 in 2015, 21 in 2014 and 2013, 22 in 2012, 23 in 2011, 24 in 2010, and 24 in 2009. The median number of new enrollments per program was 16 in 2017, 17 in 2016, 18 in 2015, 25 in 2014, 18 in 2013, 19 in 2012 and 2011, 20 in 2010, and 19 in 2009. There was a 7.7% decrease in new enrollments in 2017 compared to 2016 and a 29.3% decrease compared to 2009.

**Figure 9-Total New Entry into Practice RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacities between 2009 and 2017**





**Figure 1:** Percent Change from Previous Year, Enrollment by Sector (Title IV, Degree-Granting Institutions)





**Table 1:** Estimated National Enrollment by Sector (Title IV, Degree-Granting Institutions)

Sector	Spring 2019		Spring 2018		Spring 2017	
	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year
Total Enrollment, All Sectors	17,542,109	-1.7%	17,839,330	-1.3%	18,071,004	-1.5%
Four-Year, Public	7,598,237	-0.9%	7,664,873	-0.2%	7,677,659	0.2%
Four-Year, Private Nonprofit	3,803,576	3.2%	3,686,972	-0.4%	3,703,320	-0.2%
Four-Year, For-Profit	743,536	-19.7%	925,532	-6.8%	993,169	-10.1%
Two-Year, Public	5,114,013	-3.4%	5,291,753	-2.0%	5,399,145	-2.5%
<b>Unduplicated Student Headcount (All Sectors)</b>	<b>17,260,333</b>	<b>-1.4%</b>	<b>17,510,928</b>	<b>-1.3%</b>	<b>17,740,912</b>	<b>-1.5%</b>



**Table 8:** Estimated Undergraduate Enrollment at Four-Year Institutions by Classification of Instructional Program Family

CIP Family Code	CIP Family Title	Spring 2019		Spring 2018		Spring 2017	
		Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year
52	Business, Management, Marketing, and Related Support	1,553,871	-1.4%	1,575,286	-2.1%	1,609,337	-0.7%
51	Health Professions and Related Clinical Sciences	1,062,991	-1.1%	1,074,613	-1.8%	1,094,104	-1.0%
24	Liberal Arts and Sciences, General Studies and Humanities	984,090	-7.1%	1,058,766	1.6%	1,041,839	2.5%
26	Biological and Biomedical Sciences	580,185	0.2%	579,302	2.7%	564,142	1.6%
14	Engineering	560,973	-1.3%	568,243	1.6%	559,538	2.6%
11	Computer and Information Sciences and Support Services	446,180	5.4%	423,315	3.7%	408,233	1.4%
42	Psychology	439,508	1.4%	433,611	-0.7%	436,470	-1.0%
13	Education	438,740	-2.5%	449,783	-1.4%	456,377	-2.0%
45	Social Sciences	429,721	-1.7%	437,201	-1.9%	445,667	0.6%
50	Visual and Performing Arts	382,728	0.2%	381,994	0.6%	379,757	0.2%
09	Communication, Journalism, and Related Programs	317,002	-2.1%	323,678	-2.1%	330,730	-1.2%
43	Security and Protective Services	271,897	-2.1%	277,855	-4.2%	289,991	-3.7%
30	Multi/Interdisciplinary Studies	226,438	-1.2%	229,089	-2.3%	234,398	-2.8%
31	Parks, Recreation, Leisure and Fitness Studies	224,071	-2.1%	228,766	-0.9%	230,876	0.9%
44	Public Administration and Social Service Professions	134,731	-3.1%	139,063	-4.7%	145,984	-1.4%
40	Physical Sciences	134,675	-4.6%	141,197	-2.2%	144,322	-2.6%
23	English Language and Literature/Letters	133,644	-4.8%	140,450	-4.7%	147,421	-2.9%





