



American Association for Respiratory Care


Board of Directors Meeting


November 13-14, 2020

Virtual Platform/Congress 2020 LIVE!

Agenda

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
HOD Joint Session, Executive and Finance Committee, BOMA –Thursday November 12, 2020
Congress 2020 Board of Directors Meeting – November 13-14, 2020
Business Meeting and 2021 Board of Directors Meeting - Sunday, November 15, 2020

PACIFIC	MOUNT	EASTERN	CENTRAL	THURSDAY, NOVEMBER 12, 2020
10:00 AM-11:45 AM	11:00-12:45 PM	1:00 PM-2:45 PM	12:00 -1:45 PM	HOD JOINT SESSION Roll Call (Goodfellow) President Question and Answer Session Advocacy & Government Affairs (Hummel, 20 mins) Elections Committee Report Finance Committee Report
12:00-2:00 PM	1:00-3:00 PM	3:00-5:00 PM	2:00-4:00 PM	EXECUTIVE COMMITTEE
2:15-3:00 PM	3:15-4:00 PM	5:15-6:00 PM	4:15-5:00 PM	FINANCE COMMITTEE
3:00-5:00 PM	4:00-6:00 PM	6:00-8:00 PM	5:00-7:00 PM	BOARD OF MEDICAL ADVISORS
PAC	MOUNT	EST	CENTRAL	FRIDAY, NOVEMBER 13, 2020
6:30 AM	7:30 AM	9:30 AM	8:30 AM	Roll Call Announcements/Introductions/Conflict of Interest Approval of Past Minutes <i>p.6</i>
6:45 AM	7:45 AM	9:45 AM	8:45 AM	NBRC - Lori Tinkler, David Vines and Kathy Fedor p.119
7:15 AM	8:15 AM	10:15 AM	9:15 AM	CoARC-Tom Smalling and Pat Munzer p.122
7:45 AM	8:45 AM	10:45 AM	9:45 AM	Merrill Lynch Investment Report-Nancy Bellow and John Barrett A 
8:15 AM	9:15 AM	11:15 AM	10:15 AM	BREAK
8:30 AM	9:30 AM	11:30 AM	10:30 AM	Cavarocchi · Ruscio · Dennis Associates, LLC (CRD) – Erika Miller and Stephanie Rinehart Anne Marie Hummel – Advocacy & Government Affairs <i>p.42</i>
9:00 AM	10:00 AM	12:00 PM	11:00 AM	E-MOTION ACCEPTANCE p.18
9:15 AM	10:15 AM	12:15 AM	11:15 AM	MOTION TO APPROVE THE CONSENT AGENDA <i>Listing of Reports to pull out</i> ----- Consent Agenda ----- <i>Standing Committee Reports p.61</i> <i>Elections p.62</i> <i>Bylaws R, A p.63</i> <i>Executive Committee V p.64</i> <i>Finance V p.65</i> <i>Audit Subcommittee p.66</i> <i>Judicial Committee p.67</i> <i>Program Committee (Sputum Bowl) p.68</i> <i>Strategic Planning A, R p.70</i> <i>Special Committee Reports p.71</i> <i>Benchmarking Committee p.72</i> <i>Billing Codes Committee p.73</i>

PAC	MOUNT	EST	CENTRAL	FRIDAY, NOVEMBER 13, 2020	BOD MEETING
				Diversity and Inclusion Committee p.74 Fellowship Committee PR p. 75 Advocacy & Government Affairs A p.77 Vision Grant Committee p. 79 International Committee p.80 Membership Committee p. 82 Position Statement Committee A, R p. 83 Virtual Museum Committee A p.84 Career Pathways Committee NR p.85	
9:15 AM	10:15 AM	12:15 AM	11:15AM	BS Entry to Practice Committee p.86 Oxygen Safety Committee p.87 Advanced RT Practices, Credentialing, and Education Committee p.88 AS to BS Conversion Committee p.89 Policy Review Committee A, R p.90 <u>Specialty Section Reports</u> p. 91 Adult Acute Care p.92 Diagnostics NR p.94 Education p.95 Leadership and Management A, R p.97 Neonatal-Pediatrics p.103 Ambulatory and Post-Acute Care p. 104 Sleep p.105 Surface to Air Transport p.108 <u>Organization Representatives</u> p.109 AMA CPT Health Care Professional Advisory Committee p.110 AACVPR NR IPEC A p.111 American Heart Association p.112 Committee on Accreditation of Medical Transport Systems A p.113 CoBGRTE p.114 Extracorporeal Life Support Organization (ELSO) R p.116 International Council for Respiratory Care (ICRC) p.117 NRP A p.118 <u>Other Reports</u> p. 119 NBRC p.120 CoARC p.123 ARCF p.151 --- Consent Agenda Ends---	
9:30 AM	10:30 AM	12:30 PM	11:30 AM	GENERAL REPORTS p.22 President p.23 Past President NR p.26	
10:00 AM	11:00 AM	1:00 PM	12:00 PM	LUNCH BREAK	
11:00 AM	12:00 AM	2:00 PM	1:00 PM	GENERAL REPORTS (CONTINUED) Executive Director R, A p.27 Review of Referrals and Carried Motions from Summer 2020 A  Advocacy & Government Affairs p.42 House of Delegates p.54 BOMA p.59 President's Council p.60 BREAK	
12:15 PM	1:15 PM	3:15 PM	2:15 PM		

12:30 PM	1:30 PM	3:30 PM	2:30 PM	RECOMMENDATIONS p. 18
1:30 PM	2:30 PM	4:30 PM	3:30 PM	BREAKOUT SESSIONS FOR HORIZON GOAL OUTCOMES
2:45 PM	3:45 PM	5:45 PM	4:45 PM	RECESS

PACIFIC	MOUN	EST	CENTRAL	SATURDAY, NOVEMBER 14, 2020	AARC BOD MEETING
7:00 AM	8:00 AM	10:00 AM	9:00 AM	GENERAL ANNOUNCEMENTS <i>Recognition/Presidents Awards</i>	
7:45 AM	8:45 AM	10:45 AM	9:30 AM	EXECUTIVE SESSION BREAK	
8:45 AM	9:45 AM	11:45 AM	10:45 AM	UNFINISHED BUSINESS <i>Strategic Planning Recommendation Attachment on p.70</i>	
9:00 AM	10:00 AM	12:00 PM	11:00 AM	LUNCH	
10:00 AM	11:00 AM	1:00 PM	12:00 PM	UNFINISHED BUSINESS	
11:00 AM	12:00 PM	2:00 PM	1:00 PM	<i>Policy and Procedure Review p.90</i>	
				BOD.005 Oversight of Executive Director	
				BOD.007 Fiduciary Responsibility	
				BOD.017 BOD Officer Position Description Profiles - President Elect-President	
				BOD.018 BOD Officer Position Description Profiles - Vice President/Internal Affairs	
				BOD.019 BOD Officer Position Description Profiles - Vice President/External Affairs	
				BOD.020 BOD Officer Position Description Profiles - Secretary Treasurer	
				BOD.021 BOD Officer Position Description Profiles - Director	
				BOD.022 Board of Director Section Director Term of Office	
12:30 PM	1:30 PM	3:30 PM	2:30 PM	BREAK	
1:00 PM	2:00 PM	4:00 PM	3:00 PM	NEW BUSINESS BREAK OUT SESSIONS/FLOOR MOTIONS HOD RESOLUTIONS REVIEW OF ACTION ITEMS	
1:45 PM	2:45 PM	4:45 PM	3:45 PM	ANNOUNCEMENTS TREASURER'S MOTION ADJOURNMENT	
2:00 PM	3:00 PM	5:00 PM	4:00 PM	SPECIAL MEETING (DAEDALUS ENTERPRISES, INC)	
4:00 PM	5:00 PM	7:00 PM	6:00 PM	VIRTUAL HAPPY HOUR	

PACIFIC	MOUNT	EASTERN	CENTRAL	SUNDAY, NOVEMBER 15, 2020	
9:00 AM	10:00 AM	12:00 PM	11:00 AM	ANNUAL BUSINESS MEETING	
11:00 PM	12:00 PM	2:00 PM	1:00 PM	2021 BOARD OF DIRECTORS MEETING	

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
Friday, July 17, 2020

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, President-Elect
Jakki Grimball, MA, RRT, AE-C, FAARC, VP External Affairs
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Kim Bennion, MsHs, RRT, CHC
Dana Evans, MHA, RRT-NPS, FAARC
Carl Hinkson, MS, RRT-NPS, FAARC
Georgianna Sergakis, PhD, RRT, RCP, FAARC
Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC
Aaron Light, DHSc, RRT-ACCS, FAARC
Bradley Kuch, MHA, RRT, RRT-NPS, FAARC
Kerry McNiven, MS, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C, FAARC
Lisa Trujillo, DHSc, RRT, FAARC
Kari Woodruff, BSRC, RRT-NPS, FAARC

Consultants

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

House of Delegates Officers

Teri Miller M.Ed., RRT, Speaker of the House
Joseph Goss, MSJ, RRT, RRT-NPS, AE-C, FAARC, Speaker-Elect
Keith Siegel, MBA, RRT, CPFT, FAARC, Past Speaker
Jodi Jaeger, BS, RRT, RRT-NPS, Secretary
Jennifer Anderson, RRT, RRT-NPS, FAARC, Treasurer

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

Guests

John Wilgis
Michael Madison

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 8:30 a.m. CST.

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

DISCLOSURE

President Schell reminded members of the importance of disclosure and potential for conflict of interest and inquired if anyone had any new potential COI's to report. No one had anything new to report.

APPROVAL OF MINUTES

Lynda Goodfellow moved to approve the minutes of the March 22, 2020 meeting of the AARC Board of Directors.

Sheri Tooley moved to amend the minutes to reflect that she was now President-Elect and Jakki Grimball is the VP of External Affairs

Motion carried

GENERAL ANNOUNCEMENT

President Schell made special announcement in order to recognize the AARC Executive office as well as some of the staff for some local recognition they received from the the Dallas Fort Worth Association Executives (DFWAE).

- **Distinguished Association of the Year** -- American Association of Respiratory Care
- **CAE of the Year** -- Asha Desai, CAE - American Association of Respiratory Care
- **Wayne James Award** -- Shawna Strickland, CAE - American Association of Respiratory Care
- **DFWAE President's Award** (2020 Association Day Committee) -- Amanda Feil, CAE - American Association of Respiratory Care

PRESENTATION:NBRC

Lori Tinkler, Executive Director and Kathy Fedor, President, gave an overview of their submitted report.

RATIFICATION OF E-VOTES

Lynda Goodfellow presented **E-vote 20-2-1.1** which was a final listing of the award nominees that the BOD will be putting forth for selection. Brain Walsh moved to ratify the E-Vote.

Final Award Nominees

Honorary Member

Anne Marie Hummel

Life Member

Jim Lanoha

Legends of Respiratory Care

Burt Bunnell

Neil MacIntyre

Alvin Barach

Robert Kacmarek

Forrest M. Bird Lifetime Scientific Achievement Award

Rob DiBlasi

Charles H. Hudson Award for Cardiopulmonary Public Health

Dr. Anthony Fauci

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

Julie Jackson

Mike West, MBA, RRT Patient Education

Mike Shoemaker

Motion Carried

Executive Committee

Lynda Goodfellow presented **E-Vote 20-2-11.1** “The AARC Executive Committee recommends that the AARC honor the service of fallen RT AARC members who have lost their lives while serving Covid-19 patients during the coronavirus pandemic. The RT Heroes' family can receive from the Disaster Relief Fund \$500 per family, up to a limit of \$20,000.00 from the fund.”

Brian Walsh moved to ratify the E-motion

Brian Walsh made a friendly amendment to remove “AARC members” and add “students” to the recommendation.

Motion Carried

PRESENTATION: CoARC

CoARC Representatives Pat Munzer and Tom Smalling presented the CoARC report and answered questions from the AARC Board of Directors.

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 wish to move any consent agenda items to the regular agenda for further discussion.

President Schell granted that the Neonatal-Pediatrics Section, BOMA, Ambulatory and Post-Acute Care, NAAHP, Elections Committee, Bylaws, and Vision Grant Committee reports would be removed from the Consent Agenda.

Sheri Tooley moved to accept the Consent Agenda as modified.

Motion carried

PULLED CONSENT AGENDA REPORTS

STANDING COMMITTEE REPORTS

Bylaws Committee:

Sheri Tooley moved to accept **Recommendation 20-2-9.1** “That the AARC Board of Directors find that the Wyoming Society for Respiratory Care Bylaws are not in conflict with the AARC Bylaws. (See attachment “Wyoming-AARC Chartered Affiliate Review 2.20.20” & Cover Letter)

Motion carried

Vision Grant Committee:

Georg Sergakis introduced **Recommendation 20-2-22.1** “The committee requests time for discussion at the BOD regarding the deadline and revision of the Vision Grant call for proposals to accommodate research related to recent COVID-19 pandemic.”

Recommendation withdrawn with a directive from President Schell that the committee determine a date

PRESENTATION: MERRILL LYNCH

Nancy Bello and John Barrett with Merrill Lynch gave an overview of the Investment Report and the current state of the market in these current upset conditions.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 10:20a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 10:30a.m. CST.

PRESENTATION: CRD ASSOCIATES

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

PULLED CONSENT AGENDA REPORTS

SPECIALTY SECTION

Neonatal Pediatrics:

Jakki Grimball introduced **Recommendation 20-2-56.1** “That the AARC consider adding a professional CV as part of the nomination submission process for Specialty Practitioner of the Year Award.”

Motion Withdrawn

Ambulatory and Post-Acute Care:

Jakki Grimball moved to accept **Recommendation 20-2-57.1** “Create an AARC podcast series that reviews and discusses the content included in section newsletters, this could be a review/discussion facilitated by the section chair and an AARC executive?”

Referred to the Executive Office

Motion Carried

ORGANIZATIONAL REPRESENTATIVES

NAAHP:

Jakki Grimball moved to accept **Recommendation 20-2-7.1** “It is my recommendation as the special representative to this organization is to let our membership expire and put our resources into recruitment elsewhere.”

Motion carried

GENERAL

BOMA:

Sheri Tooley moved to accept **Recommendation 20-2-7.1** “The Board of Medical Advisors recommends that the AARC’s Board of Directors replace the 2 physician representative spots for the National Association for Medical Directors of Respiratory Care (NAMDRRC) with one representative from the American College of Emergency Physicians (ACEP) and the American Association for Bronchology and Interventional Pulmonology (AABIP).”

Motion carried

Peter Papadacos gave a brief update on BOMA and their activities in the past few months.

Executive Committee:

Lynda Goodfellow moved to accept **Floor Motion 20-2-11.2** “The Executive Committee recommends that the AARC BOD approve \$50,000 for the collaborative of the AARC, COARC, and NBRC for the Public Relations campaign as presented by Carol Dobies to promote respiratory therapy. A business plan should be presented to the BOD no later than August 1, 2020.”

Motion tabled

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 11:45a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 1:00p.m. CST.

Executive Committee (Continued):

Further discussion was conducted regarding **Floor Motion 20-2-11.2**.

Chief Business officer, Tim Myers, made a point of order that this recommendation could not be brought forth until it was untabled and presented to the Finance Committee per policy for a recommendation due to it requesting a large unbudgeted amount of money.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 1:40p.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 1:50p.m. CST.

Executive Committee (Continued):

Sheri Tooley made a motion to take **Floor Motion 20-2-11.2** off the table.

Motion carried

Lynda Goodfellow made a motion to withdraw **Floor Motion 20-2-11.2**

Motion carried

GENERAL REPORTS CONTINUED

Executive Office

Tom Kallstrom and Tim Myers gave highlights of the written submitted report. Tom addressed several questions that were asked by meeting participants.

Break-Out Session Overview

President Schell and Brian Walsh gave a brief overview of the group activity that she had planned for the Board Members to participate in on the following day. It was mentioned that Strategic Planning Committee would be spearheading this activity.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 2:44p.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 2:59p.m. CST.

GENERAL REPORTS CONTINUED

Past President

Past President Brian Walsh had nothing to report.

Advocacy and Government Affairs

Anne Marie Hummel had nothing further to report.

House of Delegates

House of Delegates Chair, Teri Miller, expressed that she was extremely pleased with their virtual meeting and expressed her appreciation to everyone for their participation and support. She made mention that the HOD will be focusing on process improvement and metrics in the upcoming months.

President's Council

Dianne Lewis had nothing further to report.

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

Motion Carried

Lynda Goodfellow moved to accept the Special Committee Reports as presented.

Motion Carried

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

Motion Carried

Jakki Grimball moved to accept the Organization Representative's reports as presented.

Motion Carried

Sheri Tooley moved to accept the Other reports as presented.

Motion Carried

OPEN REFERRALS

Various individuals provided verbal updates on the open referrals.

GENERAL REPORTS

President

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

Brian Walsh moved to accept the General Reports as presented.

Motion Carried

HOD RESOLUTIONS

There were no HOD resolutions to present to the BOD at this time.

OLD BUSINESS

Various topics were highlighted and revisited from past meetings.

MOTION TO RECESS

Sheri Tooley made a motion to recess for the day at 3:53p.m. CST

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Board of Directors Meeting
Saturday, July 17, 2020

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, President-Elect
Jakki Grimball, MA, RRT, AE-C, FAARC, VP External Affairs
Cheryl Hoerr, MBA, RRT, CPFT, FAARC, VP Internal Affairs
Lynda Goodfellow, EdD, RRT, FAARC, Secretary/Treasurer
Kim Bennion, MsHs, RRT, CHC
Dana Evans, MHA, RRT-NPS, FAARC
Carl Hinkson, MS, RRT-NPS, FAARC
Georgianna Sergakis, PhD, RRT, RCP, FAARC
Raymond Pisani, BS, RRT-NPS, RRT-ACCS, FAARC
Aaron Light, DHSc, RRT-ACCS, FAARC
Bradley Kuch, MHA, RRT, RRT-NPS, FAARC
Kerry McNiven, MS, RRT, FAARC
John Lindsey, Jr., MEd, RRT-NPS, FAARC
Timothy Op't Holt, EdD, RRT, AE-C, FAARC
Lisa Trujillo, DHSc, RRT, FAARC
Kari Woodruff, BSRC, RRT-NPS, FAARC

Consultants

Ellen Becker, PhD, RRT-NPS, FAARC, Parliamentarian
Dianne Lewis, MS, RRT, FAARC, President's Council President

House of Delegates Officers

Teri Miller M.Ed., RRT, Speaker of the House
Joseph Goss, MSJ, RRT, RRT-NPS, AE-C, FAARC, Speaker-Elect
Keith Siegel, MBA, RRT, CPFT, FAARC, Past Speaker
Jodi Jaeger, BS, RRT, RRT-NPS, Secretary
Jennifer Anderson, RRT, RRT-NPS, FAARC, Treasurer

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

Absent

Peter J. Papadacos, MD, FCCM, FAARC

Guests

John Wilgis

CALL TO ORDER

President Karen Schell called the meeting of the AARC Board of Directors to order at 9:00 a.m. CST.

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

EXECUTIVE SESSION

President Schell called an Executive Session at 9:03a.m CST. All staff members from the Executive Office were asked to leave the meeting. The House of Delegates officers were asked to stay for the Executive Session.

Executive Session ended at 10:25a.m. CST.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 10:25a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 10:45a.m CST.

OUTCOMES BREAK-OUT SESSIONS

Pre-assigned groups were broken out to collaborate and brainstorm on objectives at 10:55a.m. CST.

The board reunited at 11:53a.m.

RECESS

President Schell called a recess of the AARC Board of Directors meeting at 11:56 a.m. CST.

RECONVENE

President Schell reconvened the meeting of the AARC Board of Directors at 1:00 p.m. CST.

OUTCOMES BREAK-OUT SESSIONS

Each group gave a brief summary of the key objectives they came up with during their group sessions. President Schell informed the board that the results would be posted on the AARC Connect website.

NEW BUSINESS

Kim Bennion gave a brief overview of an article draft she wanted to call attention to called “Value Propositions” that she would appreciate the board to review and provide feedback.

Cheryl Hoerr moved to recommend **FM 20-2-11.3** “That the AARC develop a repository of PTSD resources that can be accessed by interested respiratory therapists.”

Motion carried

Sheri Tooley made a motion to ratify a recommendation from the Executive Committee, that the 2020 Summer Forum be rebooked in 2024 in Snowbird, Utah.

Motion carried

Sheri Tooley made a motion to recommend **FM 20-2-15.2**, that the 2020 Winter Congress be rebooked in 2024 in Orlando, Florida.

Motion carried

Lynda Goodfellow moved to recommend **FM 20-2-11.4** “That a committee be formed that would review the AARC Policy and Procedures and ensure they are aligned with the Horizon Goals.”

Motion carried

Tim Op’t Holt made a motion to accept **FM 20-2-11.5** “The AARC partners with the NBRC and The CoARC to develop a marketing plan with Dobies Health Marketing, to promote the respiratory therapist profession and commit \$50,000 on July 23, 2020 pending an acceptable contract.”

Dana Evans made a friendly amendment to **FM 20-2-11.5** to add “as determined by the AARC legal counsel and the Board of Directors”

Motion defeated

Kari Woodruff made a friendly to **FM 20-2-11.5** to add “as determined by the legal counsel’ at the end of the motion.

Motion Carried

POLICY REVIEW

Sheri Tooley moved to accept the new policy, BOD.031-Relief for loss of life due to COVID, with the changes as presented.

Motion Carried

Treasurers Motion

Lynda Goodfellow moved “That expenses incurred by the Executive Committee at this meeting be reimbursed according to AARC policy.”

Motion Carried

REVIEW OF ACTION ITEMS

Lynda Goodfellow reviewed action items from the past 2 days.

MOTION TO ADJOURN

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

Motion Carried

ADJOURNMENT

President Schell adjourned the meeting of the AARC Board of Directors at 3:24p.m. CST

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

Lynda Goodfellow
AARC Secretary/Treasurer

Date

Attachments “A”

Attachment A- Policy BOD.031-Relief for loss of life due to COVID



Recommendations

Recommendations, Policies, E-Votes

AARC Board of Directors Meeting

E-vote

Executive Office

EVOTE 20-3-1.1 The AARC Executive Office recommends that the Board of Directors implement a \$7 dues increase to begin no later than April 1, 2021.