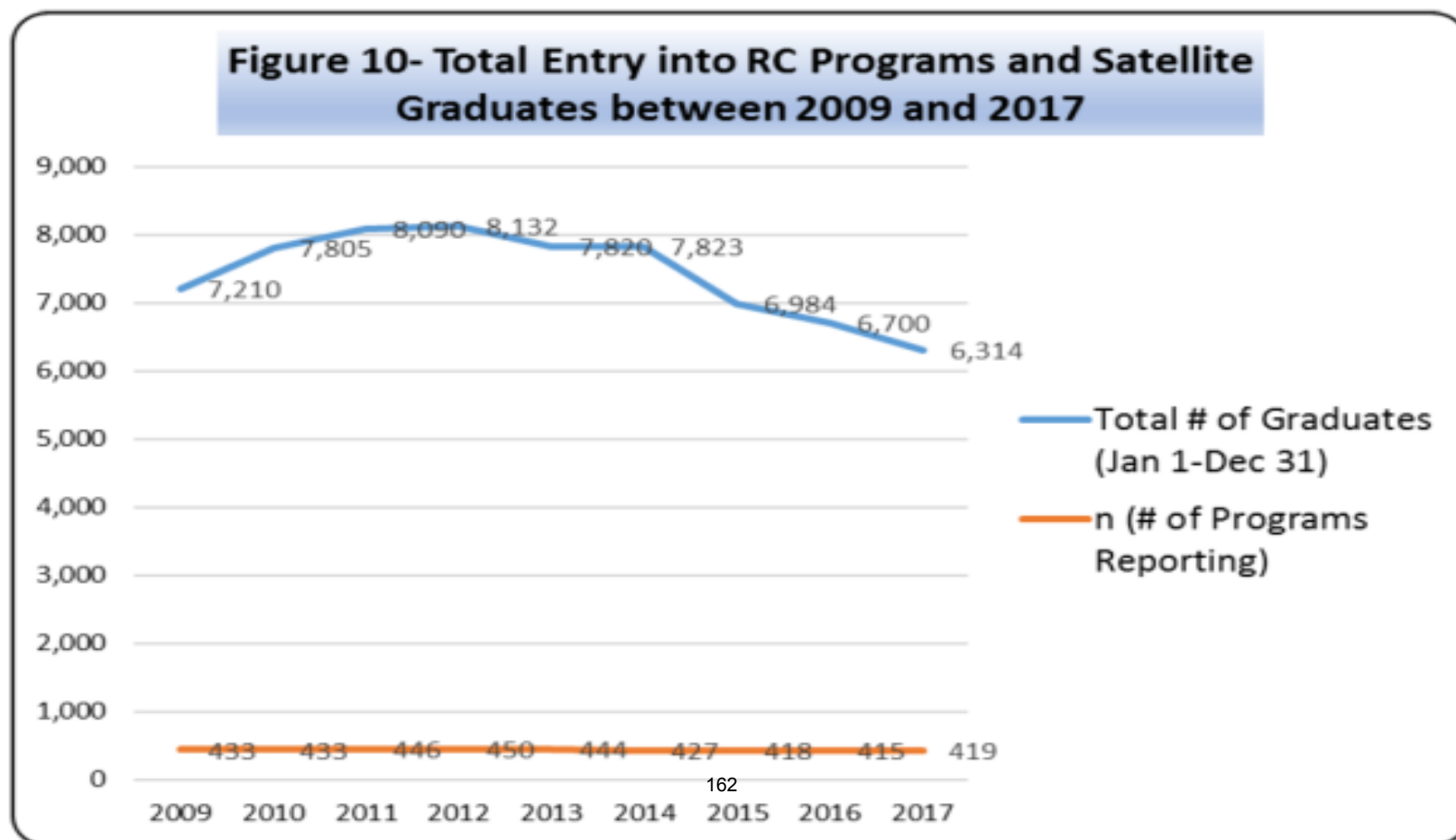
**Table 9:** Estimated Undergraduate Enrollment at **Two-Year Institutions** by Classification of Instructional Program Family