***Rationale:** The AARC executive office believes it is time to increase membership dues to meet the increasing cost of delivering service and benefits to the membership*

EVOTE Motion Passed

Recommendations

Recommendation 20-3-1.2 “The executive offices requests that the board of directors approve a \$6,000 performance bond to be given to the New York State DMV. The purpose of which would be for the sale of customized license plates that designate respiratory therapist. The New York Society of Respiratory Care and NYDART have agreed to each pay the AARC \$2,000 if 200 plates are not sold in a 24 month period of time as agreed upon with the DMV. If 200 plates are sold the money from the DMV will be returned to the AARC.”

***Rationale:** The RTs in NY took a huge hit during the COVID crisis. When NY members were surveyed by the NYSRC asked if there was interest in this they responded favorably. This will also allow for the AARC, NYSCRC, and NYDART to work together in a positive way.*

Bylaws Committee

Recommendation 20-3-9.1 That the AARC Board of Directors finds that the West Virginia Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment “Fall 2020 Bylaws Attachment”)

Recommendation 20-3-9.2 That the AARC Board of Directors finds that the Texas Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment “Fall 2020 Bylaws Attachment”)

Recommendation 20-3-9.3 That the AARC Board of Directors finds that the Oklahoma Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment “Fall 2020 Bylaws Attachment”)

Recommendation 20-3-9.4 The Bylaws Committee is requesting that the AARC Board of Directors review the suggested revision of AARC BOD Policy CA.001. (See attachment for our recommendations)

Justification: This is necessary to streamline and remove confusion in the affiliate bylaw review submission process and to remove conflicting information from the HOD affiliate handbook. The Bylaws committee is working with the HOD Chartered Affiliates Committee to revise it's wording based on a revised CA.001 should it be accepted.

Position Statement Committee

Recommendation 20-3-26.1 That the issue paper entitled "Advancement of the Profession Tripartite Statements of Support" be retired" (see attachment)

Recommendation 20-3-26.2 "That the position statement entitled "Interstate Transport License Exemption" with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved." (see attachment)

Recommendation 20-3-26.3 "That the position statement entitled "Pre-Hospital Ventilator Management Competency " with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved." (see attachment)

Recommendation 20-3-26.4 "That the issue paper entitled "RT Credential" with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved." (see attachment)

Recommendation 20-3-26.5 "That the new position statement entitled "Best Practices in Productivity and Staffing: Value-Efficiency " be approved." (see attachment)

Strategic Planning Committee

Floor Motion 20-3-16.1. The AARC Executive Office Provide a dashboard on the following Horizon Goals metrics to the Strategic Planning Committee quarterly and publish the finding in the BOD book for each meeting.

Fellowship Committee

Presidential Recommendation (not for board approval) for 2020 Committee

Structure: 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.

Strategic Planning Committee

Floor Motion 20-3-16.1. The AARC Executive Office Provide a dashboard on the following Horizon Goals metrics to the Strategic Planning Committee quarterly and publish the finding in the BOD book for each meeting.

Policy Review

Recommendation 20-3-33.1 BOD.005 Oversight of Executive Director
The committee recommends that the Board approve this policy as revised.

Recommendation 20-3-33.2 BOD.007 Fiduciary Responsibility

The committee recommends that the Board approve this policy as revised.

Recommendation 20-3-33.3 BOD.017 BOD Officer Position Description Profiles (Policies BOD.017, BOD.018, BOD.019, and BOD.020 combined under this policy number)

The committee recommends that the Board approve this policy as revised. (This is the former policy entitled “President Elect-President Position Description Profiles”)

Recommendation 20-3-33.4

BOD.018 Vice President/Internal Affairs

BOD.019 Vice President/External Affairs

BOD.020 Secretary Treasurer

The committee recommends that BOD.018, BOD.019 and BOD.020 be retired.

Recommendation 20-3-33.5 BOD.021 BOD Director Position Description Profiles (Policies BOD.021 and BOD.022 combined under this policy number)

The committee recommends that the Board approve this policy as revised.

Recommendation 20-3-33.6 BOD.022 Section Director

The committee recommends that BOD.022 be retired.

Leadership and Management Section

For Information Only:The Leadership/Management Section proposed a previous recommendation during the summer Board meeting:“The AARC Board of Directors to charge the Position Statement Committee to author a Position Statement and White Paper on ‘Defining Respiratory Care Value’ to be completed and submitted for approval by the Fall 2021 Board of Directors meeting AND that Rick Ford, Garry Kauffman and Rob Chatburn be added as expert, ad-hoc members of the committee exclusively to aid in the development of this Position Statement and White Paper only.”

It has been clarified and approved for a position statement and position paper be created regarding the value proposition. Work is underway at this time for creation.

ELSO

Recommendation 20-3-69.1 The AARC ELSO Liaison is a 3-year term that is up at the end of the calendar year. The appointment term limit is 2 terms. Recommendation is to appoint an ELSO liaison for the upcoming term.

General Reports

AARC President Report

Submitted by: Karen Schell, AARC President | 2020 November BOD Meeting

Recommendations: TBA

Report:

Wherever life plants you, bloom with grace.

What does it mean to embody grace. Whether we achieve it or in what form we embody really doesn't matter, grace doesn't demand perfection, it just demands mindfulness. The goal is to be aware of it, seek it, value it, embrace it, and avoid those who try to rob you of it. Thank you for your continued support over this difficult time, thank you for your grace over the last two years. Grace is important to me and is a gift that leads me to surround myself with more loving people. I am grateful for each of you, your talents, your commitment, your dedication to our patients and our profession. I am grateful for your love.

I would like to recognize and give a special thank you to Ellen for her tireless effort of keeping me on track and organized. She has been such a great friend during these last two years. I treasure her calmness, advice, and supporting me through my tenure. Additionally, thank you to the AARC office for continuing support.

Sheri Tooley and I have been working together closely over the last few months to improve operation, policies, and communication of both the board and the executive office.

We continue to meet regularly to lay the groundwork for the future of the organization and Sheri's presidency for next two years.

Thank you to Teri Miller and HOD for the collaborative efforts to improve communication and develop projects together that benefit members and improve relationships with BOD and AARC office.

By the time of this meeting, the evaluation of the AARC executive director will be completed with update to be presented at the meeting. We continue to work with our attorneys to review Daedalus's bylaws and our next step to be informed and clear on our responsibilities as shareholder.

Since our meeting in July, our work continues with the Horizon Goals to keep them moving forward. Highlights listed below.

- Advocacy:
 - Worked with Anne Marie Hummel to sign position statements, letters of support, and reach out to government agencies to assist with the pandemic, issues covering our patients and reimbursement.
 - Worked with Advocacy committee to develop opportunities to reach out to senators and representatives within their own districts during this political

atmosphere.

- AARC office has worked with developing relationships with physician groups and patient advocacy groups.
- AARC office has followed up with interviews and requests for information as requested about COVID 19 and our practice.
- Continue to develop COVID 19 resource page and grow information to assist RTs both members and nonmembers.
- Provide live zoom meetings with affiliates, departments, and schools to provide information advocating professional growth.
- Communications/marketing:
 - AARC continues to support members with continued information on COVID 19
 - Continued to offer opportunities to educate and support members
 - We worked with the attorneys per the board of director's direction to protect the AARC position as we pursue to collaborate with the NBRC and CoARC to promote the profession nationally.
 - Discuss methods to improve and develop better communication methods to our members to implement as we move forward
 - Reaching out to members through numerous zoom meetings with students, departments, and affiliates.
 - Presented to several graduating classes and current classes during the pandemic to support newly graduating students and current students.
 - Working on policies and processes to improve the function of the board and communication with the executive office in a timely and consistent manner.
 - Continue to follow up with families that have lost RTs.
- Education/professional development:
 - Lunch and learn continues monthly to assist with achieving BS entry by 2030
 - Multiple opportunities for CEUs have been offered through AARC, state societies
- Events/Meetings:
 - AARC Congress is going virtual, Annual business meeting, awards ceremony is in progress with hopes of good attendance
 - Planning for next year meetings will depend upon the pandemic. To date, we are planning BOD meeting to be live in March 2021.
- Membership:
 - Affiliates continue to be given increased affiliate shares while membership still stays level.
- Revenue and finance:
 - Revenue is projected to be decreased for the year due to our virtual meetings.
- Continue to follow up with families that have lost RTs/
- Received funds to support COVID 19 fund

I have been continuing to become more informed and educated on current practices and

processes within the board and executive office to develop and improve our understanding of operations. I will have more to report during our meeting.

This is our time, these are our moments, make the best of yourself by accepting the moment and “bloom with grace”. We did not ask for this time, but we can make the best of the circumstance with kindness, acceptance, and care “wherever we are planted”.

Thank you for the last two years as your president. This time with you has brought me a new appreciation to the individuals who live and work daily in this profession. Your passion, strength, genuine caring from the heart, and your grace will always be with me. I see a time ahead through these current circumstances when the world will see the profession as we all know it to be. May your “grace” guide you to be the best you can be wherever you are planted. All my love to you who have chosen to rise to your potential and to the potential of the profession.

Thank you again for your support.

Attachments: none



AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING

Committee Section: Past President

Report Submitted by: Brian K. Walsh

Recommendations

No report

Executive Office

Submitted by: Tom Kallstrom, Executive Director | 2020 November BOD Meeting

The following recommendation has been approved to bring to an evote and seconded. The recommendation is now open for discussion until Friday, October 30th at 5 PM Eastern.

Recommendation:

The AARC Executive Office recommends that the Board of Directors implement a \$7 dues increase to begin no later than April 1, ~~2020~~.

Rationale: The AARC executive office believes it is time to increase membership dues to meet the increasing ~~cause~~ of delivering service and benefits to the membership.

- This 7.8% increase potentially raises approximately \$275,000 over the course of a year but maintains dues less than triple figures (\$100) at a base rate of \$96
- AARC still has one of the lowest dues rates of a medical profession
- The last dues increase at AARC was in 2014
- Although there have been significant changes since 2002 with the type and delivery of benefits, the actual cost of membership was more in 2002 (\$90).

See attached slide for visual depiction of member dues history.



Executive Office

Submitted by: Tom Kallstrom, Executive Director | 2020 November BOD Meeting

MEMBERSHIP

Membership numbers for the 3rd quarter were predominantly flat with September ending with a small decrease to Active numbers. While we saw a decrease, September 2020 Active numbers are 2.3% higher than September 2019 Active numbers. As programs and students find their footing, we expect to see a small growth in Early Professional numbers.

Membership Analysis 9/30/2020 (6:30 pm CST)

Membership by Bylaws Classification:

Bylaws Classification	Quantity
Active*	41,772
Associate^	3,222
Special+	297
Total	45,285

Membership by Renewal Billing:

Member type	Quantity
Active*	38,082
Foreign^	335
Honorary+	32
Industrial^	125
Life*	72
Physician^	95
Senior*	604
Early Professional	5,678
Graduates*	3,011
Non-graduates^	2,667
Special+	262
Total	45,285

Section	Active Quantity	Total Quantity
Adult Acute Care	2,016	2,117
Ambulatory & Post-Acute Care	570	615
Diagnostics	938	976
Education	1,309	1,372
Leadership & Management	1,548	1,599
Neonatal/Pediatric	1,954	2,061
Sleep	678	719
Transport	382	405

SPECIAL PROJECTS

Public Relations & Recruitment

The AARC is currently using the services of 5W a PR firm in NYC. The messages over the summer and fall has focused on the significant role of the RT during the pandemic, promotion of the profession, attention drawn to those who might have an interest in becoming an RT. Some of the stories that came out since the July meeting include:

- <https://www.aarc.org/nn20-veteran-rt-shares-her-battle-with-covid-19/>
- <https://www.aarc.org/nn20-this-is-what-its-like-to-work-as-a-travel-rt-during-a-pandemic/>
- https://spectrumlocalnews.com/nc/triangle-sandhills/news/2020/09/21/respiratory-therapy?fbclid=IwAR3sAvM-s_xT_AXIlzblKcEIZ_uVL5FYncKyVbXSfulXdNg9kGxaxfMm7oM

COVID-19

Since the Board of Directors approved \$20,000 to be redirected to the RT COVID fund, we have been working with our industry partners. To date we have received \$45,000 in pledges from three companies. We also have signed an agreement with Vapotherm who will share e third of profits of their scavenging system called the *Felix 1*. Also, of note is that the companies have all agreed that once COVID is over and a full year has passed that can transfer the remaining monies to the Disaster Relief Fund.

As of the end of September there have been twenty-one deceased Respiratory Therapists whose families each received \$500 and an invitation to post a free block in the Virtual Museum where a photo and a spot is available for them to say something about their loved one.

We have also built a room in the Virtual Museum that will be dedicated to COVID-19. It is here where we can expand on the pandemic and the role of the RT during it. <https://museum.aarc.org/covid-19-and-the-respiratory-therapist/>

Disaster Relief Fund

As of the end of September we have given out \$2,000 YTD in relief to members in need. These have been primarily in California, Louisiana, and Iowa.

Education Horizon Goals Update

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

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

Tactic 3.1.1: The AARC will conduct an educational/professional needs assessment and implement an action plan to accomplish the needs of its members. [completed and reported in March 2020]

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

The AARC has partnered with the CDC *Tips from Former Smokers* Campaign and the Smoking Cessation Leadership Center to deliver content relevant to respiratory therapists. In 2020, a free-for-members course focused on vaping was made available. However, on the survey conducted in the fall of 2019, zero respondents indicated they were interested in pursuing the CTTS credential. The AARC has also submitted a subcontract grant with the Smoking Cessation Leadership Center and the Substance Abuse and Mental Health Services Administration for a follow-up project focused on quit attempts during stressful times and how mental health can impact the success of a quit attempt. The status of that subcontract is pending.

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

10 of the scheduled webcasts each year are focused on the RESPIRATORY CARE editor's choice and provide attendees with an analysis of the evidence and clinical application. The 6 Clinical Practice Guidelines started in late 2017 are expected to be completed and published in 2020. The six projects are: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The adult tracheostomy CPG was submitted for review in early June 2020.

The AARC Education Section continues to publish the *Respiratory Care Education Annual*. Volume 28 was published in September 2019. The *Respiratory Care Education Annual* is indexed in CINAHL and Ulrich's (ISSN 2372-0735). The current issue is under development. Dr. Dennis Wissing is the 2020 Editor and Dr. Georgianna Sergakis is the 2020 Associate Editor.

Strategy 3.2: Increase the educational levels of the profession.

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

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

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

The AARC promotes the baccalaureate degree through programs such as the APEX award and the Preceptor Recognition program. The Apex program standards were renewed for the 2020 application cycle and will be available in mid-June. Applications open in September. The Preceptor Recognitions program applications are open through July 31. The Career Pathways committee has developed artifacts that will be used in marketing campaigns (AARC website and social media) to promote earning a BS degree.

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

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

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

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

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

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

In 2020, the AARC released the Be an RT promotional website. The AARC is working on developing new artifacts to add to the website, which will feature adult critical care and testimonials from patients. In addition, the AARC continues to explore different ways to engage and partner with HOSA. The AARC's ad in the 2019-2020 HOSA Affiliation packet was distributed to the 5,000 schools that participate in HOSA. Studio recordings have been delayed due to COVID-19.

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

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

Due to the cancellation of spring conferences, AARC educational offerings have been in high demand. Bundles providing CRCE that addresses specialty credentials were released in 2020. Planned for 2020 development is the Advanced Leadership Institute (delayed due to COVID-19) and an update of the 2014 Clinician's Guide to Treating Tobacco Dependence and the 2013 Guide to the Nutritional Assessment and Treatment of the Critically Ill Patient. See table below for progress on major education products. The AARC Board of Directors requested that the NBRC create an interdisciplinary Pulmonary Disease Educator credential. The first phase of that project is complete.

2020 Educational Product Sales/Attendance Trends at a glance (as of 5/31/2020)

	2019 YTD	2019	2018	2017	2016	2015	2014	Comments for 2020
Live webcasts & JournalCasts	5,656 (628)	11,335 (472)	11,039 (480)	8,998 (391)	8,140 (339)	9,730 (423)	8,802 (382)	
Asthma Educator Prep Course	102	273	223	241	246	183	268	Above budget
Ethics	2,566	4,392	4,498	4,299	4,242	1,928	1,757	Above budget
Exam Prep (F&P grants in 15, 16, & 18)	30	57	131 Grant (90) + 41	20	189 Grant (150) + 39	180 Grant (150) + 30	39	Above budget
Leadership Institute	46	83	52	60	99	68	89	Above budget

Asthma & the RT	329	575	547	512	604	446	172	Above budget
ACCS	104	169	192	140	164	121		Above budget
PFT: Spirometry	319	544	659	575	422	228		Above budget
PFT: Pediatrics	81	162	195	132	117	43		Above budget
PFT: Advanced Concepts	117	289	358	280	264	79		Above budget
Tobacco Training	76	233	227	188	259	85		Under budget
Congenital Heart Defects	68	104	77	72	122			Above budget
Pulmonary Disease Educator	206	633	413	319	32			Above budget
NPS	50	155	143	124				Under budget
Pulmonary Rehabilitation	270	353	354					Above budget

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

The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 3,592 records for the Clinical PEP program as of 12/31/19. In 2019, 168 subscriptions to the product were purchased. The team has upgraded a few features of the program, including the ability of the participant to track their own progress through the course. New content and a refreshed website will be added in 2020.

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

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

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

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

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

In 2020, the AARC has partnered with the Society for Critical Care Medicine and Harvard to develop relevant content geared toward the COVID-19 response. The AARC has also partnered with ASPR for dissemination of training materials related to the SNS ventilators. As the federal government added 15 new models to the stockpile, training will be a complex process of on-demand and live programming through May 2021. The AARC is contracted with ASPR to deliver this training. Details to be developed as the ventilators become available for training.

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

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

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

The AARC is in the process of developing an outreach program. A focus group of multiple stakeholders is scheduled for March 2021. This progress has been delayed from the original March 2020 date due to COVID-19.

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

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

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

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

The AARC began progress on the 2020 Human Resources Survey in the late Winter of 2020. The survey was expected to be sent to respiratory therapists, educators, and managers for input in April 2020. However, the survey deployment was delayed due to the COVID-19 pandemic. The AARC is evaluating an appropriate date for deployment.

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

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

At the end of May 2020, our total membership numbers were 42,050. We will have more current figures to report at the board meeting in July.

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

The 2020 Leadership Boot Camp was cancelled due to COVID-19. We will resume this activity in 2021 barring any major barriers.

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

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

This activity has been put on hold due to COVID-19 response and will be explored in more detail during the 2021 AARC Leadership Boot Camp in March.

Advertising and Marketing

Advertising

Respiratory Care print advertising is well ahead of budget as many companies still prefer print advertising and RCJ is our only option. AARCTimes will official retirement at the end of 2020 and morph into a multi-media web-based platform, AARC Newsroom. The newsroom will come with a refreshed newsletter and real-time website offering clinical and professional articles and advertising opportunities. The Newsroom will also offer new podcast and video platforms which reach a younger and new audience for AARC.

We will sever our ties with Multiview on August 1, 2021 and takeover all digital advertising at that time. This will change on revenue model from a royalty-based (\$0.30 on the dollar) to an advertising sales model. With this conversion, all advertising will be sold internal with no commissions, and we will hire an additional FTE in June to accommodate this increase workload.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment and digital ads are picking back up after a critical lag during COVID-19 from April through August.

Products

We will finally launch an update to the URM product in 2020 and numerous COVID-related delays, it has been several years since it has been updated. There will be several new appendices introduced in the 2020 URM to enhance the changing times of respiratory care department management, productivity and efficiency measurements. New editions always generate strong interest and sales that we expect to carry over into 2021.

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. 2020 is our eight-year outsourcing RC Week products to Coleman. We launched early in 2020 and sales are ahead of our previous years heading into October. A late addition of a time-relevant facemask has held to boost sales. We are also exploring the possibility of Coleman offering an AARC-product based store outside of respiratory care week in 2021.

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

This is year 5 of Current Topics educational programs. This 8-set educational DVD series remains popular with our membership as a mechanism to educate their staff cost-effectively. In changing with the times, we are looking at moving away from DVDs in 2021 to a media that hospitals can load onto their own LMS or internal department websites for easier access (this will also reduce our expenses of DVD copies, shipping and supplies).

Sponsorships and Grants

We continue to work to acquire sponsorships and grants for our various educational products and other projects (Non-AARC Congress related) in 2020. I expect that 2020 will be a good year in both of these areas that meet and exceed 2020 budget

projections and prior years for new projects not carried over. We are looking at finding a large grant to revise and relaunch YourLungHealth in 2021

Corporate Partners

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

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

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

2020 Silver Partners: Sunovion Pharmaceuticals

Non-binding commitments are being solicited during the fall with LOAs to be signed in December. At this time AARC has non-binding commitments from 4 of the 12 2020 Partners and 3 new 2021 commitments pending.

New 2021 Programs/Projects

AARC will be looking to enhance revenues in 2021 with many new programs/projects slated to be initiated or expanded in 2021.

- *Website Advertising:* with the purchase of software and hiring of talent with the necessary skillset; we will be ending our 7-year relationship with Multiview and bring advertising for AARC, RESPIRATORY CARE and AARConnect internal on August 1st.
- *AARC Newsroom:* Will be replacing AARCTimes and offer new opportunities for advertising and media outreach
- *Podcasts:* AARC launched Podcast in the Fall of 2020 for Corporate Partners and will add Industry Insights and Clinical Perspectives (bi-monthly) in 202
- *Marketing Partnerships:* AARC is investigating new partnerships to earned revenues through co-marketing agreements.