CIP Family Code	CIP Family Title	Spring 2019		Spring 2018		Spring 2017	
		Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year	Enrollment	% Change from Prior Year
24	Liberal Arts and Sciences, General Studies and Humanities	1,844,167	-3.0%	1,900,584	-1.8%	1,935,912	-1.9%
51	<b>Health Professions and Related Clinical Sciences</b>	<b>851,084</b>	<b>11.0%</b>	<b>766,962</b>	<b>0.1%</b>	<b>766,309</b>	<b>-3.5%</b>
52	Business, Management, Marketing, and Related Support	582,503	3.1%	564,851	-1.8%	575,449	-3.3%
11	Computer and Information Sciences and Support Services	221,948	6.8%	207,894	4.1%	199,753	2.3%
43	Security and Protective Services	193,999	1.4%	191,254	-7.2%	206,001	-5.5%
50	Visual and Performing Arts	152,914	8.8%	140,496	0.4%	139,898	-2.3%
30	Multi/Interdisciplinary Studies	137,088	1.2%	135,500	-0.4%	136,062	-0.6%
15	Engineering Technologies/Technicians	120,979	3.6%	116,801	-1.2%	118,241	-5.6%
26	Biological and Biomedical Sciences	113,682	12.4%	101,162	16.3%	86,979	6.8%
13	Education	111,449	0.7%	110,653	-0.5%	111,195	-7.3%
47	Mechanic and Repair Technologies/Technicians	108,708	5.8%	102,779	-1.3%	104,094	-3.4%
19	Family and Consumer Sciences/ Human Sciences	91,510	7.6%	85,050	-7.1%	91,543	-2.4%
42	Psychology	90,409	17.0%	77,294	0.6%	76,830	5.0%
14	Engineering	84,024	-0.4%	84,332	1.8%	82,877	1.9%
45	Social Sciences	80,847	7.3%	75,313	-2.5%	77,229	2.1%
12	Personal and Culinary Services	64,650	17.6%	54,983	-4.7%	57,702	-7.0%
46	Construction Trades	63,205	15.5%	54,705	-4.4%	57,251	4.5%
48	Precision Production	59,779	4.0%	161 57,466	1.0%	56,906	-2.0%

## Total Graduates

**Figure 10** provides the total number of graduates during the time period reported (i.e., January 1, 2009 through December 31, 2017). Graduation numbers includes both students that graduated on-time and students graduating after their expected graduation date.

There were 6,314 graduates in 2017. This is a 5.7% decrease compared to 2016 and a 12.4% decrease compared to the 2012. The mean number of graduates per program was 15 in 2017, 16 in 2016, 17 in 2015, 18 in 2014 and 2013 through 2010, and 16 in 2009. The median number of graduates per program was 13 in 2017, 14 in 2016, 14 in 2015, 15 in 2014, 14 in 2013, 15 in 2012, 14 in 2011, 13 in 2010, and 14 in 2009.



**Table 21 – RC Programmatic Retention for 2012 RCS through 2018 RCS**

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Above/Below Threshold
2012 RCS Data from 1/1/09 to 12/31/11 (N=434)	17.4% (10.7)	55.0%	0%	40%	<b>8</b>
2013 RCS Data from 1/1/10 to 12/31/12 (N=442)	19.1% (10.9)	50.9%	0%	40%	<b>14</b>
2014 RCS Data from 1/1/11 to 12/31/13 (N=436)	19.1% (11.4)	62.5%	0%	40%	<b>12</b>
2015 RCS Data from 1/1/12 to 12/31/14 (N=437)	18.9% (10.9)	71.4%	0%	40%	<b>9</b>
2016 RCS Data from 1/1/13 to 12/31/15 (N=438)	18.5% (11.3)	75.0%	0%	40%	<b>11</b>
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	91.0% (.07)	100%	58.5%	70%	<b>4</b>
2018 RCS Data from 1/1/14 to 12/31/17 (N=419)	87.5% (16.9)	100%	60%	70%	<b>20</b>

**Table 25 – RC Job Placement for 2012 RCS through 2018 RCS**

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2012 RCS Data from 1/1/09 to 12/31/11 (N=422)	86.2% (12.5)	100%	0%	70%	<b>24</b>
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	85.3% (11.7)	100%	13.8%	70%	<b>41</b>
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	84.6% (11.7)	100%	20.0%	70%	<b>39</b>
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	85.5% (10.4)	100%	50.0%	N/A	<b>N/A</b>
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	84.3% (12.7)	100%	28.6%	N/A	<b>N/A</b>
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	86.0% (11.8)	100%	38.7%	N/A	<b>N/A</b>
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	84.8% (22)	100%	0%	N/A	<b>N/A</b>

**Table 29 – CRT Credentialing Success for 2012 RCS through 2018 RCS**

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold	# of Programs Below Threshold
2012 RCS Data from 1/1/09 to 12/31/11 (N=422)	92.1% (9.6)	100%	39.4%	80%	<b>32</b>
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	91.8% (9.7)	100%	45.5%	80%	<b>41</b>
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	92.4% (8.7)	100%	52.6%	80%	<b>39</b>
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	92.3% (8.4)	100%	55.9%	80%	<b>35</b>
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	92.5% (8.7)	100%	46.7%	80%	<b>35</b>
2017 RCS Data from 1/1/14 to 12/31/16 (N=421)	93.1% (10.8)	100%	45.2%	80%	<b>21</b>
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	93.7% (8)	100%	49%	80%	<b>21</b>

**Table 33 – RRT Credentialing Success for 2012 RCS through 2018 RCS**

Reporting Years (# of programs submitting)	Mean (SD)	Maximum Value	Minimum Value	CoARC Threshold
2012 RCS Data from 1/1/09 to 12/31/11 (N=412)	62.2% (21.1)	100%	0%	N/A
2013 RCS Data from 1/1/10 to 12/31/12 (N=422)	63.4% (22.1)	100%	0%	N/A
2014 RCS Data from 1/1/11 to 12/31/13 (N=424)	67.9% (21.3)	100%	0%	N/A
2015 RCS Data from 1/1/12 to 12/31/14 (N=434)	70.5% (20.4)	100%	11.1%	N/A
2016 RCS Data from 1/1/13 to 12/31/15 (N=433)	72.7% (20.0)	100%	15.6%	N/A
2017 RCS Data from 1/1/14 to 12/31/16 (N=420)	75.1% (19.0)	100%	13.8%	N/A
2018 RCS Data from 1/1/15 to 12/31/17 (N=419)	80.2% (17.6)	100%	0%	N/A

# The Standards Revision Timeline

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- **Following July 2019 Commission meeting:**
  - Review the data collected from all evaluation sources;
  - Disseminate a call for public comment (with **October 15, 2019** deadline);
  - Revise Standards, Evidence of Compliance, and Interpretive Guidelines, as needed;
  - Revisions to the draft will be reviewed by Full Commission at its December 2019 meeting;

# The Standards Revision Timeline

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- Anticipate final draft approval by Commission at its December 2019 Board meeting;
- Send the final version of the 2020 Standards to the CoARC's collaborating organizations (AARC, ATS, ASA, and ACCP) for acceptance as per CoARC Bylaw 2.05.01;
- The 2020 Standards will be posted on the CoARC web site and will go into effect on **July 1, 2020**.



# The Standards Revision Timeline

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- Provide webinars for Key Personnel and Site Visitors on implementing the revised Standards (Mar – Aug 2020):
- Programs with self-studies due between July and December 2020 will be given the option of completing their self-study/site visit using either the 2015 or 2020 Standards. Programs with self-studies/site visits due after December 2020 will be required to demonstrate compliance with the 2020 Standards.

# Graduate and Employer Survey Update

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- Shortly after the release of its 2018 Annual RCS in late October, the CoARC was informed that graduate and employer survey data from prior years could not be transferred into the new RCS format.
- As a result, programs will only be able to submit survey data for 2017 in their 2018 RCS.
- Accordingly, at its November meeting, the CoARC Board determined that no accreditation decisions based on subthreshold results in graduate and employer surveys would be taken until three years of data are available, which will occur with the submission of the RCS due July 1, 2020.