MarCom

We continue to look at new vehicles through social media sites (test run with Instagram), revamping of newsletters and introduction of podcasts and videos to better market the AARC to multi-generations, as well as, its educational and professional products. In 2020, we budgeted for new software tools that integrated our HigherLogic platform and created 3 “*personas*” (adult critical care, management and students). This artificial intelligence software is allowing us to develop segmental marketing analytics to provide direct marketing campaigns for various AARC activities in the future.

We will be blending our IT and marketing analytics departments together to develop and implement monitoring dashboards to measure various marketing campaigns in digital marketing and our website traffic to provide us with enhanced ability to track and monitor critical feedback on the optimal methods of our marketing endeavors.

Accounting

We are looking to finalize the 2021 budget to present to the AARC Board of Directors and the House of Delegates. In these uncertain pandemic times, AARC was hesitant to

budget live meetings as we typically would in previous years. Live meetings come at a decent expense (some of it which is fixed regardless of attendance) but have also typically provide about 1/3 of AARC's annual revenue. When these revenue projections are decrease due to uncertainty, additional revenues and opportunities must be delivered to provide a zero-based budget for 2021.

The AARC Executive office and accounting department worked diligently in August and October to develop a realistic budget that required across the Board cuts and consolidations to adjust for a slightly lower than normal revenue projections.

IT Services

It has also been another year of major transitions for the AARC IT department. As you are aware, Protech CRM launched at the end of September 2018. We have worked through all the major software implementations and an upgrade of the platform in August.

At the time of this report, AARC has entered into an agreement with Protech for implementation of the last platform upgrade for the Microsoft platform with funds that the AARC Board has approved. Since this is a major platform upgrade that will take 6 months to implement, we have slated it to start in December of 2021 and to be finalized by June of 2022 before Summer Forum and AARC Congress activities take place.

AARC IT Department will be optimizing our database platform reports to create internal and external dashboards on the organization's performance and Horizon Goals in 2021. We expect to have some of these dashboards available for your review at the Spring Board meeting if not sooner.

Plans for 2020

Board Related

- We have installed software upgrades to allow us to implement credit card auto-renewal for AARC memberships. **Done**
- We are currently investigating and implementing a new, more efficient Reporting System and Executive Office management solution for the Board and BOMA using our Sharepoint software. **In progress**

Executive Office

- We will look to fully integrate the Intacct accounting software into the Protech database as ALL financials are now being run through Protech for AARC. **Delayed as it is now part of the next UX upgrade in 2021-22.**
- We have implemented an office intranet by department to allowed better project requests, communications and overall efficiencies using Microsoft's Sharepoint software which we already owned **Done**
- We will begin a Protech database cleanup of duplicate members and companies. This is a manual process to merge these records once identified, so that all historical interactions are maintained. We will be hiring temps to complete this work. **In progress, delayed when we were forced out of the office due to COVID**
- We have recently completed a complete Inventory of all AARC computer hardware. This will allow us to develop a strategic plan on upgrades and replacements in a more timely and efficient manner. **Done**

- We recently renegotiated our AT&T Phone and Intranet contract. We were able to increase our internet bandwidth 2.5 times above where we are currently at and at a rate that was \$300/month cheaper (\$3,600 year savings). **Done**
- We are currently elevating all purchased software subscriptions used by AARC staff to determine if there are potential cost savings through group subscriptions **Done**
- We are looked at Audio-Visual Conferencing (web-based and phone) through Microsoft's Teams software we currently own. We have been able to cancel paid subscriptions. **Done**
- AARC was housing its IT servers offsite to avoid downtime and improve speed with IMIS and other websites and databases. With complete conversion to Protech, we have moved these servers back to AARC. **Done**

MEETINGS & CONVENTIONS

SUMMER FORUM

In lieu of the pandemic, the live meeting for AARC Summer Forum 2020 was forced to cancel. As a result, a virtual offering titled AARC LIVE! was scheduled in its place. This was a Herculean effort for all involved. In a matter of 2 weeks, the Program Committee pulled together a world-class offering of speakers in which content was dominated by COVID-19, but specific in nature to Educators, Managers & Adult Acute Care practitioners. A BONUS track titled "Leading Perspectives" (LP) was offered exclusively for those members who registered for the entire, 4- day event. LP was the Congress equivalent of our daily keynote/plenary session topics.

Special thanks go out to the AARC MarComm team for pivoting on a dime in flawlessly executing an advertising, marketing and branding strategy. The Meetings & Conventions team led a stellar effort in collaborating with all event stakeholders to actualize our first ever virtual event which was attended by **574** people, with 555 claiming credit! While it's not comparing apples to apples, this exceeds the previous attendance for Summer Forum by nearly 75 attendees!

Below is a breakdown of registrants and their claiming of CRCE:

- **555** unique individuals claimed credit for 1 or more courses
- July 7 Education track - 374 individuals claimed credit
- July 9 Leading perspectives track (only available in bundle purchase) - 336 individuals claimed credit
- July 21 Adult acute care track - 422 individuals claimed credit
- July 23 Leadership & management track - 356 individuals claimed credit
- **4,044.64 CRCE awarded to 555 unique individuals (avg CRCE earned 7.29 per attendee)**
- People claiming credit for 1 track: 185
- People claiming credit for 2 tracks: 50
- People claiming credit for 3 tracks: 62
- People claiming credit for 4 tracks: 258

Attendee feedback was exceptional with a breakdown of the data available upon request. Here are some quotes provided by attendees which was reflective of overall feedback.

- *"Great format. Applicable topics to programs at any level. Thank you for the work you did to create this opportunity."*

- *“This was a lot better than I expected. The sessions were so good, and I learned some things about COVID that I didn’t know. Every speaker was awesome! Thank you so much for this web learning opportunity!”*
- *“I am impressed with the quality of the materials and the slides presented in a virtual format.”*
- *“I enjoyed the virtual conference. The material was presented well and enforced the precautions we are taking in the hospitals.”*

FUTURE SUMMER FORUM DESTINATIONS

- **2021:** Bonita Springs, FL
- 2022: Palm Desert, CA
- 2023: Ft. Lauderdale, FL
- 2024: Snowbird, UT
- 2025: Ft. Lauderdale, FL

AARC CONGRESS 2020 LIVE!

The AARC Congress 2020 live meeting was also cancelled due to the pandemic. In its place is the first of its kind virtual convention and exhibition. The AARC has partnered with the vConference virtual platform of which will be able to offer attendees a near live event held in a virtual environment. Attendees will experience a virtual lobby and Help Desk, virtual session rooms (categorized by content), a virtual exhibit hall and chat room for networking.

AARC members were surveyed and the Executive Office employed data-driven decision-making to best meet the needs and wants of its membership as to the days and times the virtual event will be held. Survey results were suggestive that member preferences and attendance spans would not support 4 straight days of 8-hour programming. As result, programming was scheduled in smaller bursts (4-6 hours of programming) on days spread out over 2 weeks. AARC Congress 2020 LIVE! will be held on the following dates: Nov. 18, Nov. 20, Dec. 3 and Dec. 5.

There will be 5 concurrent breakout rooms running simultaneously, in addition to 8 Open Forum sessions which will be held via Zoom. In the end, the amount of total programming will be roughly 1/2 of what is traditionally held in a typical live event.

Meeting Demographics

- 3.5 hours of unopposed breaks by which attendees can visit the exhibit hall
- 105 individual lectures (minus keynote/closer) and 93 speakers
- 16 first-time speakers = 17% of all faculty
- The AARC Speaker Academy will not be held in 2020
- Keynote Address: To be Determined
- Closing Keynote: To be Determined
- Plenary Sessions:
 - Petty Lecture: “Patient Satisfaction with Home Oxygen” (Robert Owens MD)
 - Egan Lecture: “Evidence-based Respiratory Care” (Dean Hess)
 - Kittredge Lecture: “Non-Invasive Respiratory Support” (Tom Piraino)
 -

CRCE BY CONTENT CATEGORY

- Adult Acute Care: **18.1 hrs.**
- Neonatal/Pediatrics: **9.9 hrs.**
- Diagnostics: **3.5 hrs.**

- Ethics: **2.3 hrs.**
- Education: **5.8 hrs.**
- Management: **6.4 hrs.**
- Sleep: **2.3 hrs.**
- Clinical Practice: **7.6 hrs.**
- Patient Safety: **1.8 hrs.**
- **MAXIMUM ALLOWED CRCE EARNED/PERSON: 18.55 hrs.**

ATTENDANCE

Pre-registered attendance at the time of this writing is ~ 30% of forecasted attendance. Preliminary feedback from our registration provider; Convention Data Services suggests that data from other virtual events they're managing indicate that ~70% of event registrations (in a virtual environment) are occurring 2-3 weeks prior to the event. If those forecasts are correct, we should meet or exceed our forecasted attendance.

EXHIBITORS

At the time of this writing, we've reached ~ 40% of our forecasted exhibitors with nearly 6 weeks yet to go to the event. We believe we will come in at or close to our forecasted number of exhibitors. We're finding that several exhibitors who normally attend the live event have not expressed interest in participating in a virtual event; primarily for two reasons: 1) they've participated in other virtual event of which failed to meet their ROI; and 2) financial concerns.

SPUTUM BOWL

There will be no Sputum Bowl held in 2020

AARC SPEAKER ACADEMY

There will be no Speaker Academy in 2020

PATIENT ADVOCACY SUMMIT

There will be no Patient Advocacy Summit in 2020

FUTURE AARC CONGRESS DESTINATIONS

- 2021: Phoenix
- 2022: New Orleans
- 2023: Nashville
- 2024: Orlando
- 2025: **OPEN**
- 2026: New Orleans

BUILDING & FACILITIES

The two new HVAC units scheduled for installation in 2020 were tabled due to the forecasted financial shortfall as a result of the pandemic. Fortunately, as the executive office was closed for nearly 6 months, normal wear/tear on the existing HVAC units were lessened because office temperatures were kept higher than normal during the summer months while the building was vacant. In turn the HVAC units slated for replacement continue to run without issue.

These replacements are/were part of a 10-year plan to replace all HVAC units owned by the association. We're hopeful this will decrease maintenance expenses over the long-term and make for an improved and less dramatic capital improvement schedule/budget each year. In addition, the AARC is purchasing 19 app/web-based "smart" thermostats to run each HVAC unit in the building. This will assist with energy consumption and will

save the Association money in the long run. We currently need to add additional internet switches by which these thermostats would “connect” to. Our IT dept. is working on this with a tentative installation in later Q4. No other building “maintenance” is pre-scheduled for 2020.

The Board of Directors AND Finance Committee approved capital improvements and renovations to the Executive Office in 2019. While the planning and most costs for this project were initiated in 2019, the vast majority of these expenses rolled over in 2020. At the time of this writing, the Executive Office Board Room and Administrative Suite renovation are complete. The Executive Boardroom/Administrative Suite project came in near, but under budget.

The capital improvement project approved by the AARC Board of Directors to make renovations to the staff kitchen/break room were postponed due to the forecasted shortfall caused by the pandemic. This will be re-evaluated for 2021.

RETURN TO THE OFFICE

After careful consideration of local COVID-19 data which had shown a flattening of the curve (and in many locales a reduction of newly diagnosed cases, hospitalizations and deaths) AND in accordance with Dallas County and the State of Texas, the AARC re-opened the executive office to our staff starting Sept. 14. Upon implementation of a thorough protocol to keep staff safe via social distancing guidelines, disinfection procedures, hand hygiene etc. we brought staff back to the office in 2 waves. Wave 1 (~50% of the staff) included volunteers who were eager and willing to return to the office. Wave 1 was brought back for 2 weeks after which we re-evaluated its effectiveness, compliance with protocols and staff feedback. It was determined at that time that we would bring back the remainder of the staff on Sept. 28. High-risk employees, those living with high-risk family members and employees with extenuating circumstances are temporarily permitted to continue working from home. The situations of these employees will periodically be reviewed on a case-by-case basis. We're proud of the efforts of AARC staff to keep themselves and each other safe upon their return to work. We will keep the BOD abreast of continued developments as we strive to establish a “new normal” here at the AARC.

October 26, 2020-The situation in Dallas County over the past few weeks has shown an over 11% increase in patients diagnosed with COVID. The county has declared a code red, the highest it can go. A release last week quoted Judge Jenkins with “With a new and quickly escalating wave of COVID-19 cases hitting North Texas, it is more important than ever that we make good decisions,” Jenkins said. Red, the most severe level, means people should consider limiting travel and activities only to essential matters.

Three staff have been diagnosed. Two have recovered and one is still recovering. While we have taken steps to assure that the executive office staff follows strict preventative measures it was decided that we work remotely from October 26, 2020 and plan for a return on December 1, 2020 if the COVID numbers drop and if the county dictates that it is safe to return.

AARC TIMES

The new, all-digital version of the magazine is flowing smoothly without disruption to the production schedule or day-to-day operations.

The editorial calendar for the remainder of 2020 is complete. At the time of this writing, the Oct. 2020 edition had just been completed. By the time of the BOD mtg., the Nov.

issue will be released as well. We are currently securing articles for the Dec. edition after which they will go through the peer-review process.

The magazine production, content and layout teams continue to meet monthly as we plan to migrate the publication from a digital magazine to the newly rebranded "NewsRoom". Very little (if any) will change with the world-class content published in the magazine, however we will move to a web-based product in which all-things AARC; including Industry News, Professional News, web stories, Sections Bulletins/newsletters and other multi-media will be published. This will allow us the ability to be more nimble and more flexible in adding content vs. our traditional method which requires a 2-3-month lead time. The beauty of the "NewsRoom" is that it allows us to add content daily and will use keyword algorithms to recommend similar articles to the reader, allow for additional articles to be searched by keyword or category, and (in theory) keep readers engaged for longer periods of time. For these reasons, and with the hope that the "Newsroom" becomes the "Home Page" on members' web browsers, that we'll see an improvement to our SEO with Google.

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Fall/Winter 2020

CONGRESSIONAL UPDATE

Update on Fourth COVID-19 Legislative Package

Congress has passed four comprehensive bills since March to address the economic impact of COVID-19, as well as to assist providers and to improve patient access to testing and treatment. Since then, the House, Senate, and the White House have been unable to agree on an additional relief package despite agreeing additional relief is needed. The Senate has not moved on further legislation since the House passed the \$3 trillion plus HEROES Act in May. On July 27, Senate Republicans introduced several pieces of legislation that comprise the Health, Economic Assistance, Liability Protection, and Schools (HEALS) Act.

The HEALS Act legislative proposal from the Senate Finance Committee included provisions to ensure that Medicare telehealth options do not expire before Congress can determine what provisions should be made permanent. It extended the telehealth waivers through the end of the public health emergency (PHE) or December 31, 2021, whichever is later. The bill directs MedPAC to provide a report evaluating the telehealth expansions related to the PHE and addressing which flexibilities should be continued post-PHE. The bill also requires the Department of Health and Human Services (HHS) to provide data on the use of telehealth in Medicare Parts A, B, and C and to study the impact of telehealth on access to care during the PHE. Although the Senate failed to pass the HEALS Act, we believe whatever legislative package moving forward that addresses telehealth policy will take an approach similar to what was included in the legislation.

Negotiations continue to occur in fits and starts between Speaker Nancy Pelosi (D-CA), Majority Leader Mitch McConnell (R-KY), and the White House, with unresolved issues on how to address unemployment insurance, eviction moratoriums, state and local aid, school reopening, and other issues. The House passed a scaled-down, \$2.2 trillion version of the HEROES Act on October 2, which was supposed to help jumpstart negotiations with Senate Republicans and the White House. The Senate is planning to vote the week of October 19 on another targeted relief bill focused on the Paycheck Protection Program (PPP). At the time of this report, it is unlikely that we will see a comprehensive stimulus bill before the November 3 election, despite what appears to be a renewed interest by all parties to reach an agreement.

Update on FY21 Appropriations

Congress passed a short-term continuing resolution (CR) on September 30 to keep the government open until December 11. The House has passed 10 of its 12 appropriations bills, but the Senate has not introduced a single bill, necessitating the passage of a CR to fund government agencies at the FY 2020 level. Before the December 11 deadline, Congress will either need to finalize its FY 2021 funding bills or pass another CR. Whichever option they pursue, this package will be the last opportunity for this Congress to address other legislative priorities and we anticipate that other health care priorities, potentially even some telehealth provisions could be included.

Implications of Supreme Court Vacancy on the Affordable Care Act

Supreme Court Justice Ruth Bader Ginsburg's death on September 19 has injected new uncertainty into the fate of the Affordable Care Act (ACA). The administration and several states are arguing that the entire law is unconstitutional, with arguments scheduled to begin on November 10. A decision on the case is expected in the first half of 2021.

Justice Ginsburg was a deciding vote when the court considered the ACA in 2012 and was one of five justices, including Chief Justice John Roberts, who has remained on the court since then. Without her, it may be difficult for supporters of the law to pick up a fifth vote from one of the other Republican-appointed justices. Past votes and opinions would suggest that Justices Brett Kavanaugh and Samuel Alito would be unlikely to throw out the entire ACA, although Justice Alito voted to invalidate the law in 2012. If the court chooses to accept the Trump Administration's argument and declare the law unconstitutional, nearly 20 million Americans could immediately lose health coverage and millions more would lose protections for preexisting health conditions. AARC will be monitoring this case and will provide updates to members on the judicial proceedings as well as any legislative efforts that may result from this case.

AARC Supports Legislation on Telehealth Flexibilities

AARC joined with over 60 organizations to support H.R. 7663, Protecting Access to Post COVID-19 Telehealth Act of 2020, which was introduced on July 16 by Reps. Mike Thompson (D-CA), Peter Welch (D-VT), Bill Johnson (R-OH), Dave Schweikert (R-AZ), and Doris Matsui (D-CA). Specifically, the bill authorizes the Centers for Medicare & Medicaid Services (CMS) to generally waive coverage restrictions during national emergencies, allows rural health clinics and federally qualified health centers to serve as the location of the health care practitioner, removes restrictions that require the originating site (i.e., the location of the beneficiary) to be in a rural area, and allows the home of a beneficiary to serve as the originating site for all services. Additionally, the bill requires CMS to report on the utilization of telehealth services specifically during the COVID-19 public health emergency. While this bill does not directly address the ability of respiratory therapists to deliver telehealth services, AARC continues to be supportive of efforts to expand telehealth services more broadly.

AARC Supports Legislation on Oxygen Budget Neutrality

H.R. 8158, introduced by Reps. Cathy McMorris Rodgers (R-WA) and Dave Loebsack (D-IA) aims to increase reimbursement for stationary oxygen equipment in rural areas by eliminating the current budget neutrality offset. This was an issue we supported when AARC was lobbying for increased payments for liquid oxygen because it essentially comes down to "robbing Peter to pay Paul." The bill has passed the Energy and Commerce Committee and is supported by the House Ways and Means Committee. AARC, working with our partners at the American Lung Association and the American Thoracic Society have a call with key staff in Senate Finance the week of October 19 to gain support for the bill from that committee. It is hopeful that the bill will be included in any "must pass" legislation before the end of the year. AARC will continue to provide updates as appropriate.

AARC ADVOCACY INITIATIVES

As the end of the year approaches, AARC will concentrate on effective ways to approach our advocacy in 2021 given the unknowns about COVID-19 as we move into the winter months and

the impact on Congressional activities post-election. As noted in the last Board report, we have currently postponed email campaigns to the Hill to allow our respiratory therapists to devote their time to patient care and saving lives of those infected with the coronavirus.

Virtual PACT Meeting and Hill Day Planned for 2021

After much debate and discussion around the unknowns associated with COVID-19 and the possible continuation of the public health emergency into next year, AARC determined it was in the best interest and safety of our PACT representatives and others to cancel our in-person PACT meeting and Hill day for 2021 and hold the event virtually. We have just learned from our lobbyists that in-person meetings are not expected to be resumed on the Hill until June at the earliest, so it is good to get confirmation that we made the right decision.

SAVE THE DATE: The tentative dates for the meeting and Hill day activities will be April 26 through April 29, 2021. Because we are not wed to a two-day event, having a virtual campaign will allow additional time for our PACT representatives to schedule calls to the Hill over a 3-day period. As we have done in the past, we would plan the week before the meetings to have an email campaign in which we use our Phone2Action platform to send messages to the Hill. The tentative plan is to have the PACT briefing to be held via ZOOM in the mid-afternoon on Monday, April 26 as we would have done if the meeting were in person. The current thinking is to have PACT reps schedule phone calls with their representatives Tuesday through Thursday in lieu of what would have been a face-to-face meeting to ensure availability of Congressional staff at a prearranged time. Background materials would be available to send Congressional staff prior to the scheduled call so staff have time to familiarize themselves with the issues and our “ASK.” We would hold a “dinner” ZOOM meeting on Thursday evening, April 29, in which we will encourage everyone to have food and a drink to celebrate our campaign and to allow PACT reps to debrief everyone on their “meetings”. Additional details will be provided as they become available.

AARC Works with Other Organizations

In recent years, and especially during the public health emergency, AARC has become a partner with pulmonary organizations and other like-minded stakeholders in a variety of issues that impact public health initiatives, respiratory care, and other COVID-19 related matters. Since the last board report, AARC has joined others in the initiatives identified below. All letters are in the BOD Library on CONNECT:

- *Multi-stakeholder Telehealth Coalition:* Comments to CMS on the CY 2021 update to the physician fee schedule regarding support for certain telehealth proposals, including new remote patient monitoring polices that include auxiliary staff, such as RTs.
- *American Lung Association:* Joint Comments to Rep. Cathy McMorris Rodgers in support of her bill, H.R. 8158, that would suspend the budget neutrality requirement for supplemental oxygen payments under the Medicare program. This was an issue we supported in Hill visits to improve payment for liquid oxygen.
- *American Clinical Laboratory Association:* Stakeholder letter to Congress asking them to prioritize robust federal funding for the critical testing needed to reopen the country and to provide access to testing for essential workers and frontline healthcare clinicians, among others.