# Update on High Cut Score Threshold

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- Due to delays in the release and submission of the 2018 Annual Report of Current Status (RCS), the CoARC is postponing the establishment of a threshold until 2020.
- After the data from the 2019 RCS have been reviewed and a threshold established, all accredited programs will be informed.
- Compliance with the TMC threshold will be required for the annual reports due July 1, 2020.

# Health Professions Accreditors Collaborative

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- CoARC is one of 23 specialized and professional accreditors that form the collaborative.
- The HPAC and the National Center for Interprofessional Practice and Education document **Guidance on Developing Quality Interprofessional Education for the Health Professions** is now available to the public on the new IPE Guidance tab of the HPAC website:
  - <http://healthprofessionsaccreditors.org/ipe-guidance/>
- Separate links to PDF versions of Guidance document, FAQs and press release are available for reading or downloading on the IPE Guidance tab.

# Upcoming Board Meetings

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December 12-14, 2019

Tucson, AZ

March 12-14, 2020

Grapevine, TX

Date: October 9, 2019  
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 has not met since my last report, however, our Executive Committee and Long Range Planning Committee convened in late August and we hosted the 29<sup>th</sup> annual State Licensure Liaison Group Meeting now known as the Licensure, Insight, Networking and Collaboration (LINC) meeting.

### ***Credential Maintenance Program f/k/a Continuing Competency Program***

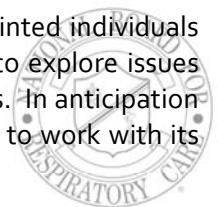
To date, over 200 individuals have participated in the pilot of the new Credential Maintenance Program. As a reminder, the pilot is available to individuals who earned a specialty credential in the 4<sup>th</sup> quarter of 2018 and those earning specialty credentials in 2019. Highlights of the changes include incorporating an assessment to each program in which the content will focus on competencies that put the public at risk when performed incorrectly and whose 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. Full implementation of the new CMP will occur in January 2020.

### ***Specialty Credential Ad Campaign***

We launched our national awareness campaign in late April to promote the profession through inspirational stories – stories about the specialized care and high satisfaction levels that come from being an RRT with specialty credentials from the NBRC. Credentialed practitioners were invited to inspire excellence by telling us their story for a chance to be part of our national awareness campaign. Specialty credentials further define the excellence of a respiratory therapist - they have the power to help elevate the profession for all practitioners. To promote the critical role that respiratory care plays in the lives of patients, we wanted to hear how specialty credentialing has positively impacted their career. We are very excited about the individuals who were selected and will be featuring them in print, digital and social media channels. We hope their stories of dedication in respiratory care will inspire others to embrace a career in respiratory care and direct more practitioners to consider specializing in one of the many subspecialties offered by the NBRC and the profession – with a true commitment to excellence.

### ***Advanced Practice Respiratory Therapist Ad Hoc Committee***

Collaboratively with the AARC and CoARC, the NBRC has maintained its representation of four appointed individuals serving on the Ad Hoc Committee on the Advanced Practice RT. The charge of this collaboration is to explore issues related to the potential education, credentialing, and scope of practice of these advanced practitioners. In anticipation of an eventual credentialing examination for these advanced practice therapists, the NBRC continues to work with its



trademark counsel to protect the terms APRT and RRT-AP through intent to use. We are thrilled that the literature review completed by this group and the resulting paper have been accepted for publication by CHEST.

### ***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. The Specialty Examinations Committee and the Board of Trustees will consider this recommendation in December.

### ***Request to Recognize JRCRC***

In the spring, 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.

### ***Trademark and Copyright Infringement***

The NBRC staff spends considerable time ensuring the integrity of the board's examination programs and federally registered trademarks. With the expansion of social media, we are finding a significant amount of information online that could be construed as infringement and we are working diligently to mitigate the unauthorized use of proprietary information.

### ***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. In 2019, we presented at 10 state society meetings for respiratory care; more than we have ever done in the past. 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 three state society meetings on our calendar and welcome the opportunity to speak at others.

### ***2019 Examination and Annual Renewal Participation***

Thus far in 2019, nearly 23,000 examinations have been administered across all examination programs. More than 58,000 individuals have renewed their active status for 2019; with a majority taking advantage of the \$5 discount available to those who renew online. In 2020, our annual renewal program will be changing and the fee will be associated with credential maintenance and/or supporting the NBRC (for those whose credentials are not subject to credential maintenance). These practitioners will 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 campaign.

## ***Examination Statistics – January 1 –September 30, 2019***

### **Examination**

### **Pass Rate**

#### **Therapist Multiple-Choice Examination** – 11,996 examinations

- |                         |                               |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 67.6% |
|                         | Exceed Low Cut-Score – 78.3%  |
| • Repeat Candidates     | Exceed High Cut-Score – 26.7% |
|                         | Exceed Low Cut-Score – 45.3%  |

#### **Clinical Simulation Examination** – 8,948 examinations

- |                         |       |
|-------------------------|-------|
| • First-time Candidates | 63.8% |
| • Repeat Candidates     | 51.5% |

#### **Adult Critical Care Examination** – 712 examinations

- |                         |       |
|-------------------------|-------|
| • First-time Candidates | 67.1% |
| • Repeat Candidates     | 48.7% |

#### **Neonatal/Pediatric Examination** – 827 examinations

- |                         |       |
|-------------------------|-------|
| • First-time Candidates | 63.7% |
| • Repeat Candidates     | 42.9% |

#### **Sleep Disorders Specialty Examination** – 108 examinations

- |                         |       |
|-------------------------|-------|
| • First-time Candidates | 82.8% |
| • Repeat Candidates     | 66.7% |

#### **PFT Examination** – 373 examinations

- |                         |                               |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 32.8% |
|                         | Exceed Low Cut-Score – 65.2%  |
| • Repeat Candidates     | Exceed High Cut-Score – 17.5% |
|                         | Exceed Low Cut-Score – 61.7%  |

### ***Your Questions Invited***

I am honored to be serving as President of the NBRC and working 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.



## **ARCF Fall 2019 Report submitted by Michael Amato**

The ARCF has been busy over the past several months as we gear up for the AARC International Congress in New Orleans, LA. Below are updates of these activities.

### **Congress 2019 ARCF Fundraiser**

- Vapotherm and InspiRX has sponsored this year's Fundraiser. We do have a commitment with Vapotherm through 2021.
- Grand Prizes:
  - Weekend getaway to Phoenix, Orlando, or Vegas; airfare to AARC Congress 2020, complimentary registration to AARC Congress 2020

### **2018 ARCF Awards**

#### ***Research Fellowship Awards***

- **Charles W. Serby Research Fellowship**  
Richard D. Rice, MEd, RRT
- **Phillips Respironics Fellowship in Mechanical Ventilation**  
Maria Madden, MS, RRT-ACCS
- **Vyaire Healthcare Fellowship for Neonatal and Pediatric Therapists**  
Joel M. Brown II, RRT, FAARC
- **Jeri Eiserman, RRT Professional Education Research Fellowship**  
Coral Ringer, MN, RN, CPN

#### ***Literary Awards***

- **Mallinckrodt Best Paper Award by Best First Author**  
Renee M. Bartle, RRT, RCP
- **Draeger-Shreyas Roy, MD Memorial Literary Award**  
Daniel D. Rowley, MSc, RRT-ACCS, RRT-NPS, RPFT, FAARC

#### ***Achievement Awards***

- **Forrest M. Bird Lifetime Scientific Achievement Award**  
Jerry A. Krishnan, MD, PhD
- **Hector Leon Garza, MD Achievement Award for Excellence in International Respiratory Care**  
Michael T. Amato, MBA
- **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health**  
Tonya A. Winders, MBA
- **Mike West, MBA, RRT Patient Education Achievement Award**  
Joyce Baker, MBA, RRT, RRT-NPS, AE-C
- **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care**  
Barry J. Make, MD