- *American Society for Microbiology*: Stakeholder letter to Vice President Pence on the need to lead with science and the best data available during the public health emergency and to adhere to sound scientific and public health guidance from experts, including Dr. Anthony Fauci and a letter to HHS Secretary Azar thanking him for extending the public health emergency for 90 days.
- *American Society of Association Executives (ASAE)*: The third stakeholder letter to Congress with over 2,300 organizations signing-on urging Congress to expand equal eligibility under the Paycheck Protection Program (PPP) to include 501(c)(6) nonprofit organizations, such as trade associations, professional societies, chambers of commerce, business leagues and others, in any prospective COVID-19 relief measure.
- *CHEST*: Joint comments to CMS from the pulmonary community regarding recommendations to update national coverage policies regarding home use of oxygen which have not been reviewed for over a decade (see detailed discussion below).
- *American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR)*: Letter from the pulmonary community to Congressional leadership asking that HR.4838/S.4151, the Sustaining Outpatient Services (SOS) Act, be included in any future legislative package and that Congress require CMS to cover temporary telehealth for cardiac and pulmonary services for the duration of the public health emergency.
- *Alliance for Connected Care*: Stakeholder letter to Health Telehealth Caucus leaders in support of H.R. 7663, Protecting Access to Post-COVID-19 Telehealth Act of 2020 which takes steps to ensure Medicare beneficiaries have continued access after the public health emergency ends.
- *Tobacco Control Partners Coalition*: Stakeholder letter to Representative Lisa Blunt Rochester in support of H.R. 7286, the Quit Because of COVID-19 Act that will ensure all Medicaid and Children’s Health Insurance Program (CHIP) enrollees have access to the full array of evidence-based tobacco cessation treatments during the public health emergency, and a letter to the ranking members of the House Appropriations Committee opposing any efforts to weaken FDA’s authority over cigars or any other tobacco products.

FEDERAL INITIATIVES

Since the last Board meeting, CMS has published its proposed rules on Calendar Year (CY) 2021 updates to the Physician Fee Schedule (PFS) and the Hospital Outpatient Prospective Payment System (HOPPS). AARC has submitted written comments on both proposals and details of our comments are discussed below. Copies of the comments are in the BOD CONNECT library.

We have not seen any indication so far as to what CMS plans to do with the next round of competitive bidding which begins January 1, 2021. The home medical equipment suppliers have lobbied to have it delayed for a year due to COVID-19 and Representative Cathy McMorris Rodgers and over 100 other Congressional leaders sent a letter to CMS asking the same. If competitive bidding moves forward, it could have a substantial negative impact on patient access to needed respiratory equipment, especially oxygen and noninvasive ventilators. If we learn of new information on this topic, it will be reported during the virtual board meeting.

Update on CMS Proposed Payment Rules

Physician Fee Schedule

AARC's comments on the CY 2021 update to the Medicare Physician Fee Schedule expressed support for proposals to extend access to telehealth services, provide for virtual physician supervision, and allow clinical staff such as respiratory therapists to provide additional remote patient monitoring services. We also suggested that CPT code 94644, demonstration and evaluation of proper inhaler techniques, which is currently covered for the duration of the public health emergency only, be added to the new Category 3 telehealth list CMS established as a placeholder for telehealth services that are likely to meet the criteria for permanent placement while additional data is collected. We provided various studies on the negative outcomes associated with medication non-adherence and improper technique and highlighted the expertise of RTs in this area.

CMS included a statement in the proposed rule that “there are no Medicare regulations that explicitly prohibit eligible distant site practitioners from billing for telehealth services provided incident to their services”. This is the provision in the Medicare statute that allows RTs to provide telehealth services since they do not have direct billing authority. We appreciate CMS' acknowledgement and requested that the agency clarify if this will pertain to telehealth services that remain on the permanent list after the PHE ends. We expect CMS to publish the final rule by December 1, with an effective date of January 1, 2021.

Hospital Outpatient Services

Based on explicit statutory language, direct supervision of cardiac and pulmonary rehab can only be provided by a “physician” who must also be “immediately” available to assist in the service if necessary. Due to safety concerns for both the provider and beneficiary, CMS indicated in a previous interim final rule that physicians could meet the direct supervision provision with their presence via real-time, two-way audio/visual telecommunications for the duration of the public health emergency. In the CY 2021 HOPPS update, CMS is proposing to make the virtual supervision permanent beginning January 1, 2021, and the AARC supported this proposal in written comments.

Based on previous interim final rules regarding hospital outpatient therapy, education and training services, we asked CMS for further clarification to ensure that RTs can furnish hospital outpatient pulmonary rehab services via telehealth with the RT and other members of the interdisciplinary team in the hospital setting or temporary expansion site and the patient in the home, subject to the hospital meeting certain criteria. Any updates on a response will be reported at the Board meeting.

Medicare Adds Pulmonary Rehab Services to Telehealth List

Thanks to the advocacy of AARC and our partner organizations, the Centers for Medicare & Medicaid Services (CMS) added 11 procedures, including cardiac and pulmonary rehab services, to the list of telehealth services it will pay for throughout the public health emergency. With this action, Medicare will pay for 144 services performed via telehealth. According to CMS, between mid-March and mid-August, over 12.1 million Medicare beneficiaries – over 36% – of people with Medicare Fee-for-Service received a telemedicine service. Although CMS added G0424 (*Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to*

two sessions per day) to the temporary telehealth services list, it did not include codes G0237-9, which CMS considers individual respiratory therapy services for Medicare beneficiaries who do not meet the COPD criteria. Because these services are paid under the physician fee schedule, it will only impact a small sample of programs since most pulmonary rehabilitation services are conducted in the hospital outpatient setting. However, we view it as a step in the right direction because it would be hard for CMS to cover these services via telehealth in one setting but deny them in another setting.

Technical Expert Panel on Noninvasive Ventilators

After several years of lobbying CMS for revisions to its coverage policies on noninvasive ventilators, a virtual Technical Expert Panel consisting of CHEST, ATS, AARC and the American Academy of Sleep Medicine (AASM) was convened on October 3 and 4 to review evidence and make recommendations designed to inform a new National Coverage Determination (NCD) to resolve longstanding obstacles to delivery of optimal noninvasive therapy to Medicare beneficiaries.

The Panel was divided into 5 groups based on diagnoses in current policies, e.g., bilevel transition from CPAP, severe COPD, hypoventilation syndrome, thoracic restrictive disorders, and central/complex sleep apnea. AARC's role on the panel involved the area of clinical support provided by respiratory therapists for individuals receiving home noninvasive ventilation. Stakeholder presentations to provide additional evidence to inform decisions included representatives from the ALS Association, AAHomecare, Council for Quality Respiratory Care, HillRom, Philips Healthcare, and ResMED. A final report is expected to be published in *CHEST* that will serve as the basis for a request to CMS for a new National Coverage Determination.

Home Use of Oxygen

CMS recently received a request to reconsider its national coverage determination (NCD) policies regarding oxygen use for cluster headaches that is currently covered only as part of a clinical trial. In doing so, CMS has also decided to open the NCD for Home Use of Oxygen (NCD 240.2) to address lessons learned from the COVID public health emergency to ensure patients have access to supplemental oxygen “in the current environment, and if necessary, in the future.”

Working with CHEST and ATS, AARC and other pulmonary organizations sent the following recommendations to CMS: 1) utilize standard written orders/clinical data element templates instead of the current Certificate of Medical Necessity; 2) instead of the criteria of ‘Continuous Flow/Liters per Minute’ currently used for coverage and payment, establish a classification system based on the clinical needs of patients (example were provided); 3) utilize oximetry to determine the appropriate device setting(s) that should be ordered to provide adequate oxygen saturations at rest and during usual activities of daily living: “Titrate to Saturate”; and, 4) perform within 60-90 days post discharge, a re-evaluation or recertification of supplemental oxygen in patients for whom outpatient supplemental oxygen therapy was instituted for the first time upon discharge from an acute care facility. The next steps are unclear at this point, but the groups offered to meet with CMS to discuss the recommendations and address any questions they may have.

Framework for Vaccine Allocation

The National Academy of Medicine/National Academies of Sciences, Engineering, and Medicine recently sought public comment on a draft framework for the equitable allocation of a vaccine to maximize benefits to reduce morbidity and mortality caused by COVID-19. The framework is divided into phases, with phase one consisting of two parts. Phase 1a is considered the “Jumpstart Phase” and includes clinicians such as physicians, nurses, respiratory therapists, dentists, and hygienists, among others, who are considered high risk workers. First responders that include emergency medical services (EMS) personnel, police and firefighters are also included in Phase 1a in a separate category. People of all ages with comorbid and underlying conditions that put them at significantly higher risk are included in Phase 1b.

The draft outlines several high-risk procedures that respiratory therapists perform every day to combat COVID-19 and we concurred with the draft framework and rationale that would include them in Phase 1a of the allocation process, noting that respiratory therapists are in closest proximity to the patient when managing the airways and supporting respiration with mechanical ventilation and are the only health care clinicians didactically and clinically educated and trained in the art and science of mechanical ventilation. Of note: The draft contained the phrase “respiratory technicians.” In our comments, we asked that it be changed to “respiratory therapists.” Unfortunately, the final report which was released October 2 did not include the revision.

US Preventive Services Task Force (USPSTF) Recommendations

Chronic Obstructive Pulmonary Disease: Screening

Since the last Board report, the AARC submitted comments on the subject plan which is intended to update the Task Force’s 2015 Evidence Report and Recommendation Statement on the same topic. That report recommended against screening for COPD in asymptomatic adults.

In reviewing the 2019 Global Initiative for Chronic Lung Disease (GOLD) guidelines, it advocates for spirometry in patients with symptoms and/or risk factors, but not screening spirometry. The guidelines state “there are no data to indicate that screening spirometry is effective in directing management decisions or in improving COPD outcomes in patients who are identified before the development of significant symptoms.” In light of more recent evidence, the AARC strongly recommended the USPSTF change the framework to screening spirometry for COPD in “undiagnosed” individuals, rather than continuing a review of “asymptomatic” adults, primarily because individuals may try and mask their symptoms by reducing activities or making lifestyle modifications as a way to self-report they are “asymptomatic.” The AARC worked with the American Thoracic Society to ensure our comments were consistent with theirs.

Tobacco Cessation in Adults, Including Pregnant Persons

We submitted comments in late July on the subject recommendations by the Task Force that supported tobacco cessation, including behavioral and pharmaceutical interventions in all adults, but recommended only behavioral interventions in pregnant persons because of insufficient evidence of the benefit and risk of pharmaceutical products. Because of their education and training in pulmonary medicine, RTs were promoted as experts on smoking cessation counseling.

Tobacco Update

At the October quarterly meeting of the Tobacco Control Partners of which AARC is a member, we were briefed on the results of the 2020 National Youth Tobacco Survey. E-cigarette use among high school students declined from a record-high 27.5% in 2019 to 19.6% in 2020. However, this progress falls far short of reversing the alarming increase in youth e-cigarette use since 2017, when 11.7% of high school students used e-cigarettes. The survey also shows that 82.9% of current e-cigarette users use flavored products, 37% of high school e-cigarette users use menthol products, and use of disposable e-cigarettes increased an astounding 1,000% among high school e-cigarette users and 400% among middle school e-cigarette users from 2019 to 2020. These data provide a roadmap for action by the FDA to ban all flavored e-cigarettes, including menthol and disposable products.

The new data show kids have shifted dramatically to menthol and disposable e-cigarettes, two categories of products that were exempted from the Trump Administration's policy on flavored e-cigarettes earlier this year and demonstrates that as long as any flavored e-cigarettes are left on the market, kids will get their hands on them and we will not solve this public health crisis.

STATE INITIATIVES

The last Board report highlighted an increase in bills to add an additional layer of oversight to professional licensing and occupational boards to comply with anti-trust laws. It does not appear that any of those that were pending as of the last report were enacted, which is good news. Executive Orders continue to dominate the legislative landscape many of which continue to extend the state of emergency, some for a week or two at a time, rather than creating completely new provisions. As a result, AARC has not reported these on a regular basis as part of the legislative and regulatory updates. Details of some of the most noteworthy items are provided below.

Wait Times to Process Licensing Applications in CA

CALIFORNIA recently enacted a bill that requires each board that issues licenses, which includes the Respiratory Care Board, to prominently display on its internet website, beginning July 1, 2021, on at least a quarterly basis, either current average timeframes for processing initial and renewal license applications or the combined current average timeframe for processing both initial and renewal license applications. The bill would also require each board to prominently display either the current average timeframes for processing each license type that the board administers or the combined current average timeframe for processing all license types that the board administers.

The CSRC supported the bill. According to its President, the society is fortunate to have a licensing board that is top notch. The Respiratory Care Board works efficiently, communicates well with the licensee association (CSRC) and is transparent in its practices. Many boards are not like this. As this bill worked its way through the legislative process, CSRC highlighted how the Respiratory Care Board is a model board and how the bill would improve the practices of other boards, benefiting licensees of all types across the state.

Noninvasive Ventilators as Capped Rental in Louisiana

AAHomecare recently asked for AARC's support involving a very concerning issue in which Blue Cross/Blue Shield of **LOUISIANA** changed its policy to convert noninvasive ventilators from the frequent and substantial servicing category to a 10-month capped rental period. This is an unprecedented policy decision made without the benefit of a Medical Officer on their staff. Of particular concern is the potential to compromise the ability of respiratory therapists to provide clinical support that could put patients at risk and lead to more costly acute care interventions. The importance of this decision is that it could spread to other BCBS regions and other payers and is inconsistent with Medicare policy.

Because AARC from a national perspective generally does not engage in individual state issues, especially as it relates to local commercial payers, we prepared a letter for the President of the LA State Society to send to BCBS/LA highlighting the importance of the expertise of respiratory therapists and problems with the flawed policy they adopted. Although BCBS/LS made some changes in what they feel represents a "middle ground", they also indicated they were reviewing requests for initial and continued use of ventilators in the home setting and applying coverage criteria that are consistent with published evidence and standard of care, noting a more formal medical policy will likely be finalized later on this year.

RTs as Telehealth Practitioners

TENNESSEE enacted a bill that provides for HIPPA compliant real-time, interactive audio, video telecommunications, or electronic technology, or store-and-forward telemedicine services, used over the course of an interactive visit by a healthcare services provider. Services must be delivered within the provider's scope of practice and requires the provider to have access to the patient's medical record when rendering telehealth services. Respiratory therapists are included as telehealth providers.

CONNECTICUT enacted a bill that modifies requirements for the delivery of telehealth services and insurance coverage of these services until March 15, 2021. Among other things, it: 1) expands the health providers authorized to provide telehealth services – respiratory therapists are authorized telehealth providers; 2) provides telehealth services using audio-only telephone, which current law prohibits; 3) allows use of additional information and communication technologies in accordance with federal requirements (e.g., certain third-party video communication applications, such as Apple Facetime); and, 4) authorizes the Department of Public Health (DPH) commissioner to temporarily modify, waive, or suspend certain regulatory requirements deemed necessary to reduce the spread of COVID-19 and protect the public health.

Hazard Pay for Essential Workers that Include Respiratory Therapists

VERMONT enacted a bill that establishes the Front-Line Employees Hazard Pay Grant Program in the Agency of Human Services to administer and award grants to certain public safety, public health, health care, and human services employers whose employees were engaged in activities substantially dedicated to mitigating or responding to the COVID-19 public health emergency during the eligible period. Respiratory therapists are included. The amount of the grant fund is \$30.5 million.

LOUISIANA enacted a bill that establishes a one-time hazard pay rebate of \$250 for essential workers employed in a critical infrastructure job on or after March 11, 2020, and whose adjusted gross income is \$50,000 or less as reported on the worker's 2019 individual income tax return. Other eligibility criteria apply. Respiratory therapists are specifically mentioned. The total amount of rebates cannot exceed \$50 million unless approved by the Joint Legislative Committee on the Budget.

Tobacco Legislation

CALIFORNIA's Governor signed into a law on August 28, 2020, a bill to end the sale of flavored tobacco products that include menthol or any tobacco product flavor enhancer statewide effective January 1, 2021. This is a huge step forward to end the youth tobacco epidemic. Unfortunately, it did not take the tobacco industry long to file a referendum with the CA Secretary of State (three days after the bill was signed) to repeal the new law. According to an update provided by the Campaign for Tobacco Free Kids, the industry needs 628,312 valid signatures by November 26, 2020 to qualify. If they qualify, it would appear on the ballot November 8, 2022 unless a special election is called prior to that date which is unlikely; if they don't qualify, the law to end the sale of flavored tobacco products would not take effect unless and until approved by voters in the November 2022 election.

NEBRASKA enacted legislation to add electronic smoking device retail outlets to the exceptions on prohibitions of smoking in public places and places of employment. Employees under age 21 can work in these outlets although others underage are not allowed to enter. On or after January 1, 2022, no person under 21 can enter the store and no one under age 21 can work there.

Licensing Issues

MICHIGAN has a bill passed by the Senate and referred to the Committee on Ways and Means September 30, 2020, that deals with granting appropriate licensure, registration or specialty certification, subject to meeting certain conditions, for those health care professionals who wish to work in MI and are licensed in another state or Canada. If the department received an application for licensure from an individual who is licensed as a RT in Canada, the department must consult the international reciprocity agreement executed by the NBRC and the Canadian Society of Respiratory Therapists in effect on July 1, 2004.

NEW YORK recently introduced a bill to amend the education law to require certain health care providers – includes respiratory therapists – to disclose the fact that the provider is on probation to current and new patients. A separate document must contain the probationary status, cause for probation alleged in the accusation, a statement of the issue or the legal conclusions of an Administrative Law Judge, the length of probation and end date, among other information.

Miscellaneous Bills of Interest

NEBRASKA enacted a bill that removes the term “out of hospital” when referring to emergency care providers. It also adds the community paramedic practice of emergency medical care to be provided by an Advanced EMT, EMT, or EMT-Intermediate or Paramedic in accordance with the knowledge and skill acquired through successful completion of an approved community paramedic program that the respective licensure classification of an emergency care provider is

authorized to perform. Care includes but is not limited to telephone triage, advice, or other assistance to nonurgent 911 calls and the providing of assistance or education to patients with chronic disease management, including posthospital discharge follow to prevent hospital admission or readmission.

VERMONT recently enacted legislation that provides for the use of global commitment funds at Vermont State Colleges to support the dental hygiene, respiratory therapy, and nursing programs which graduate approximately 315 health care providers annually. These graduates deliver direct, high-quality health care services to Medicaid beneficiaries or uninsured or underinsured persons, or both.

State Regulations of Interest

RRT Entry to Licensure

GEORGIA's rule to move to the RRT credential as the entry level for Board certification has been in limbo for well over a year. However, there has been recent movement toward implementation. A notice of intent to amend and adopt rules was issued and approved by the GA Composite Medical Board on August 6, 2020, with public comments due by September 24 and a hearing scheduled for October 1, 2020. The rule has passed the 30 days for public hearing and was voted to be approved by the medical board. However, at the time of this report, it appears the rule has been sent back to the Governor for signature, possibly because some of the language was changed to update the rule since it sat for some time.

The rule also provides the following clauses to allow CRTs to be grandfathered depending on dates by which they were first credentialed. The rule states they: 1) must have evidence of an active CRT credential issued prior to July 1, 1999, or 2) evidence of an active CRT credential issued prior to March 15, 2020. The rule also revises the chapter titled "Respiratory Care Professionals" by removing the words "'Technicians" and "Therapists" from the chapter title, since neither term is found in the relevant parts of Article 6 of the Medical Practice Act ("the Practice Act") addressing respiratory care. Other notable changes include eliminating the provision for temporary licenses, eliminating the requirement to provide evidence that the respiratory care professional continues to work under a physician's supervision when applying for licensure renewal or licensure reinstatement, and removing the requirement that an individual who is registered, licensed, or authorized to practice respiratory care in another state and who petitions the Board for reciprocity in GA must meet requirements that "are substantially equal to or exceed the requirements for certification in GA."

Continuing Education

OHIO has a proposed rule relating to continuing education criteria for an acceptable course in Ohio respiratory care law or professional ethics that is at least one contact hour in length and includes **one** of the following: 1) standards of respiratory care practice and ethical conduct; 2) acts that constitute violations of the respiratory care practice law, 3) obligations to report alleged violations, or 4) medical ethics.

OREGON adopted a rule effective during the COVID-19 state of emergency and 60 days after the declared emergency ends. It allows health licensing office authorization holders to get required continuing education through self-study that includes completed online courses, webinars, and correspondence courses; review of publications, textbooks, journals or printed material; viewing of films, videos, or slides or listening to audio recordings, or other activities similar to these and if an person consistent with Executive Orders and state agency guidance. In addition, for respiratory care practitioners, “self-study” also includes personal experience handling COVID-19 matters. The subject matter of the self-study continuing education hours done through personal experience must meet the subject matter requirements set forth in each individual profession's continuing education rules.

VIRGINIA has a proposed rule to allow a respiratory therapist to have 20 hours of continuing education credit for passage of a specialty examination of the National Board of Respiratory Care for the biennium in which the practitioner passed the exam. The specialty areas include adult critical care, neonatal/pediatric respiratory care, pulmonary function technology, and sleep disorders testing and therapeutic intervention. The impetus for the proposed change was a recommendation of the Advisory Board on Respiratory Care.

FLORIDA recently adopted a rule dealing with Licensure by Endorsement. One provision requires an applicant who has not practiced respiratory care for 2 years or more to complete a Board-approved comprehensive review course within two (2) years immediately prior to the filing of the licensure application or be recredentialed at the level in which he or she is applying to practice 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).

House of Delegates Speaker Report

Submitted by Teri Miller, MEd, RRT, CPFT

2020 Fall HOD/BOD Meeting

HOD Recommendation: none

Report:

The following are the Speaker updates for 2020:

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

- President Schell and I have communicated regularly (at least once per week) via President/Speaker conference calls; President/Executive Committee/HOD Officer calls; email, text and as needed.
- The Progress & Transition Committee continues to align its four subcommittees to address affiliate concerns through the horizon goals of advocacy, education/professional development, communications, and affiliate strength. Time at each meeting is spent with open discussion and brainstorming related to these areas with all delegates participating. It was held post-HOD meeting this summer and most groups have been heavily engaged.
- Worked with President Schell to include Delegates in bi-annual Webcast to state affiliate presidents and facilitate strengthening of communications. While COVID-19 has impacted face to face leadership meetings, calls to improve communications continue.
- Worked collaboratively with President Schell to join in Zoom meetings with Affiliates and various RT departments across the US to share about HOD activities.
- Working collaboratively with President Schell, the EO and the Chartered Affiliates Committee (CAC) to assist affiliate leadership as needed and as called upon.
- Served on appointed committees as requested.