- **Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies**  
Michael McPeck, RRT, FAARC
- **BOMA Travel Fund**  
Gerald Moody, RRT-NPS

***Education Recognition Awards for Undergraduate Students***

- **Morton B. Duggan, Jr., Memorial Education Recognition Award**  
Sonya S. Park
- **Jimmy A. Young Memorial Education Recognition Award**  
Gustavo Lopez
- **NBRC/AMP William B. Burgin Jr., MD and Robert M. Lawrence MD Education Recognition Award**  
Mohammed Hamad Alshamrani

***Education Recognition Awards for Postgraduate Students***

- **NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award**  
Marby R. McKinney, MEd, RRT, RRT-NPS, AE-C
- **William F. Miller, MD Postgraduate Education Recognition Award**  
Daniel Ulysses Gochenour MSc, RRT-ACCS, RRT-NPS, AE-C, CPPS

**International Fellows**

- **Khalsa Al Siyabi, BSc, RRT - OMAN**  
First City Host: Ogden, UT (Sarah Burdash)  
Second City Host: York, PA (Lyndee Knisely)
- **Yu-qi Liu, MD - China**  
First City Host: Pittsford, NY (Sheri Tooley)  
Second City Host: Greenville, NC (Charles Bangley)
- **Amsa Mairami, MBBS, FMCPaed - Nigeria**  
First City Host: Washington, DC (Carolyn Williams)  
Second City Host: Simsbury, CT (Kerry McNiven)
- **Yao Tian, Bachelor - China**  
First City Host: Charlottesville, VA (Ryan Sharkey)  
Second City Host: Louisville, KY (Shelby Cutler)

**Respiratory Care Journal Conference**

The Journal Conferences are presented under the auspices of the American Respiratory Care Foundation. The Foundation and the Journal presented the 58<sup>th</sup> Journal Conference on Monitoring Respiratory Function in Adult Acute Care on June 10-11, 2019 in St. Petersburg, FL. Conference Co-Chairs were Thomas Piraino, RRT, FCSRT and Lluís Blanch, MD, PhD. We are currently seeking sponsorship for the 2020 conference and have reached out to potential sponsors. The 2020 Co-Chairs are Neil R. MacIntyre, MD, FAARC, Meilan Han, MD, and Thomas Kallstrom, MBA, RRT, FAARC.

American Association for Respiratory Care  
2019 International Fellowship Program  
(as of 9-12-2019)

Arrive in the First City: Sunday, October 27  
 First City Rotation: Monday, October 28 - Friday, November 1  
 Arrive in Second City: Saturday, November 2  
 Second City Rotation: Sunday, November 3 - Thursday, November 7  
 Arrive in New Orleans: Friday, November 8  
 AARC Congress 2019: Saturday, November 9 - Tuesday, November 12  
 Fellowship Ends: Wednesday, November 13

Fellow	Country	First City Host	Second City Host	Req. Forms	Hotel 1 <sup>st</sup> City	Hotel 2 <sup>nd</sup> City
Khalsei Al Siyabi (Rowley) kswrad111@gmail.com 968 24946368 Contacted: 7-22-2019 Confirmed: 8-4-2019	Oman	Ogden, UT Sarah Burdash smburdash@gmail.com 801-389-8222 Contacted: 07-22-2019 Confirmed: 08-03-2019	York, PA Lyndee Kniszely <del>Amanda Richter</del> lkniszely@wellspring.org 717-318-7154 Contacted: 7-22-2019 Confirmed: 8-19-2019	ROL: 8-4-2019 Agree: 08-04-2019 Photo: 8-19-2019 Copy of Airfare: Reg. Form: 9-05-2019 Travel Form: 8-19-2019 Per Diem Mailed:	Hilton Garden Inn Ogden UT 2271 S. Washington Blvd Ogden, UT 84401 801-399-2000 Conf # 3132796182 Arrival: 10-27-2019 Depart: 11-02-2019 Cost: \$1,031.37	Country Inn & Suites 245 St. Charles Way York, PA 17402 717-747-3833 Conf # TGD25J8 Arrival: 11-02-2019 Depart: 11-08-2019 Cost: \$728.16
Yu-qi Liu (Rowley) fyqyqyicu@163.com 86-013850772106 Contacted: 7-19-2019 Confirmed: 7-19-2019	China	Pittsford, NY Sheri Tooley sheri.tooley@rochesterregional.org 585-642-3083 Contacted: 7-19-2019 Confirmed: 8-02-2019	Greenville, NC Charles Bangley Charles.Bangley@vidanthealth.com 252-847-2332 Contacted: 7-19-2019 Confirmed: 08-02-2019	ROL: 08-04-2019 Agree: 08-04-2019 Photo: 08-04-2019 Copy of Airfare: 08-04-2019 Reg. Form: 8-29-2019 Travel Form: 08-06-2019 Per Diem Mailed:	Hilton Garden Inn Pittsford 800 Pittsford-Victor Rd Pittsford, NY 14534 585-248-9000 Conf # 3127990587 Arrival: 10-27-2019 Depart: 11-02-2019 Cost: \$1,224.36	Court Yard by Marriott 2225 Stantonsburg Rd. Greenville, NC 27834 252-329-2900 Conf # 86267872 Arrival: 11-02-2019 Depart: 11-08-2019 Cost: \$1,061.07
Amsa Mairami (Coombs) amsamirami@yahoo.com 2348081752303 Contacted: 7-22-2019 Confirmed: 7-22-2019	Nigeria	Washington, DC Carolyn Williams cawmsrnt@yahoo.com 202-832-4114 Contacted: 7-22-2019 Confirmed: 7-25-2019	Simsbury, CT Kerry McNiven kjmcniven@yahoo.com 860-967-7642 Contacted: 7-22-2019 Confirmed: 7-27-2019	ROL: 7-25-2019 Agree: 7-25-2019 Photo: 8-19-2019 Copy of Airfare: Reg. Form: 8-30-2019 Travel Form: 8-18-2019 Per Diem Mailed:	Kellogg Conference Center 800 Florida Ave. NE Washington, DC 20002 202-651-6000 Conf # 473376736 Arrival: 10-27-2019 Depart: 11-02-2019 Cost: \$1,231.80	Hampton Inn & Suites Rocky Hill - Hartford South 685 Cromwell Ave Rocky Hill, CT 06067 860-757-3317 Conf # 84973824 Arrival: 11-02-2019 Depart: 11-08-2019 Cost: \$1,015.45
Yao Tian (Coombs) tianyao192325@126.com 86-029-84277373 Contacted: 7-22-2019 Confirmed: 7-28-2019	China	Charlottesville, VA Ryan Sharkey rs3kk@virginia.edu 757-831-2662 Contacted: 7-22-2019 Confirmed: 08-02-2019	Louisville, KY Shelby Cutler shelby.cutler@mortonhealthcare.org 502-636-7184 Contacted: 7-22-2019 Confirmed: 07-31-2019	ROL: 8-18-2019 Agree: 9-09-2019 Photo: 8-19-2019 Copy of Airfare: 09-12-2019 Reg. Form: 09-09-2019 Travel Form: 08-27-2019 Per Diem Mailed:	Graduate Charlottesville 1309 W. Main St. Charlottesville, VA 22903 434-295-4333 Conf # 7720558071748 Arrival: 10-27-2019 Depart: 11-02-2019 Cost: \$1,189.67	Gelt House Hotel 140 N 4th St. Louisville, KY 40202 502-589-5200 Conf # 885096C212252 Arrival: 11-02-2019 Depart: 11-08-2019 Cost: \$1,277.92

International Committee member "Liaisons"  
 Daniel Rowley - DDR8A@hscmail.mcc.virginia.edu  
 Ed Coombs - edwin.coombs@draeger.com

**Total Cost for Hotels: \$8,759.80**  
 First City: \$4,677.20  
 Second City: \$4,082.60

v = credit card authorization form submitted to the City Host hotel

### **Summary**

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