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 large turn-over in the HOD over the past year, we continue to focus on leadership development in the HOD and identify ways in which each member can contribute.
- Due to COVID-19, we are unable to meet face to face for this year's HOD meetings. As such we developed and implemented a plan to move forward with an HOD meeting to be held virtually, but to redesign delivery of content. A focus of redesign was holding committee meetings prior to the virtual meeting, holding orientations for new delegates, orientation for use of Zoom technology in preparation for the meeting, holding virtual "Happy Hours" prior to the meeting for networking purposes and aligning schedules with the BOD to avoid meeting at the same time. We had two days of HOD meetings, with the agenda planned

with the time zones of Hawaii to Puerto Rico (and all between) taken into consideration. Regular business of the House was successfully completed. We held Joint Session with the BOD/EO on Day 2 with business as usual. Following the BOD meeting, we had a short HOD meeting in which the Past Speaker reported (as usual) to the HOD on BOD activities. Following our meeting, the HOD Progress and Transition Subcommittees met to begin work toward the Winter meeting. All HOD Committee chairs met with HOD officers at least once prior to the meeting. In preparation for the meeting, we pre-recorded reports, pre-recorded Best Practices, prepared delegates for HOD election nominations, and worked diligently to assure everyone is prepared to engage in our Summer HOD meeting. We are currently in process to do the same for the upcoming meeting.

- We are working to facilitate a meaningful HOD opening ceremony in our future meetings which honors our military and veterans.
- We will hold our first HOD Elections electronically for this upcoming meeting prior to the meeting, utilizing the AARC's election platform. The Elections committee has worked diligently with our Policy and Guide Committee on policy recommendations and House Officers and Liaison to assure a well-thought-out process for implementation. We look forward to the results and the potential for future utilization.
- Following the Winter 2019 meeting of the HOD in which it was announced the Annual Business meeting would be held in 2020 following the HOD meeting, I met with key AARC leaders to discuss plans moving forward for coordination. I shared key concerns shared with me of compression of HOD meeting time, availability of space and timing for membership attendance, and concerns that HOD Awards would suffer further loss of recognition due to attendance. In these meetings, it was discussed that HOD Awards could be moved to the regular Awards ceremony, giving recognition of these affiliates and award recipients for their considerable work. While this did not come to fruition for this upcoming meeting, I would like to encourage this as a topic for consideration for the upcoming year, as I believe we have an opportunity to profile excellence in our affiliates to a broader audience that they may serve as examples for others.
- We worked with the EO to share, educate, and communicate the new revenue sharing process to Affiliates for them to actively market Promo Codes and direct links for Virtual Congress (and summer events) to members for savings. While we identified opportunities for improved education and engagement, we are currently in process for a competition for the highest percentage of promo code use by affiliates. (Results TBD). Doug Laher will record a presentation for the HOD to share about the process for the coming year and we will include a Q&A time at our upcoming meeting.
- At our summer HOD meeting, I asked and challenged our HOD committees to take on some additional charges, which focused on process improvement and affiliates strengthening resources. These committees have done a tremendous job of bringing these challenges together as resources for our affiliates and delegates. I look forward to sharing their work at the upcoming meeting.

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.

While we were unable to have students at the summer meeting, we plan to include students at our upcoming meeting.

- We are working to assure the basic expectations of being a Delegate are shared and are focusing attention on the areas of sound financial management in the affiliates, understanding the AARC and Affiliate Bylaws process, understanding the Resolution process, AARC Membership best practices and improving communications across all avenues. HOD special presentations over the summer and fall meetings specifically address these needs.
- 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. Videos have been made to help new delegates better understand their roles and the various activities of the HOD as they join at varied times during the year. We plan to transition more orientation to a year-round approach and eventually house it in AARC University for data management.
- The HOD Adhoc Committee was officially disbanded upon completion of its primary initiatives and the Bill Bitzel Memorial Fund now falls under the responsibility of the Volunteerism and Mentoring Committee. **It should be noted that if each affiliate donated \$290, the fund would be fully endowed and could begin implementation to serve affiliate new student activities.** We look forward to seeing support of our affiliates to see this endowed so we may begin to recommend recipients to the ARCF. This committee will continue to develop its process for implementation/criteria to be prepared for that day.
- This year has been a challenge as the focus of all Respiratory Therapists has understandably been required to shift. In the coming months, we will have to work together to continue the work of the HOD in an active way despite not having face to face time together. We will be required to continue to utilize new methods of communication and engagement on behalf of our members. As such, it will require all delegates, HOD committee chairs and HOD officers to prioritize engagement to help strengthen our affiliates and our profession. In the coming months, focus will be placed on transitioning our new HOD officers and committee charges, and chair transitions. It will be imperative that new delegates step forward and become active to continue the work of the HOD.

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

- 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 implement HOD Policy which supports AARC Policy CA. 002 related to Chartered Affiliate financial management responsibilities. While the decision to defer implementation for this year due to the pandemic and affiliate impact, in the coming year we will work with affiliates to implement this policy, focusing on education, process, and support. Best Practice presentations at this meeting will focus on education.

- 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. While resources were not required at this meeting, this committee is looking ahead toward the next.
- As Speaker, I have worked with Parliamentarian Kauffman and Management Section Chair and Director Kim Bennion on the LARS (Leaders Association for Respiratory Services) plan and pilot project. A presentation on progress was delivered at Joint Session for the summer meeting and as the year progresses, the members of this pilot group continue to gain momentum in engaging leaders in our affiliates.
- At the Summer HOD meeting, the HOD officers worked together to develop a brief survey to assess the impact of COVID-19 on our affiliates. Speaker-elect Goss collated these results and shared at that meeting. As the year progressed and the pandemic has continued to spread, more reports of challenges continue to be shared. Currently, I am enlisting the support of a small group of delegates and leaders to form an AdHoc Committee on Affiliate Pandemic Impact. This is being done with the input and support of Speaker-elect Goss and following many discussions as HOD officers related to this issue, as we see this as a priority for our Affiliates. This group will be asked to work together to explore affiliate needs and potential resource opportunities for support. The challenge to affiliates to connect with members and remain financially viable when conferences are limited is a challenge we must actively consider. Emphasis must be placed on processes which will internally strengthen our affiliates and help them weather the storm. Resources of support such as the Affiliate Liaison program will be reviewed. With that in mind, Lanny Inabnit (current CAC chair) and Teena Culhane (Delegate Assistance Chair) have agreed to lead this initiative forward, developing a more robust and updated survey of our affiliates for input into considerations. I have also asked the AARC Treasurer to provide more detail to the HOD during Joint Session regarding budgeted monies for Affiliates support. I will support this effort however I can.

Speaker Charges:

1. Preside at all meetings of the House – Almost complete
2. Prepare an agenda for each meeting and submit it to each delegation at least twenty-three (23) days prior to such meeting- Complete
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- Complete
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- Almost complete
8. Forward all House-recommended changes to the AARC Bylaws to the Bylaws

Committee for review- Complete

9. Serve as Chair of the House Executive Committee- Almost complete
10. Attend a minimum of four meetings a year, House of Delegates summer and winter meetings, and spring and winter Board of Directors meetings – Almost complete
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- Almost complete
12. Perform other duties that the House may authorize. – In progress

I would like to thank the HOD officers for their support and continuous attention to the needs of the HOD. It is hard to express the high level of engagement this group has shown at the service of our House and the countless hours of work, thought and discussion which has occurred. They have been truly awesome to work with and I thank the HOD for electing them to serve with me.

I would like to thank Garry Kauffman for being our parliamentarian, my mentor, and helping me in so many ways over the past two years. Four years ago when I was elected, talking to him was my first act as Speaker-elect. I am glad I took it. Thank you for being there not only for me, but for our profession.

Many thanks to the AARC Executive office team for being there for our profession and helping us to shine when we faced crisis. A “thank you” is not enough. We know it has been harder than we can imagine, and we are thankful you are there. A special thank you to Asha Desai for her expertise and willingness to go above and beyond in support of the HOD, especially in coordinating our virtual meetings, and in being innovative in anticipating our needs. She is truly a gem of the AARC, and we are most thankful for her!

Thank you to the many HOD and BOD Committee Chairs and Co-chairs who are leading us through our many initiatives while having busy personal and professional lives. Your selfless commitment to our profession is exemplary, essential, and invaluable!

Many thanks go to President Schell for her collaboration and leadership. When I imagine an individual who tirelessly gives of themselves from the heart, I see her. It has been an extraordinary year of many peaks and valleys, and I have been thankful to travel them with you. Many thanks also to the BOD for your work and dedication to our membership. I look forward to spending more time with you soon!

Finally, thank you to the Delegates for all you do for our profession! We have experienced things which we could never have anticipated and while this has certainly challenged us, it has also made us better and shown the world what it means to be a Respiratory Therapist. You truly are the best of the best. It has been the pinnacle of my professional life to have been bestowed the honor to serve with you these past two years. Thank you, thank you, thank you!



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section: BOMA

Report Submitted by: Dr. Peter Papadakos

Recommendations:
None

Action Items in Progress/Completed

2020 was a turbulent year throughout the world due to COVID-19 Pandemic. The AARC was at the front line and there was unprecedented cooperation with many of the societies represented by BOMA to review and generate guidelines and recommendations to combat the disease.

BOMA also supported the AARC with the generation of a number of letters of support both internal and to Government agencies.

A short summary

1. Letters of support to Surgeon General and Task Force.
2. Letters supporting RT involvement in telehealth.
3. Support for national educational program to teach the basics of running a mechanical ventilator to create a group of RT extenders during a crisis such as physicians and medical students .
4. Support of support for a national ventilator stockpile.
5. Review of Joint Statements with other national organizations.
 - a. CPR and ACLS in COVID-19
 - b. How many patients on one ventilator is safe
6. Support of Therapists at both the national and local level during the pandemic.
7. Support of Therapist in both local and national media.
8. Supporting AARC in having regular communications with other organizations to have a network to deal with medical emergencies in a organized collaborative manner.
9. Work to increase BOMA representation with two new societies.
10. Support ongoing educational needs of the AARC
11. Support of the BOMA travel award.

BOMA stands at the ready to continue this level of support as the American Public has recognized the importance of Respiratory Therapists in the care of patients not only during a pandemic but on daily basis in many practice environments.



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Presidents Council

Report Submitted by:

Dianne L Lewis

Recommendations

N/A

Action Items in Progress/Completed

I am proud to announce the recipients for Life and Honorary membership for 2020. Life is Helen Sorenson and Brian Walsh. Honorary is Ann Marie Hummel.

Current/Active Committee Members

All past presidents of the Association and 2 additional members.

Additional Info

The nominations for Life and Honorary membership are suppose to be confidential. There is concern it didn't happen this year and I think has also occurred in additional recent years . If we continue to have zoom BOD meetings, we will need to look at how confidentiality can be maintained. This is asked by the Presidents Council because of issues with nominees that have occurred in the past.

Standing Committees



Action Items in Progress/Completed

Voting in AARC Election 2021 ended on October 9, and President Karen Schell and President-Elect Sheri Tooley have announced the results.

The results of this year's officers and director's election are:

Vice President-Internal

Cheryl Hoerr, MBA, RRT, CPFT, FAARC

Vice President-External

Georgianna Sergakis, PhD, RRT, AE-C, FAARC

Secretary – Treasurer

Aaron Light, DHSc, RRT, RRT-ACCS, FAARC

Directors-at-Large

Caitlin Coppock, BS, RRT, RRT-ACCS

Carl Hinkson, MS, RRT, RRT-ACCS, RRT-NPS, FAARC

Keith Siegel, MBA, RRT, CPFT, FAARC

Sheri Tooley will begin her two-year term as **AARC President**.

Other continuing board members include **Executive Committee** members: Karen Schell, Past President.

Section Directors Kim Bennion (Leadership & Management) and Bradley Kuch (Neonatal-Pediatrics); and at-large directors, Raymond Pisani, John Lindsey, Kari Neville, Dana Evans, and Kerry McNiven. Maria Madden (Adult Acute Care) and Jennifer Anderson (Education) will be joining the committee as new section directors.

Two **AARC Specialty Sections** also held their election, and the following members have been elected to serve as **chair-elects**:

Ambulatory and Post-Acute Care Timothy Buckley, MSc, RRT, FAARC Transport

Jon Inkrott, RRT, RRT-ACCS

2020 AARC BYLAWS COMMITTEE REPORT
AARC BOARD OF DIRECTORS MEETING

by Brian Cayko

Recommendations:

That the AARC Board of Directors finds that the **West Virginia** Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment "Fall 2020 Bylaws Attachment")

That the AARC Board of Directors finds that the **Texas** Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment "Fall 2020 Bylaws Attachment")

That the AARC Board of Directors finds that the **Oklahoma** Society for Respiratory Care Bylaws is not in conflict with the AARC Bylaws. (See attachment "Fall 2020 Bylaws Attachment")

The Bylaws Committee is requesting that the AARC Board of Directors review the suggested revision of AARC BOD Policy CA.001. (See attachment for our recommendations)

Justification: This is necessary to streamline and remove confusion in the affiliate bylaw review submission process and to remove conflicting information from the HOD affiliate handbook. The Bylaws committee is working with the HOD Chartered Affiliates Committee to revise it's wording based on a revised CA.001 should it be accepted.

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: **West Virginia, Texas and Oklahoma** Societies for Respiratory Care Bylaws. The AARC Bylaws Committee recommends review and approval by the AARC Board of Directors as stated above.
- The AARC Bylaws Committee has reached out to the following State Affiliates requesting submission of State Affiliate Bylaws for review and approval for the 2020 cycle as well as those past due: Attempts to request from Pennsylvania were made via email and are pending at this time. I have been in contact with most of this affiliate to confirm their intent to submit.
- State Affiliates that are due or past due for the 2020 cycle are found here: <https://www.aarc.org/aarc-membership/aarc-state-societies/state-societies/>
- Previously, the committee had been working with Speaker of the House Miller and President of the Board Schell to review and recommend amendments for the AARC Bylaws. No further communication or work on this has been done since the last report.
- The Bylaws Committee is requesting a BOD review and revision of AARC BOD Policy CA.001. See appendix A of this report for our recommendations. This is necessary to streamline and remove confusion in the affiliate bylaw review submission process and to remove conflicting information from the HOD affiliate handbook. The Bylaws committee is working with the HOD Chartered Affiliates Committee to revise it's wording based on a revised CA.001 should it be accepted.

Thank you for the approval of the Summer 2020 Bylaws Committee Recommendation.

Respectfully submitted,

Brian Cayko, RRT, MBA, FAARC. (2020 AARC Bylaws Chair)

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

Executive Committee Report

Submitted by: Karen Schell, AARC President | 2020 November BOD Meeting

Recommendations: TBA

Report: Verbal report to be given at meeting

Finance Committee Report

**Submitted by: Karen Schell, AARC President |
November 2020 BOD Meeting**

Recommendations: TBA

Report: Verbal report to be given at meeting



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Audit Subcommittee

Report Submitted by:

Joseph Goss

Recommendations

None

Action Items in Progress/Completed

The Audit Subcommittee completed its task for 2020. Beginning in 2021, the House of Delegates will have a new Speaker-elect and Treasurer filling the responsibilities on this subcommittee. I would like to thank the subcommittee members for their time and commitment.

Current/Active Committee Members

Jennifer Anderson (House of Delegate Treasurer), Lynda Goodfellow (Secretary-Treasurer), and Jakki Grimball (VP-External Affairs).

Additional Info

Liaisons: Timothy Myers (EO)



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Judicial

Report Submitted by:

Anthony L. DeWitt

Recommendations

No recommendations.

Action Items in Progress/Completed

No committee action has occurred or is contemplated at this time.

Additional Info

The committee acts on complaints or requests from the Board. To date there have been no complaints and no requests from the Board.



PROGRAM COMMITTEE

Report Submitted by: Sarah Varekojis

Recommendations:

NONE

Action Items in Progress/Completed:

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.
 - Summer Forum transitioned into the first offering of AARC Live!, a synchronous virtual learning event that took place over four afternoons in July. We had 564 attendees across the sessions. The committee was encouraged by attendee feedback indicating that the transition to a virtual meeting was largely successful. The committee would like to thank the Executive Office for quickly executing a plan for the summer AARC Live!
 - International Congress has transitioned to a second offering of AARC Live! The virtual meeting will be offered over 4 days: 11/18, 11/20, 12/3 and 12/5. While there will be an overall reduction in amount of content delivered, all honor lectures will be retained, and the meeting will include an Opening Keynote and a Closing Keynote. In addition, the same breadth of content categories are represented in the program, with all content categories being reduced by roughly 50%. The program is available on-line, and attendees can obtain over 18 CRCE if they attend the full meeting. As of the submission of this report, a little over 700 people have registered for the meeting. The Chair would like to thank all committee members for their extra efforts to transition the International Congress to a virtual event on a very compressed timeline.
 - The AARC Student Sputum Bowl competition was cancelled for 2020 based on recommendation from the Sputum Bowl committee.
 - The committee would like to thank the Executive Office for their efforts to not only adapt to virtual leaning options, but for their commitment to ensuring a quality product and attendee experience.
- Solicit programming from members that meets the membership needs.
 - Proposals for the Summer Forum and the International Congress were received from all specialty sections and communities. Planning is underway for the Requests for Proposals process for the 2021 meetings. More direct messaging from the program committee to the membership will hopefully increase the numbers of proposals received in several content areas.

- Evaluate effectiveness and success of said programs.
 - Since the format for AARC Live! is new, the committee carefully reviewed the attendee feedback from the summer meeting to guide the implementation of the fall meeting. The committee will review feedback from the fall AARC Live!meeting to guide the development of future meetings, to ensure that the content and speakers are engaging and valuable, and to ensure that the meeting is attractive to respiratory therapists and other healthcare professionals.

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

Current/Active Committee Members

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

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

Members:

Dana Evans, MHA, RRT, RRT-NPS

Kim Bennion, MHS, RRT

Mike Hess, MPH, RRT, RPFT

Brian Carlin, MD, FCCP, FAARC

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

Richard Branson, MS, RRT, FAARC (consultant)



AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING

Committee Section: Strategic Planning

Report Submitted by: Brian Walsh

Recommendations

Will have metrics recommendations under old business

Action Items in Progress/Completed

The committee has been working on metrics for measuring the success of our six horizon goals. These metrics are designed to be high level and overall success of the organization. It is not intended to discouraged metrics for task or other committee work.

Current/Active Committee Members

Joseph Goss, Thomas Kallstrom, Garry Kaufman, Karen Schell, Keith Siegel and Brian Walsh

Attachment: Recommendation and Tactics to be presented under "Unfinished Business"



Special Committees



**AARC 2020 CONGRESS LIVE
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MEETING**

Committee Section:

Benchmarking

Report Submitted by:

Cheryl Hoerr

Recommendations

N/A

Action Items in Progress/Completed

Benchmarking 2.0 is closely aligned with the AARC Uniform Reporting Manual; activity descriptions and metrics are used verbatim. An update of the AARC URM is in the final review process. An Information Systems chapter is in development to be included in the URM (6th ed.). Delays resulting from the Covid pandemic contributed to the postponement of the original deadline of a second quarter 2020 release, but the project is quickly getting back on track.

Current/Active Committee Members

Valerie David, Michael Dennis, David Eitel, Cheryl Hoerr, Julie Jackson, Garry Kauffman, Tim Myers, Alicia Wafer



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Billing Codes

Report Submitted by:

Susan Rinaldo Gallo

Recommendations

N/A

Action Items in Progress/Completed

The list serve is being monitored. No recent controversies.
The coding guidelines received a major revision prior to the last BOD meeting.



AARC 2020 CONGRESS LIVE
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MEETING

Committee Section: Diversity and Inclusion

Report Submitted by: Gabrielle Davis

Recommendations

None at this time. However, I foresee submitting a request before the next BOD meeting. There has been conversation and interest regarding creating content specifically around equity, inclusion and anti-racism. We'd still like to explore this when our capacity allows.

Action Items in Progress/Completed

Everything is still in progress. Unfortunately, my/our current role in COVID and community has taken precedence this year. I look forward to regathering and moving forward with action items.

Current/Active Committee Members

Betty Pauline Gradillas; Jerry Edens have been the only folks active including messaging separate from AARC Connect. I would also say that while I am normally not for allowing grace when continuously inactive, but I think that grace should be allowed due to the current state of the world.

FELLOWSHIP COMMITTEE

by Frank Salvatore

Recommendations:

None

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 18 eligible nominations.**
2. Select individuals who will receive the AARC Fellow recognition prior to the International Respiratory Care Congress.
 - **The committee elected eight (8) members as Fellow-Elect:**

John Blewett	Steven Donn	Kathy Fedor
Thomas Fuhrmann	Li, Jie	Gregg Marshall
Andrew Miller	Craig Smallwood *	
	* - Posthumously	
3. Develop/improve an objective rubric for review of applications and implement in 2020.
 - **The rubric was used for the 2020 selections and committee members did communicate that it made the process much easier vs. combing through 800 pages of documents.**
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. **18 eligible nominations – decrease of thirteen from 2019**
2. New fellows presented each year.
 - a. **8 Fellows to be awarded the FAARC designation – decrease of nine from 2019**
3. Scoring rubric developed and summary of pilot test (shadow results)
 - a. **Rubric idea done for 2020 review of nominations.**

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 22 years we've awarded the FAARC (including this year's class – 379), 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

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

AARC Staff: Tom Kallstrom

ADVOCACY AND GOVT AFFAIRS COMMITTEE

by Frank Salvatore

Recommendation:

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 AARC Legislative Agenda from various grass-roots supporters and organizations.
 - **Legislative Issues being followed for the 116th Congress – Second Session 2020:**
 - **CONNECT for Health Act – H.R. 4932 and S. 2741**
 - **Reversing the Youth Tobacco Epidemic Act – S. 3174**
 - **Sustaining Outpatient Services (SOS) Act – H.R. 4838 and S. 4151**
2. Assist the state societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to all states that begin moving toward RRT and/or BS entry for therapists seeking a new state license.
 - **Ongoing.**
3. Work with PACT coordinators and the HOD to establish in each state a communication network that reaches to the individual hospital level for the purpose of quickly and effectively activating grassroots support for all AARC political initiatives on behalf of quality patient care.
 - **Ongoing.**
4. Oversee the virtual lobby week and/or any calls to action that come up over the year.
 - **On-going.**
5. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods.
 - **Completed**
6. Assist in coordination of consumer supporters.
 - **On-going**

Measurable outcomes (see attachments): 

1. **Co-Sponsors as of this report posting (for purposes of reporting since AARC Fall meeting is any bill since 12/01/2019):**
 - a. CONNECT Act – H.R. 4392 – 1-sponsor and 66 co-sponsors. ***(725% increase since Fall 2019 Report)***
 - b. CONNECT Act – S. 2741 – 1-sponsor and 39 co-sponsors. ***(105% increase since Fall 2019 Report)***
 - c. Reversing the Youth Tobacco Epidemic – H.R. 2339 – 1-sponsor and 126 co-sponsors. ***(Passed the House of Representatives on February 28, 2020 – Name changed to Protecting American Lungs and Reversing the Youth Tobacco Epidemic Act of 2020 – awaiting Senate Action)***
 - d. Reversing the Youth Tobacco Epidemic – S. 3174 – 1-sponsor and 12 co-sponsors. ***(New bill introduced in 2nd Session of 116th Congress)***
 - e. SOS Act – H.R. 4838 – 1-sponsor and 22 co-sponsors. ***(95% increase since Fall 2019 Report)***
 - f. SOS Act – S. 4151 – 1-sponsor and 1 co-sponsors. ***(New bill introduced in 2nd Session of 116th Congress)***

2. **AARC 436 Plan (Used to be 435, but have added D.C. representative into the count) – I’ve begun tracking how many advocates write from the 436 Congressional Districts:**
 - a. Due to the pandemic, we shut down actively pushing messages to congress. Will start up again with the 2021 Virtual PACT Meeting.

Chair: Frank Salvatore, MBA, RRT, FAARC

Members:

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

AARC Staff: Ann Marie Hummel



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Vision Grant

Report Submitted by:

Georgianna Sergakis

Recommendations

None.

Action Items in Progress/Completed

The Vision Grant Committee is currently reviewing the 7 Letters of Intent that were submitted to the AARC by the October 1, 2020 deadline. The top ranked LOIs will be invited to submit a full proposal by December 31, 2020.

Current/Active Committee Members

Lynda Goodfellow, Gregg Ruppel



**AARC 2020 CONGRESS LIVE
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Committee Section:

International

Report Submitted by:

John Hiser

Action Items in Progress/Completed

Objectives

- 1. Coordinate market and administer the International Fellowship Program.
Due to the pandemic we are all experiencing the decision has been made by the BOD to delay the 2020 fellowship visits. The good news is that we will be able to accept twice as many fellows in 2021. I know this will be disappointing news to all of you but I also know that you will understand why this decision had to be made. Please stay safe. John
- 2. Collaborate with the Program Committee and the International Respiratory Care Council to plan and present the international functions of the Congress.
No activity to report.
- 3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.
No activity to report.
- 4. Coordinate and serve as a clearinghouse for all international activities and requests.
No activity to report.
- 5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.
No activity to report.

Measurable outcomes:

- 1. Work to increase number of international fellows as funding becomes available.
The ARCF determines how many fellows to fund each year
- 2. Focus on the development of collaborative educational programs, guidelines, recommendations or position statements.
The committee stands ready to assist in any way possible.

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

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

Current/Active Committee Members

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

Vice Chair International Fellows: Daniel Rowley

Vice Chair International Relations: Hassan Alorainy Members: Arzu Ari

Vijay Deshpande

Ed Coombs

Michael D. Davis

Hector Leon

Bruce Rubin,

Jerome Sullivan

Lisa M. Trujillo

AARC Staff: Tom Kallstrom



**AARC 2020 CONGRESS LIVE
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Committee Section:

Membership

Report Submitted by:

Karsten Roberts

Recommendations

None at this time.

Action Items in Progress/Completed

As the committee resets from the shock of COVID-19, Amanda and I have tentatively discussed efforts to increase our participation with HOSA and provide more resources to the Membership Chairs. We will be finalizing those plans with the committee for implementing in 2021.

Current/Active Committee Members

- Amanda Richter
- Cheryl Skinner
- Dennis Guillot
- Gregg Marshall
- Jeffrey Davis
- Jennifer Anderson
- Kaitlyn Wolken
- Kari Woodruff
- Karsten Roberts
- Kerry McNiven
- Laura Hartman
- Lawrence Stein
- Mandy De Vries
- Michele Pedicone
- Sharon Armstead



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
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Committee Section:


Position Statement


Report Submitted by:


MIKE MADISON

RECOMMENDATIONS

-  “That the issue paper entitled “Advancement of the Profession Tripartite Statements of Support” be retired” (see attachment)

-  “That the position statement entitled “Interstate Transport License Exemption” with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved.” (see attachment)

-  “That the position statement entitled “Pre-Hospital Ventilator Management Competency ” with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved.” (see attachment)

-  “That the issue paper entitled “RT Credential” with noted revisions (language to be removed appears as strikethrough and language to be inserted appears as bold and underlined) be approved.” (see attachment)

Attachments



- Conference Call Meeting - October 16, 2020 - Notes
1 01820.doc

-  **Addendum: “That the new position statement entitled “Best Practices in Productivity and Staffing: Value-Efficiency ” be approved.” (see attachment)**



**AARC 2020 CONGRESS LIVE
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Committee Section:

Virtual Museum

Report Submitted by:

Trudy Watson

Recommendations

None at this time

Action Items in Progress/Completed

1. Work continues to collect and add new content to the Virtual Museum. A new gallery, "COVID-19 and the Respiratory Therapist" , was launched in September 2020. We would like to expand the gallery to include more images and narratives of our front line workers' memorable experiences during the pandemic. We invite the members of the BOD to be among the first to share significant pandemic memories for the gallery.
2. The committee reviewed the nominations for the Class of 2020 Legends of Respiratory Care. Three individuals were selected to be designated as Legends: Alvan Barach, MD (deceased), Robert Kacmarek, PhD, RRT, FAARC, and Neil MacIntyre, MD, FAARC.
3. We continue to receive and reply to requests for permission to use images in the Virtual Museum for presentations and educational publications.

Attachments



Current/Active Committee Members

Dr. Robert Aranson, Gayle Carr, Felix Khusid, Dianne Lewis, Colleen Schabacker



AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING

Committee Section: BS Entry to Practice

Report Submitted by: Brian Walsh

Recommendations

None

Action Items in Progress/Completed

The committee continues to break into smaller groups around the four committee charges of lack of awareness, constraints related to higher education, program and clinical resources, and competition.

Current/Active Committee Members

Tom Barnes (CoBGRTE), Greg Ferencak (NN2), Lynda Goodfellow (AARC), Robert Joyner (NBRC), Thomas Kallstrom (AARC), Christy Kane (CoBGRTE), Brad Leidich (COARC), Shelly Mishoe (COARC), Candace Ryan (NN2), Karen Schell (AARC), Robert Shaw (NBRC), Tom Smalling (COARC), Shawna Strickland (AARC), Lori Tinkler (NBRC), Brian Walsh (AARC, Chair).



AARC 2020 CONGRESS LIVE
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Committee Section: Airline Oxygen Safety

Report Submitted Sheri Tooley

by:

Recommendations

None

Action Items in Progress/Completed

Little has been accomplished in 2020 due to the pandemic not only shifting our focus, but also grounding the travel industry. When timing is better to interact with the airlines again we will re-engage. We are considering broadening our scope within the airlines industry. Perhaps not just limiting our focus to our patients with oxygen, but for all travelers in regards to respiratory health-related topics.

Current/Active Committee Members

Sheri Tooley, Dianne Lewis, Frank Salvatore, Joe Hylton, Jon Inkrott,
Dr. Jerry Krishnan, Steve Sittig, and Executive Office-Tom Kallstrom and Anne Marie Hummel



AARC 2020 CONGRESS LIVE
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**Committee Section: Advanced RT Practices,
Credentialing and Education**

Report Submitted by: Brian Walsh

Recommendations

None

Action Items in Progress/Completed

The committee continues to break into smaller groups around the six committee charges of public relations, physician collaboration, regulatory, state, monetary and academic. Most of the committees work over the last year can be summarized by our newly launched Advanced Practice Respiratory Therapist website <https://www.aarc.org/careers/advanced-practice-respiratory-therapist/>, Scope of Practice and the two peer reviewed publications (1 in CHEST and 1 in RC).

Current/Active Committee Members

William Croft (AARC), Dana Evans (AARC), Thomas Fuhrman (NBRC) Kerry George (NBRC) Lynda Goodfellow (AARC), Carl Haas (NBRC), Anne Marie Hummel (AARC), Robert Joyner (NBRC, Co-Chair), Shane Keene (COARC), George Burton (COARC), David Kelley (AARC) Kevin O’Neil (COARC), Kathy Rye (COARC), Sarah Verekojjs (COARC) Shawna Strickland (AARC), Lori Tinkler (NBRC), Brian Walsh (AARC, Co-Chair) and John Wilgis (AARC).



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

AS to BS Conversion

Report Submitted by:

Chris Russian

Recommendations

None

Action Items in Progress/Completed

The committee created a survey to gather data on programs that are interested in converting to a BS degree or creating an articulation agreement. The committee distributed the survey to programs in the southwest region (Texas programs) and we are still collecting survey results. We received survey responses from about 1/3 of program. Reminders have been sent to generate additional responses. We plan to send to additional programs outside of the southwest. We continue to work with programs that are in the middle of converting. We have collected career pathways information. We have communicated with nine programs that have requested assistance. The programs have asked for different types of assistance (curriculum writing, proposal development, SACS assistance, etc.) We help as needed. We are working on strategies for increasing the number of MSRT/MSRC programs. We are meeting through Connect and email. I plan to have a Zoom meeting during Summer Forum.

Current/Active Committee Members

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

Additional Info

None



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section: POLICY REVIEW COMMITTEE

Report Submitted by: CHERYL HOERR

Recommendations

BOD.005 Oversight of Executive Director

The committee recommends that the Board approve this policy as revised.  

BOD.007 Fiduciary Responsibility

The committee recommends that the Board approve this policy as revised.  

BOD.017 BOD Officer Position Description Profiles (Policies below combined under this policy number) 

The committee recommends that the Board approve this policy as revised.

BOD.017 President Elect-President 

BOD.018 Vice President/Internal Affairs 

BOD.019 Vice President/External Affairs 

BOD.020 Secretary Treasurer 

The committee recommends that BOD.018, BOD.019 and BOD.020 be retired.

BOD.021 BOD Director Position Description Profiles (Policies below combined under this policy number) 

The committee recommends that the Board approve this policy as revised.

BOD.021 Director 

BOD.022 Section Director 

The committee recommends that BOD.022 be retired.

Specialty Sections



November 2020

Adult Acute Care Section Submitted by: Carl Hinkson

Recommendations

None at this time

Report:

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

Status: 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.

Status: Not yet started

3. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your specialty section's members. Proposals must be received by the deadline in January. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis).

Status: Complete

4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to: online section meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media.

A. Enhance communication with and from section membership through the section's AARConnect

Status: Fall bulletin pending.

Status: Ongoing engagement through AARConnect

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

Status: Ongoing

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

Status: Felix Khusid recognized as the SPOY

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

Status: Ongoing

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

Status: Ongoing

9. Encourage networking and the use of AARC resources that promotes the art and science of Respiratory Care: AARConnect library, swap shop, and listserv

Status: 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

Status: Not started

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

Status: Not started

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

Status: Ongoing

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

Status: Not Started

Current/Active Committee Members:

Carl Hinkson

Special Thank you to Karsten Roberts for editing bulletin.



Recommendations

None

Action Items in Progress/Completed

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 1,500 active members.*
 - This is in progress, we have 1,372 members. We will be working to increase membership to the section.
2. *Develop two-way dialogue between representatives of associate degree programs and the Education Section/AARC leadership regarding establishing a strong career pathway for associate degree graduates to pursue a baccalaureate degree.*
 - The committee on Career Pathways and Ad Hoc BS Entry to Practice committees address this charge. The AS to BS Lunch and Learn discussions also are a mechanism to continue this dialogue.
3. *Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.*
 - Faculty needs were identified as a priority given the increase in changes in Key Personnel positions nationally. A HOD Horizon Goal Education/Professional Development needs assessment survey was conducted by Dr. Kimberly Clark (UNC Charlotte). Dr. Clark has discussed the initiative with both the current section chair and chair-elect.
4. *Identify education sustainability resources for current RT programs for purposes of recognition and recruitment, and to retain/develop students and faculty.*
 - Apex Recognition Award: Submission this year will allow more programs to be recognized for excellence. Degree Advancement standards were added as an additional opportunity for programs. This will be highlighted through AARC Connect discussion.
 - The RRT (Recruitment and Retention ThinkTank) will continue to be a discussion in AARC Connect to develop ideas for needed student and faculty sustainability resources. The focus will be the transition from live to virtual recruitment.
 - The "Be an RT" initiative will be the center of this discussion. These conversations were postponed during the COVID-19 pandemic since faculty and programs were likely focused on the shift to online education.
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: Complete

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: Ongoing. The Section was engaged in many discussion posts that involved several section members. The table attached illustrates the engagement in Connect since the last BOD report. It is notable that due to the pandemic, educators may have less engagement due to the shift to online

education. Fall engagement activities were to encourage section members to share resources to assist with the shift to online education due to the COVID-19 pandemic. There has been robust discussion and sharing. In addition, section members, Samantha Davis and Jasmine Brown, offered a mini-series via Zoom for virtual simulation. The program was well received, and the archived videos are available in the section library.

AARC Connect Engagement Table:

Education Section	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020
Total Discussion Posts	177	162	69	56	81	38	64
New Threads	30	33	12	17	15	14	17
Replies to Discussion	147	129	57	39	66	24	47
Replies to Sender	22	54	9	18	17	16	11
Likes	18	20	1	3	5	8	0
Unique Contributors	93	100	42	42	49	26	40

People Joining the Section Community	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020
Month Joined	38	48	26	30	30	42

5. *Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.*
STATUS: Ongoing
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. Dr. Arzu Ari was the SPOTY award winner. Thank you to the committee (composed of previous award winners) that scored the nominations.
7. *Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.*
STATUS: Our Chair-Elect, Dr. Jennifer Anderson, has participated in the education proposal selection process and is included on any communications to ease the transition. A transition meeting via Zoom will allow Dr. Anderson to receive documents and advice before the transition.
8. *Enhance communication with and from section membership through the section AARConnect, review and refinement of information for your section’s web page and provide timely responses to requests for information from AARC members.*
STATUS: Reminders for the Preceptor Recognition Program, SPOTY awards, Apex, Simulation mini-series, webcasts, etc were 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: During the COVID-19 pandemic, section members shared freely and the use of AARC resources was promoted.
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: Completed Feb 2019.
11. *Share best practice with fellow section chairs to improve value or membership participation.*
STATUS: Ongoing.
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: Ongoing. Recruitment email to Program Directors that are not section members will be sent in October.

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



November 2020 Leadership/Management Section Report

Recommendations

The Leadership/Management Section proposed a previous recommendation during the summer Board meeting to:

“The AARC Board of Directors to charge the Position Statement Committee to author a Position Statement and White Paper on ‘Defining Respiratory Care Value’ to be completed and submitted for approval by the Fall 2021 Board of Directors meeting AND that Rick Ford, Garry Kauffman and Rob Chatburn be added as expert, ad-hoc members of the committee exclusively to aid in the development of this Position Statement and White Paper only.”

It has been clarified and approved for a position statement and position paper be created regarding the value proposition. Work is underway at this time for creation.

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 AARC Program Committee to:

- Twenty-seven leadership/management-specific presentation slots were initially selected and approved for the 2020 AARC Congress program with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals. However, the COVID pandemic created the need to change to a virtual Congress meeting where the original 27 presentations were narrowed to 15.
- The LARS pilot including key leaders of four chartered affiliates was kicked off in May-June. An overview of the program, goals and participating chartered affiliates are located in the SBAR below.



FINAL Mgt Section
Proposal SBAR 2-17-2

The following table reports the activities by participating chartered affiliates.

Chartered Affiliate	Lead(s)	Activities
Pennsylvania	Margie Pierce Dana Stauffer Matt Pavlichko	-June 19 LARS kickoff meeting where 77 leaders were invited and 60 attended (78%); endorsed URM and AARC Live events at this initial meeting; created and



November 2020

Leadership/Management Section Report

		<p>implemented a survey to determine baseline leadership input on frequency of LARS events, topics, etc (77% responded); plan another survey in a year working with the Pennsylvania Resp Research Collaborative for publication; productivity was a key issue identified;</p> <p>-Sept 25, 2020 was second LARS meeting; COVID Lessons Learned Round Table employed (45 attended)</p> <p>-<u>Next Steps</u>: more round tables requested, update PSRC website, create a Facebook page for new Penn Resp Care leaders, more networking events and considering a vendor sponsored support (e.g., product commercial in the middle);</p>
New Jersey	Joe Goss Fernando Echeverria	<p>-Initial LARS meeting in July where they shared intent of LARS pilot; attendance was low;</p> <p>-Next meeting is scheduled for second week of October;</p> <p>-The large LARS group suggested ideas for engaging others</p>
Michigan	Jonathan Vono Nick Prush Mike Hess	<p>-Cancelled Spring meeting due to COVID; however, reached out to colleges to engage students who want leadership experience and mentoring;</p> <p>-MSRC's focus is also on international engagement (sister hospital in Saudi Arabia);</p> <p>-Reached out to media to give an update on Respiratory Therapy during the pandemic;</p>
Texas	Mary Hart David Rodriguez	<p>-Initial LARS kickoff meeting held in July; -Changed name to Leadership Management on TSRC website;</p> <p>-Creating contact list of all state Resp Care leaders</p>
Next Steps	<p>-All Chartered Affiliates are creating a master list of all Respiratory Care leaders in their state for use in contacting all leaders (AARC/CA members and non-members).</p> <p>-The MSRC will plan and host a networking meeting for all chartered affiliate leaders in each chartered affiliate participating in the LARS pilot to include a timely topic for presentation. Tentatively, a date in November is being considered.</p>	

**AARC oversight from Teri Miller (HOD), Garry Kaufmann (Parliamentarian, HOD) & Kim Bennion, Leadership/Management Section Chair*

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**



November 2020 Leadership/Management Section Report

AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the Board Report.

Status:

2020 YTD Leadership/Management Specialty Section Meetings are scheduled for:

- Scheduled for November in conjunction with the 2020 International Respiratory Congress in Orlando, Florida.
- Chartered Affiliate LARS meetings in the pilot states commenced as the program kick-offs were completed at the end of May and beginning of June.
- All LARS chartered affiliates will be invited to the November 2020 combined networking meeting.
- **2020 Leadership Book Club:** An easy read book, *The Go-Giver*” by Bob Burg & John David Mann, was the summer read. We thought to offer this easy, uplifting book to the group in lieu of the COVID 19 pandemic. Readership was down; however, we attribute that to the COVID surge variability across the nation.

2020 Virtual “AARC LIVE” Summer Forum

This forum, born of necessity, was an opportunity to evaluate virtual meetings for the future. Four presentations were identified for the Leadership/Management (LM) Section for July 23, 2020. Total Summer Forum attendance was 564. The LM Section ONLY was 28; however, data reported by registrant job title of director, manager or supervisor was 84.

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 Leadership/Management Section membership is shared during Section meetings. Information on current AARC initiatives and advocacy efforts are also discussed with input solicited from members. It is our impression reporting of issues and solutions will be enhanced by the implementation of the LARS trial. Outcomes will be forthcoming.

Status: Posts on the AARC Leadership/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, we have had 3 rather large “calls to action”. These are: 1) a request from our members regarding whether they have a webpage and what content is posted, 2) a call to contact Mattel who is creating every day hero action figures to have RTs added to the list, and 3) ongoing



November 2020

Leadership/Management Section Report

reminders to complete the Uniform Reporting Manual survey for productivity standardization.

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 Leadership/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. Two key strategies have been implemented to support this:

- The LARS pilot implementation for the AARC to support and encourage Chartered Affiliate leadership learning opportunities.
- The incorporation of interactive sessions at Summer Forum and Congress for both management and leadership topics.

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: Member activity on AARConnect slowed drastically during Q2 2020 most probably due to the constraints of the COVID pandemic. Slow recovery and increase participation were seen from July 1 – Sept 30, 2020. Participation is reported in the table below.

Leadership/Management Section AARConnect Activity	July – Sept 30, 2020
Total Discussion Posts	87
New Threads	23
Replies to Discussion	64
Replies to Sender	11
Likes	12
Unique Contributors	52

Status: A LARS AARConnect Sub-Community was added to the Leadership/Management Connect Community during May 2020 and 2 group meetings have been held. A third is being planned by the Michigan Society for Respiratory Care for possibly November. A LARS AARConnect Community was created during the summer.



November 2020 Leadership/Management Section Report

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: Full review completed Q4 2019. No further activity.

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 1599 total Leadership/Management Specialty Section members.

Jan 1 – Sept 30, 2020 YTD Leadership/Management Section Membership

Leadership/Management Membership Report	May Total #	June Total #	July Total #	August Total #	Sept Total #
Members	1608	1598	1609	1608	1599

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


Status: Key initiatives, goals, metrics and progress as of September 30, 2020 are reported below.

Criteria Key Completed to the level highlighted

Initiative/Goal	Outcomes/Metrics	Update
Increase Section Membership <i>Advocacy, Membership, Revenue/Finance</i>	<ul style="list-style-type: none"> ○ Entry: 2% ○ Target: 3% ○ Stretch: 5% 	YTD (Sept 30, 2020) increased membership is an overall 30 (2%) based on total membership Dec. 2019 of 1556.



November 2020 Leadership/Management Section Report

<p>Implement the LARS initiative <i>Advocacy, Communication/Marketing, Education/Professional Development, Events/Meetings, Membership</i></p>	<ul style="list-style-type: none"> ○ Entry: 3 state affiliates ○ Target: 4 state affiliates ○ Stretch: 5 state affiliates 	<p><u>Q1 2020:</u> Finalized LARS Proposal and Supporting Documents; identified chartered affiliates (CA) and leaders for pilot</p> <p><u>Group Meetings:</u> 2 meetings with the full group have occurred to date. A third is being planned for possible November 2020.</p>
<p>Identify, track and report goals and metrics between the state, chartered affiliates and the AARC. <i>Advocacy, Communication/Marketing, Education/Professional Development, Events/Meetings, Membership</i></p>	 <p>FINAL LARS Goals Metrics 5-28-2020.docx</p> <ul style="list-style-type: none"> ○ Entry: 2 of 4 (50%) of each participating state is has begun work on goals/metrics. ○ Target: 3 of 4 (75%) of each participating state will complete all listed goals/metrics. ○ Stretch: 4 of 4 (100%) of participating states will complete all listed goals/metrics. 	<p><u>May & June 2020:</u> held LARS project introductory WebEx meetings with CA identified leaders; shared goals & metrics</p> <p>September: reintroduced Goals and Key Metrics to the group.</p>
<p>Identify all conference presentations/activities as Leadership or Management topics <i>Advocacy, Education/Professional Development, Events/Meetings, Membership</i></p>	<p>Entry: SF presentations</p> <p>Target: Congress presentations</p> <p>Stretch: both SF and Congress presentations</p>	<p>Completed Feb 2020 & revised April 2020</p> <p>Completed Feb 2020</p>
<p>Establish criteria for the Leadership/Management Section SPOTY Award <i>Advocacy, Education/Professional Development, Events/Meetings, Membership</i></p>	<ul style="list-style-type: none"> ○ Entry: submit a question on AARConnect to elicit inclusion criteria (by June 30, 2020) ○ Target: Draft criteria using Section feedback by August 2020 ○ Stretch: Present draft criteria for a final vote via AARConnect (Sept-Oct 2020); 	<p>Initially Posted June 12, 2020</p> <p>Reposted October 5, 2020</p>



AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING

Committee Section: Neonatal/Pediatric Section

Report Submitted by: Bradley A. Kuch

Recommendations

No Recommendations at this time.

Action Items in Progress/Completed

The number of action Section numbers have decreased slightly (-132). Need to engage section membership at the next section meeting. Despite the decrease in section members, the section's AARC Feed remains steady in the all measure, with a nice increase in replies to discussion – demonstrating engagement of the member ship.

At the next section meeting adding a CV to the SPOY application will be tabled. The input of the membership will be used to address new recommendation. The goal is to increase Section membership for applying for high level positions while increasing the nomination pool.

Additional Info

No other report at this time.



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

**Ambulatory and Post-Acute Care
Section**

Report Submitted by:

Adam Mullaly

Recommendations	None
Action Items in Progress/Completed	upcoming virtual meeting, newsletter podcast initiative
Current/Active Committee Members	NA
Additional Info	NA

Sleep Section Report by Jessica Schweller

Recommendations

- None

Report

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

Measurable Outcomes:

1. Quarterly reports to VP
2. Spring, Summer, Winter reports to BOD addressing the above 12 objectives
3. List of proposals to Program Committee
 - Status:** Continue to increase membership to the sleep section each year.
Current membership YTD: 689 members (decreased over the past year)
3. Provide proposals for programs at the International Respiratory Congress and Summer Forum to the Program Committee to address the needs of your specialty section's members. Proposals must be received by the deadline in December. (keep an ongoing list throughout the year and encourage submissions from your membership through AARConnect on a regular basis)
 - Provided feedback to the education committee on topics/proposals submitted for Congress 2020
 - Provided support for new presenters through a mentorship program with other members in the Sleep Section
 - Recorded presentations for Congress Live 2020
4. The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership and reported to their VP. This engagement activity may include, but not limited to:
 - a. • online section meeting,
 - b. • journal discussions,
 - c. • initiation of discussions on AARConnect,
 - d. • posting of key materials to the AARConnect libraries,
 - e. • AARC webpages, or
 - f. • highlighting AARC resources to members through social media.
 - g. • Enhance communication with and from section membership through the section's AARConnect

-Status: trying to increase communication and engagement from section membership through AARConnect. We have been connecting through our group to reach out to each other regarding protocol changes, lab changes and ways to adjust our practices due to COVID-19. Our upcoming section meeting is scheduled for November 2020 virtually during Congress Live 2020.

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

- **Status:** Ongoing continuation: working strongly to increase membership among students, new hires/new RT's and to increase awareness of the sleep section among members that might have a common interest in sleep.

-

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: sought out nominees for Sleep SPOTY 2020 however we did not receive any nominations this year. After discussing with several members, many feel the SPOTY is very prestigious award and wanted to nominate someone on a year that they have the opportunity to receive the award live at the national meeting, therefore they withheld nominations.

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

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

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

Status: currently responding to information as necessary and appropriate. Currently reaching out to potential members who may have questions about sleep or sleep education.

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

AARConnect library,
swap shop,
and listserv

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

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

Status: nothing to report

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

Status: working alongside fellow RTs in cross sections that overlap with sleep to try and network to improve AARC connections and improve AARC membership in the community. Presented a Webcast in October to help engage therapists in sleep education.

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

Status: nothing to report

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

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



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
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Surf to Air Transport Section

Report Submitted by: Olivia Kaullen

Recommendations

None at this time

Action Items in Progress/ Completed

1. First and foremost, advocate for section members utilizing the BOD reporting and recommendation process.
 2. Continue to grow committee, which will increase participation thereby growing membership.
- Education committee project planned for this winter/spring with member that will be starting new position (what she's learning as a new member of (flight) transport and how we can help others that are new to the field grow and support them.

Current/Active Committee Members

Alicia Bassett, Monique Steffani

Additional Info

Will continue to attempt to re-engage Education and membership committee members as we approach our 'new normal' with Covid calming down.
We will also be holding our virtual meeting Dec 2, 2020.

Organizational Reps



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

AMA/CPT

Report Submitted by:

Susan Rinaldo Gallo

Action Items in Progress/Completed

2021 Changes

Reminder that the following codes have been deleted, effective 1/1/2021. The deletions were due to non use.

94250 – Expired gas collection, quantitative, single procedure

94400 - Breathing response to CO2 (CO2 response curve)

94750 - Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

94770 - Carbon dioxide, expired gas determination by infrared analyzer

Code Revision

Changes- underlined text has been added.

94617 Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry; with electrocardiographic recording(s)

New code: 94619 without electrocardiographic recording(s)

I have communicated this on several list serves.

Anne Marie and I attended the October virtual AMA CPT meeting. The editorial panel reviewed requests for a new pulmonary rehab code and several additional remote patient monitoring codes. Information will not be available to the public until Nov. 2. Anne Marie can provide a verbal update to the Board at its upcoming virtual meeting.

Current/Active Committee Members

Garry Kauffman

Becky Anderson



**AARC 2020 CONGRESS LIVE
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Committee Section:

IPEC

Report Submitted by:

Samantha Davis

Action Items in Progress/Completed

- Summer IPEC Meeting featured virtual poster sessions, award reception, and keynote speakers (impact of COVID-19 on IPE/IPCP)
- December IPEC Institute promoted on AARC Connect
- IPEC and UT Health Sciences Center are seeking applicants for an IP expert panel - Call shared on AARC Connect

Attachments



- [IPE-Macy-Grant-Expert-Panel-Recruitment-Flyer \(20-10-06\).pdf](#)



AARC 2020 CONGRESS LIVE
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Committee Section: Amer Heart Assoc (AHA)

Report Submitted by: Brian K. Walsh

Recommendations

No recommendations

Action Items in Progress/Completed

We continue to have virtual ECC Committee Meetings. The new guidelines and products are published and slowly making their way into practice.



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

CAMTS

Report Submitted by:

Steven Sittig

Recommendations

None at this time

Action Items in Progress/Completed

With the ongoing pandemic, CAMTS has moved to all virtual meetings as have many other organizations. Our most recent board meeting as well as executive meeting minutes are attached for your review. At this point in time all future meetings will be virtual. Our next board meeting is scheduled for October 29th to the 31st.

Attachments



CAMTS 2020_08 BOD Mtg Minutes.docx



CAMTS 2020_08 Exec Minutes.docx

Current/Active Committee Members

The 12th edition of the CAMTS standards are progressing. It is hoped to have a raft released early next year for public comment. These standards will also be compliant with the American National Standards Institute guidelines. This makes CAMTS the recognized leader in medical transport standards. I continue to serve on this committee during quarterly phone conference.



**AARC 2020 CONGRESS LIVE
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Committee Section:

CoBGRTE

Report Submitted by:

Gary Wickman

Recommendations None

**Action Items in
Progress/
Completed**

I have attended most of CoBGRTE’s monthly Executive Committee (EC) meetings since the last report in July, 2020. CoBGRTE continues to deal with the pandemic like everyone else. The EC continues to meet virtually each month. Here are some of the accomplishments this year and items scheduled to take place during the rest of the year.

- There will be a virtual Fall CoBGRTE BOD meeting scheduled for October 30, 2020.
- CoBGRTE has added two scholarships named in honor of Craig Smallwood and Tom Malinowski.
- CoBGRTE’s New Programs Committee continues to explore ways, including online resources, to assist those starting new baccalaureate and graduate RT programs.
- Several CoBGRTE members met with the Kentucky Society for Respiratory Care and Kentucky Board for Respiratory Care leadership to discuss APRT. KSRC asked CoBGRTE for assistance as they begin work toward APRT licensure.
- The CoBGRTE Marketing Committee is creating videos for CoBGRTE and CoBGRTE Institutional Members to use on their websites. The videos include recruitment for the profession, degree advancement programs, as well as entry-level programs.
- CoBGRTE hosted a virtual Summer Seminar on July 22nd. Faculty shared strategies they have used to create virtual clinical experiences.
- CoBGRTE will be using a new membership software starting in 2021

COBGRTE Officer Elections (for two-year terms):
 Medical Advisor - Russ Acevedo, MD
 Secretary - Jose Rojas
 Treasurer - Jonathan Waugh
 CoBGRTE new directors:
 Will Beachy (four-year term finishing Tom Malinowski's term)

Daneen Nastars (five-year term)
Abdullah Alismail (five-year term)

The announcement will go out in October issue of Coalition Chronicle.

The CoBGRTE EC has been able to meet with the AARC EC at the Summer forum and the Congress in years past. Since those meetings were changed to meet virtually, the two ECS have not had the chance to meet. The CoBGRTE EC respectfully asks to meet virtually with the AARC EC to discuss ways that they can work together to promote the Respiratory Care profession and specifically how they can support the move of respiratory therapy educational programs to BS or graduate levels. CoBGRTE also asks to continue its current members on the AARC BSRT Entry Committee as they reorganize for 2021.

CoBGRTE would like to thank the AARC for heading up the Health Professions Week initiative.

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 respiratory therapy programs, developing and implementing the APRT curricula, providing support to members through continuing education, and increasing membership in the organization and the AARC.

I would like to thank Dr. Christy Kane, and the rest of the CoBGRTE Executive Committee for allowing me to work with

the AARC List CoBGRTE

As noted in the report, CoBGRTE asks to continue with its current members on the AARC BSRT Entry Committee for 2021. The CoBGRTE EC asks to meet virtually with the AARC EC as they were not able to meet in person this year.

Additional Info



AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING

Committee Section: ELSO

Report Submitted by: Bradley A. Kuch

Recommendations

The AARC ELSO Liaison is a 3-year term that is up at the end of the calendar year. The appointment term limit is 2 terms. Recommendation is to appoint an ELSO liaison for the upcoming term.



**AARC 2020 CONGRESS LIVE
BOARD OF DIRECTORS
MEETING**

Committee Section:

Int’l Council

by Jerome Sullivan

Recommendations

No recommendations at this time.

Action Items in Progress/Completed

- 1) The Standing Nominating Committee of the ICRC has completed the review of candidates for the 2020 Hector Leon Garza, MD International Award. The Committee recommended Lluís Blanch, MD, (Spain) for this Award. This recommendation was forwarded on to the AARC Executive Office and to the Chairman of the ARCF for a vote by the Foundation Board of Trustees. Dr. Blanch was approved by the ARCF to receive the Garza Award and has been so informed by the ARCF Chair.
- 2) The Standing Nominating Committee of the ICRC has completed the review of candidates for the 2020 Toshihiko Koga, MD International Achievement Award. The Committee recommended Timothy A. Larson, BS, RRT/NPS, AE-C (Ohio, USA) for the Koga Medal. This recommendation was forwarded on to the ICRC Council of Governors for a vote. This process is in progress at the time of this writing.
- 3) The normally very busy International Education Recognition System (IERS) has been slowed to a standstill as a result of the COVID-19 pandemic. Communications from Governors of member countries indicate widespread cancellation and or delay of almost all in person professional meetings. A single IERS Application from China is the only program under review.
- 4) Current ICRC President Sullivan and ICRC President Elect Daniel Rowley continue to work to complete the leadership transition for the Council.
- 5) Plans are currently being explored for a virtual ICRC Business Meeting to occur in concert with the AARC virtual International Congress. One of the logistic obstacles to consider is that the member countries of the Council span more than 20 time zones across the world.

Current/Active Committee Members

All member country Governors are active. For a complete listing of the 30 member countries please consult the ICRC web page.

Additional Info

NA



**AARC 2020 CONGRESS LIVE
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Committee Section:

NRP

Report Submitted by:

Teka Siebenaler

Recommendations

N/A

Action Items in Progress/Completed

The Fall meeting of the NRPSC occurred virtually on 10/1 & 10/2/2020. Our first order of business was to review all of the NRP grant applications and approve the fund distribution.

The 8th edition of the NRP provider manual is heading into publication, so there was much work on chapter review. There will be a shift in NRP course format and will have an essential option and an advanced education track. This will allow healthcare providers, both in hospital and out of hospital providers to learn the basic skills of NRP, including PPV. If those steps are correctly completed, then the likelihood of a more advanced resuscitation in a low risk infant.

For the advanced track, that will cover all steps of a resuscitation, including PPV, intubation, medications, umbilical access and CPR.

The NRPSC has been working with Laerdal to incorporate RQI into its course and there is currently work happening to further define that algorithm with hopes to work with existing RQI sites to become the beta sites. The hope will be to have an RQI NRP manikin that hospitals can use to assign quarterly skills competencies to staff, rather than just coming to a class every 2 years and not practicing any of the skills in between classes.

The 8th edition will also address the PALS vs NRP debate and what skills to use in a NICU resuscitation. It also mentions out of hospital delivery, both planned and unplanned with the statements from ACOG on these deliveries guiding the information.



I presented the AARC liaison report, with much of the information kindly supplied by Tom Kallstrom.

Other Reports

Date: October 16, 2020

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

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

Subject: NBRC Report

I appreciate the opportunity to provide my last update as President of the NBRC. Our Board last met virtually in April 2020. Albeit not the way we had planned, we had a very successful first encounter with a week of virtual committee and Board meetings. We also held the annual Licensure, Insight, Networking and Collaboration (LINC) meeting in a virtual format as well as the NBRC Executive, Investment Advisory and Clinical Simulation Examination Committees in August.

New in 2020, the NBRC implemented a wait between examination attempts policy:

- The policy allows candidates for the Therapist Multiple Choice and Clinical Simulation Examinations three attempts without a wait but for subsequent attempts the candidate must wait 120 days. For specialty examinations, candidates receive two attempts and then a 180-day waiting period is imposed. Based on years of data that we have collected, we know that nearly 90% of candidates pass within their first 3 attempts on the TMC and Clinical Simulation Examinations and within 2 attempts for the specialty programs.
- The Board implemented this policy to be confident that candidates are passing the exams for the right reason and are not being over exposed to examination content.

In January 2020 new content was implemented for the Therapist Multiple Choice and Clinical Simulation Examinations:

- Details about changes in examination content can be found on our website but in general they are small, evolutionary changes.
- On the TMC exam, there are now a target number of pediatric and neonatal questions along with a minimum and maximum number as described in the chart shown.
- For the Clinical Simulation Examination, content changes are essentially equivalent to that found on the TMC but there is increased detail provided in problem descriptions and you will begin to see some sections begin to engage thinking about ethics.
- More detail is also now provided about the quantity of problems candidates will be presented with by type and disease.

The NBRC fully implemented its enhanced Credential Maintenance Program (formerly known as the Continuing Competency Program) in January:

- The primary change to the new Credential Maintenance Program is the inclusion of an assessment component which focuses on competencies that put the public at risk when performed incorrectly and practice that changes rapidly – think COVID-19.
- While not mandatory, participation in the quarterly assessments are highly encouraged and provide an ongoing learning/educational experience.



The NBRC implemented a social purpose campaign – Choose One – Every Breath Counts in 2020:

- Practitioners could designate a portion of their \$25 annual credential maintenance/support fee be donated to one of three patient advocacy organizations the NBRC Board of Trustees selected. This year's recipients are the American Lung Association, the Cystic Fibrosis Foundation or the Allergy and Asthma Network. These contributions will be made by the NBRC prior to the end of the year – please watch for an upcoming press release on the significant contributions that will be made by the NBRC on behalf of credentialed practitioners across the country.

We continue to find new and enhanced ways of communicating with our constituencies and incorporated a Message Center in the Practitioner Portal where practitioners and exam candidates can find general messages as well as communications specific to them regarding application status, credential maintenance and more.

The NBRC continues to collaborate with the AARC, CoARC and other professional organizations to discuss the future of respiratory care including advanced practice respiratory therapists, baccalaureate degree entry, and new credential exam development. Currently the NBRC is exploring the development of a pulmonary disease educator credentialing program as requested by the AARC.

Since the pandemic hit in March, the NBRC has been doing everything within its power to ensure individuals have an opportunity to get their NBRC credentials and enter the workforce:

- Several communications and articles about our response to the pandemic can be found on our website under COVID-19- NBRC Response, Resources and Communications.
- Several policy adjustments were made to allow practitioners to focus on their job of caring for patients. Credentials with expiration dates between March 31 – November 30, 2020 were extended to December 31, 2020. We also reinstated credentials that expired within the last 5 years through the end of 2020. Those credentials will return to expired status on December 31, 2020.
- Test centers were closed for approximately six weeks during which time we worked as quickly as possible to stand up an alternative testing modality. Examination candidates now have two platforms in which they can take their credentialing exams – in person at a test center location or online in a live remote proctored environment.

Finally, the Board also committed resources to recognize and acknowledge respiratory therapists through our MoreRTs campaign which launched in April. This PR campaign (MoreRTs.com) not only recognizes therapists for what they are doing now during the pandemic but what they will do in the future.

As previously mentioned, our Board and its committees have pivoted to virtual meetings to conduct its business and exam development work and while going well, we are anxious to get back together in person. However, we will remain virtual at least through April of next year. Our staff works in a hybrid mode – in-person in the office 4 days every other week and have transitioned with no issues in level of service or productivity.

While candidate volumes have suffered this year, we are optimistic that we will see these numbers grow in the last quarter. Through mid-October, we have received just over 21,000 applications across all examination programs and administered approximately 19,500 examinations. Over 58,000 individuals paid their annual credential maintenance/support fee and 42,000 designated a portion of their fees to our Choose One campaign in 2020. Invoices for 2021 annual credential maintenance/support were mailed to all credentialed practitioners on October 13. Individuals who pay their 2021 annual fee will receive access to a digital badge to denote their NBRC credentials.

Examination Statistics – January 1 –September 30, 2020

Examination

Pass Rate

Therapist Multiple-Choice Examination – 8,958 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 73.4% |
| | Exceed Low Cut-Score – 82.3% |
| • Repeat Candidates | Exceed High Cut-Score – 32.0% |
| | Exceed Low Cut-Score – 51.0% |

Clinical Simulation Examination – 6,757 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 69.7% |
| • Repeat Candidates | 55.6% |

Adult Critical Care Examination – 419 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 70.2% |
| • Repeat Candidates | 50.0% |

Neonatal/Pediatric Examination – 569 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 75.9% |
| • Repeat Candidates | 55.5% |

Sleep Disorders Specialty Examination – 85 examinations

- | | |
|-------------------------|-------|
| • First-time Candidates | 75.3% |
| • Repeat Candidates | 91.7% |

PFT Examination – 233 examinations

- | | |
|-------------------------|-------------------------------|
| • First-time Candidates | Exceed High Cut-Score – 35.7% |
| | Exceed Low Cut-Score – 73.8% |
| • Repeat Candidates | Exceed High Cut-Score – 35.4% |
| | Exceed Low Cut-Score – 69.2% |

Your Questions Invited

I am honored to have served as President of the NBRC for three years and enjoyed 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.



CoARC

**COMMISSION ON ACCREDITATION FOR
RESPIRATORY CARE**

CoARC Update – Oct 2020

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

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

Mission Statement

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

Value of Programmatic Accreditation

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

What Does CoARC Do?

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

Value of CoARC Accreditation

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

Value of CoARC Accreditation

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

Program Numbers by CoARC Level as of Oct 1, 2020 (n=445)

	200-level (Entry Base)	210-level (Entry ADT BS)	220-level (Entry ADT MS)	300-level (Satellite)	400-level (Sleep Cert)	500-level (Degree Adv)	600-level (Advanced Practice)
Continuing Accreditation	375	2	3	7	3	0	0
Probationary Accreditation	0	0	0	0	0	0	0
Provisional Accreditation	22	3	1	1	1	16	1
Inactive Accreditation	0	0	0	0	0	0	0
Approval of Intent	3	0	0	0	0	7	0
Letter of Intent	0	0	0	0	0	0	0
Total # of Associate Degree Programs						344 Entry	
Total # of Baccalaureate Degree Programs						69 Entry; 19 DA	
Total # of Master's Degree Programs						5 Entry; 4 DA; 1 APRT	

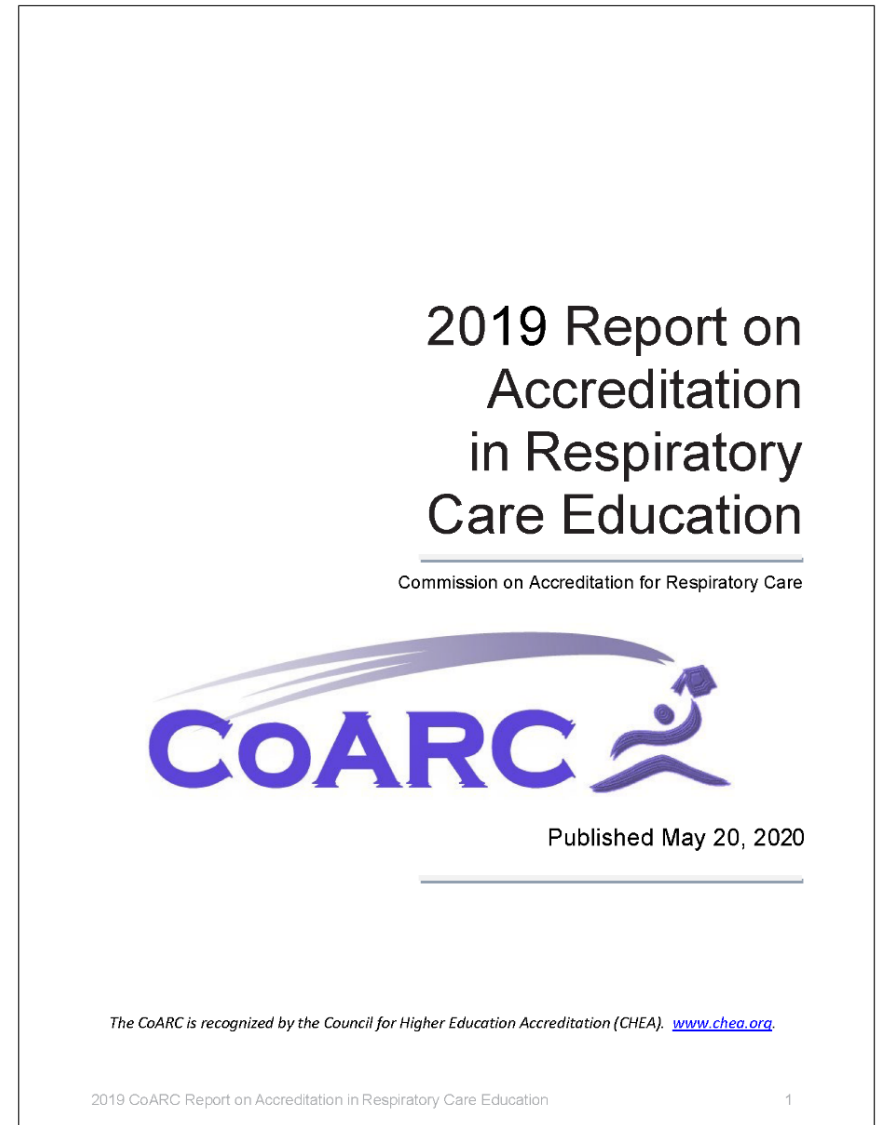
2018-2020 Voluntary Withdrawals

- Since January 1, 2018 to July 1, 2020, there have been 36 program and program options that have withdrawn.
- 29 base programs. 5 satellites, and 2 PSG certificate option
- 17 states (AL, AR, AZ, CA, IN, IL, KY, MI, MO, NE, NJ, OH, OK, PA, SC, TX, VA)
- 10 AAS, 1 AOS, 12 AS, 10 BS, 1 MS, 2 PSG Cert
 - 2 BS (VA and NJ) were the only BS Entry programs in that state
- Stated Reasons for Withdrawal:
 - 14 low enrollments (9 AS [AR, AZ, IL, MI, MO], 4 BS [AL, 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 Report on Accreditation

Due to delays in the submission of last year's RCS, the *2019 Report on Accreditation in Respiratory Care Education* was published on May 20th.

The report is available for download at www.coarc.com.



2019 CoARC Report Highlights

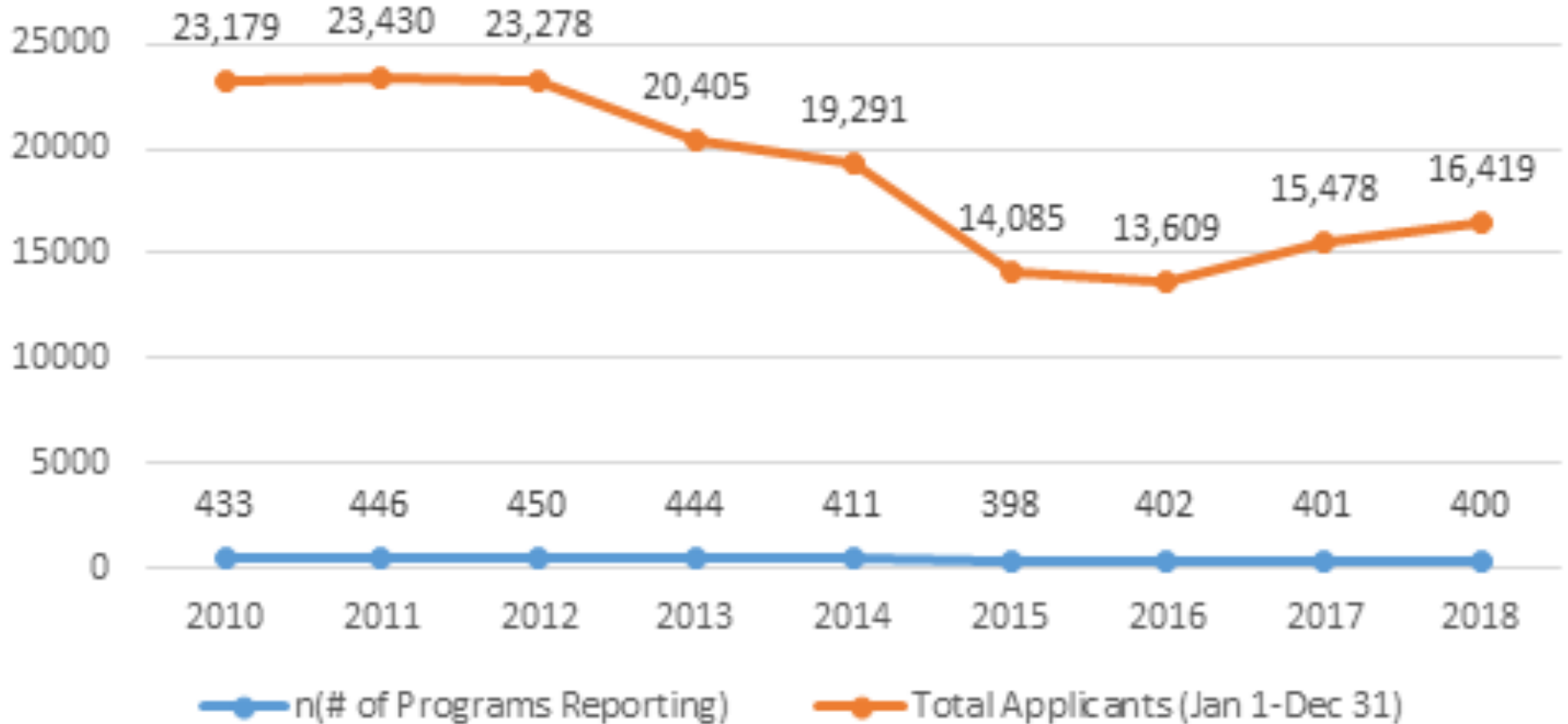
- As of December 31, 2019, 82% of the 420 accredited entry into respiratory care practice programs were associate degree and 17% were baccalaureate degree. Five programs (1% of total) offered a master's degree. Compared to data from the 2018 Report on Accreditation, the number of associate degree programs decreased by 9, the number of baccalaureate programs increased by 2, and the number of master's degrees decreased by 1.
- Forty of the associate degree programs (10%) are offered at four-year colleges/universities.
- In 2019, there were 184 accreditation actions taken by the Board, 45 accreditation actions processed by the Executive Office and 71 site visits conducted.

2019 CoARC Report Highlights

- Total applications reached a peak of 23,430 in 2011, and then decreased by 41% between 2011 and 2016. The number of applications increased by 21% between 2016 and 2018.
- For 2018, there were 8,027 new students enrolled – 64.5% of capacity. There was an 8.1% increase in new enrollments compared to 2017. ***For 2018, 8.8% (45 of the 400) programs reported new enrollments reaching maximum annual enrollment capacity.***
- There were 6,219 graduates in 2018. This is a 1.5% decrease compared to 2017. Compared to 2017, number of graduates in 2018 decreased by 1.1% for associate degree programs; by 3% for baccalaureate degree programs; and by 15.4% for master's degree programs.

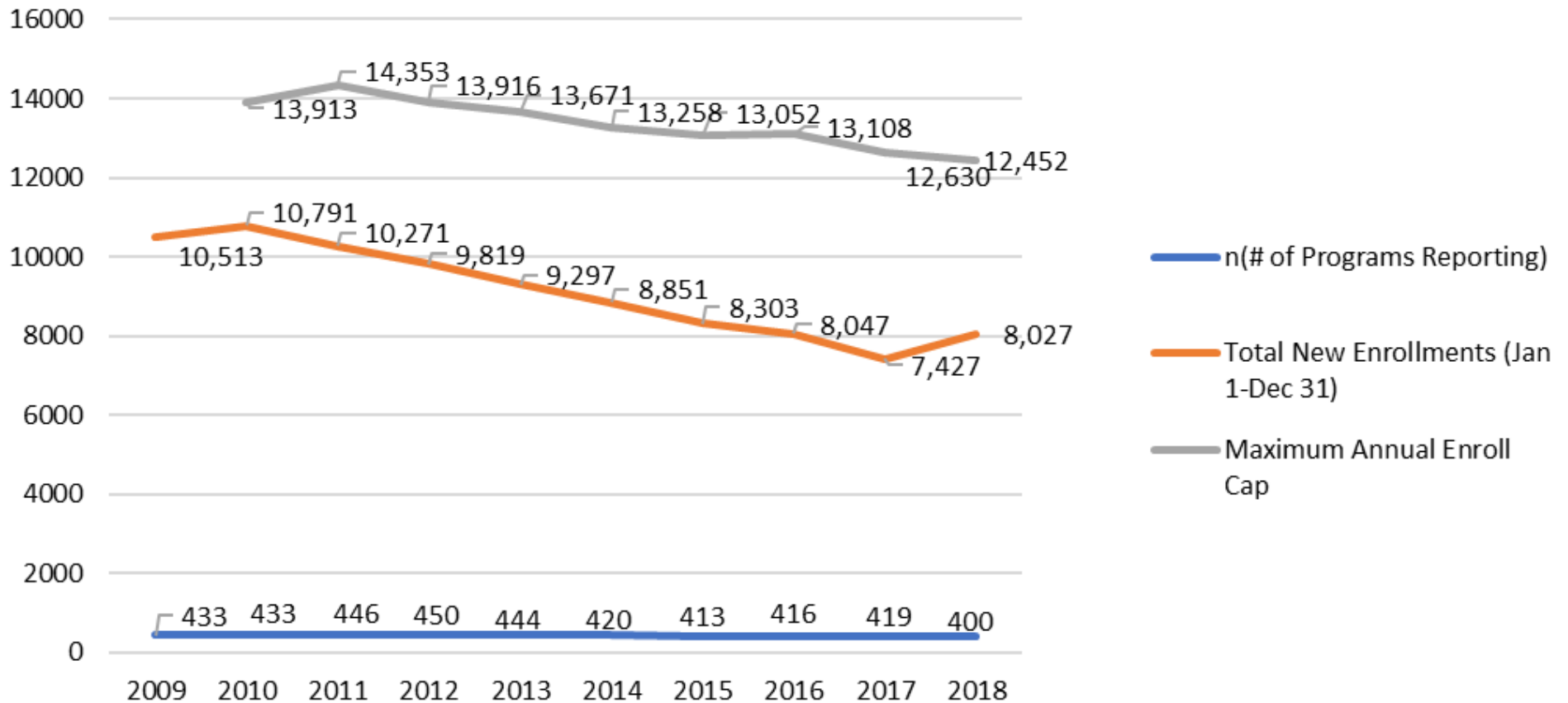
2019 CoARC Report Highlights

Figure 8-Total Number of RC Entry into Practice Applications between 2010-2018



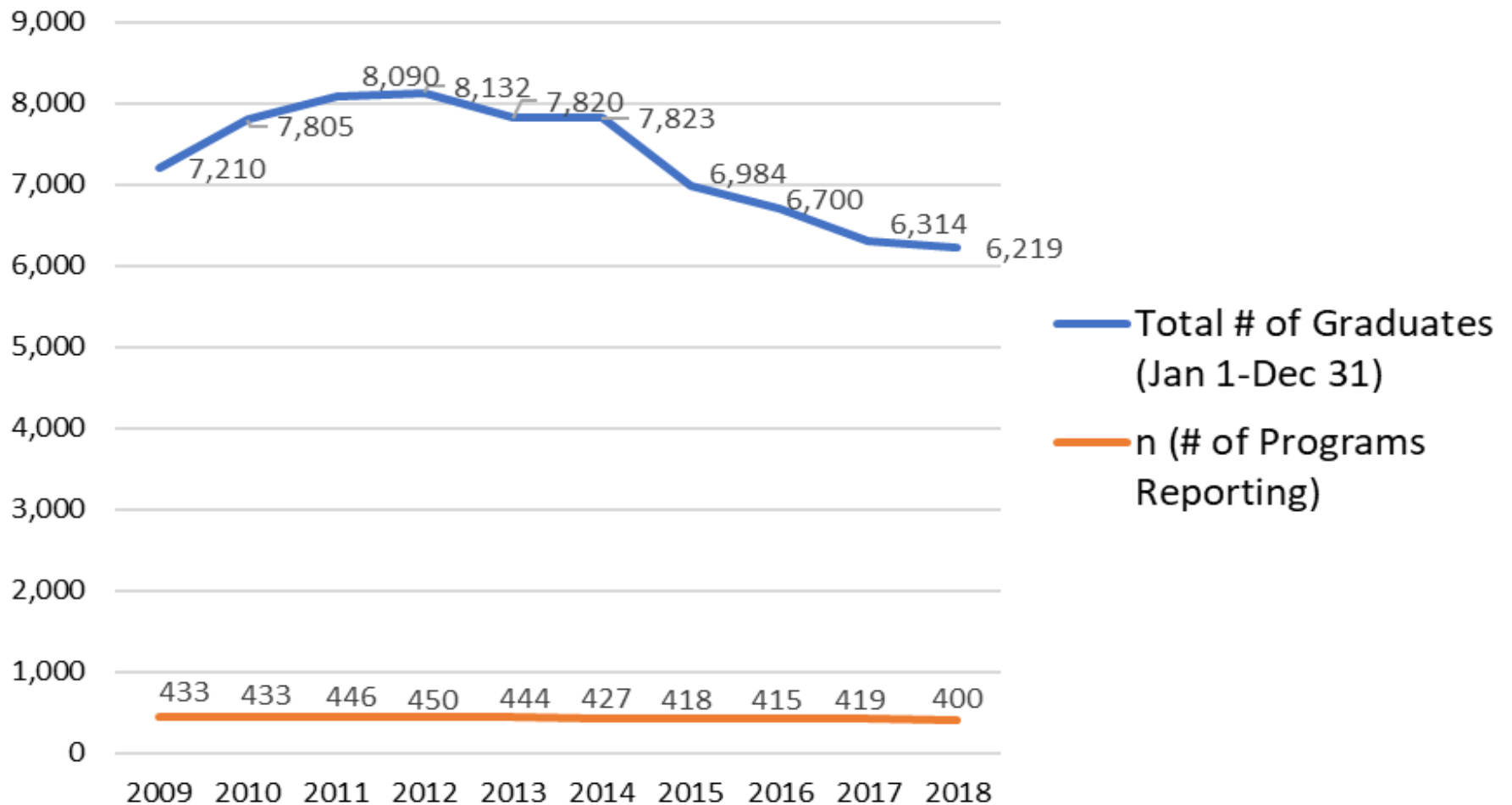
2019 CoARC Report Highlights

Figure 9-Total New Entry into Practice RC Program and Satellite Enrollments and Maximum Annual Enrollment Capacities between 2009 and 2018



2019 CoARC Report Highlights

Figure 10- Total Entry into RC Programs and Satellite Graduates between 2009 and 2018



2019 CoARC Report Highlights

- The mean retention rate was 91%. This is a 3.5% increase compared to 2018. Six programs (1.5% of total) reported retention rates below the CoARC-established threshold of 70%.
- The mean placement rate was 88%. This is a 3.2% increase when compared to 2018 and is the highest mean placement rate recorded since at least 2013.
- The mean CRT credentialing success was 93% with the highest at 100% (n=111) and the lowest at 0% (n=1). A total of 26 programs (6.5% of total) reported success rates below the CoARC established threshold of 80%.
- The mean RRT credentialing success was 80% with the highest at 100% (n=32) and the lowest at 0% (n=1). The number of programs reporting the highest RRT credentialing success rate (100%) increased from 7 in 2012 to 32 in 2019.

2020 Annual Report of Current Status

- The data collected for the 2020 RCS will focus on the reporting years for 2017, 2018, and 2019 (i.e., outcomes data from January 1, 2017 thru December 31, 2019).
- The 2020 RCS due date was September 1st.
- The 2020 Report on Accreditation will be completed in early 2021 as we have returned to a normal reporting cycle.

COVID-19 Updates



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[3.10.20 COVID-19](#)

[3.14.20 COVID-19](#)

[3.24.20 COVID-19 FAQ Update](#)

[4.6.20 COVID-19 Update](#)

[5.15.20 COVID-19 Update](#)

[5.27.20 COVID-19 Update-Self-Study-Onsite-Visits](#)

CoARC has extended its COVID-19 directives through the end of the calendar year.

ACCREDITED PROGRAMS

COVID-19

Job Board

Find CoARC Accredited Programs

CoARC DA and APRT Programs

Map of Program Outcomes

LATEST NEWS

CoARC Entry into Practice Standards

- The final draft was approved by the Board at its March meeting and is available on our website.
- The final version of the 2020 Standards was sent to the CoARC's collaborating organizations (AARC, ATS, ASA, and CHEST) for acceptance. To date, we have letters of support from ATS, CHEST, and AARC.
- The 2020 Standards are posted on the CoARC web site and went into effect on **July 1, 2020**.

Update on APRT and Degree Advancement (DA) Standards Revision

- CoARC has begun the comprehensive revision process of the 2015 APRT Standards with a projected in-effect date of Jan 2022.
- CoARC will also begin the comprehensive revision of the 2018 DA Standards in mid 2021 with a projected in-effect date of July 2023.

Key Personnel Academy

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

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- Achievement of the High Cut Score is the first step required to obtain the RRT credential.
- As you are all aware, the TMC Examination was initiated by the National Board for Respiratory Care (NBRC) in 2015.
- The delay in the introduction of High Cut Score Success as an outcome was caused by the need to acquire sufficient data to calculate an applicable threshold.

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- Effective March 14, 2020, the CoARC approved the elimination of CRT Credentialing Success as an outcome.
- CRT Credentialing Success (and its related threshold) has been replaced with an outcome for achievement of the high cut score on the Therapist Multiple Choice Examination (TMC High Cut Score Success), with a threshold for that outcome.
- This change is related to the goal mandated in the Entry into Professional Practice Standards (Standard 3.01).

Replacement of CRT Credentialing Success with TMC High Cut Score Success

- TMC High Cut Score Success is determined by calculating the percentage of program graduates who achieved the high cut score {i.e. dividing the number of program graduates achieving the high cut score (numerator) by the total number of graduates (denominator)} in each three-year reporting period.
- The **threshold** for TMC High Cut Score Success is **60%** and initial evaluation of this outcome will occur upon the submission of the 2020 Annual Report of Current Status.

Retention Definition Modified

- The CoARC Board approved a modification to the definition of the 'Retention' outcome.
- Programs will no longer be allowed to exclude students who receive grades of W or WP in their calculation of that outcome.
- This change was effective with the submission of the 2020 RCS.

Update to RCS Student Profile

- The 2020 RCS Student Profile page includes an additional status box to categorize someone as an ‘international student’.
- CoARC defines an international student as *“an individual on a temporary visa who is enrolled (for credit) in a respiratory care program at an accredited higher education institution in the U.S. This definition does not apply to someone who is a permanent resident with an I-51 visa or Green Card or to someone who has applied for immigration status, to an undocumented immigrant or to a refugee.”*
- Those defined as ‘International students’ should be excluded when calculating TMC High Cut Score Success and RRT Credentialing Success.

2020 Virtual CoARC Activities

- **Meet the Referee**

- Web conference meetings with the referees and Executive Office staff and over 70 programs were held this summer.

- **CoARC Awards**

- The 2020 CoARC Awards brochure was emailed to all the award recipients with their letters and certificates;
- The presentation of CoARC Louis Sinopoli, PhD, RRT, FAARC Faculty Educational Research Scholarship, the George G. Burton, MD Student Educational Research Scholarship, and the Bonner Smith Outstanding Service Award will occur at a later date.

Tuesday, July 7 — Education Track

1:00 p.m.–1:45 p.m. Central

CoARC Update on Standards, Policies, and Reporting

Thomas R. Smalling, PhD, RRT, RPFT, RPSGT, FAARC



This presentation will provide an overview of the July 2020 Entry into Practice Standards, the March 2020 Accreditation Policies, and highlights of the 2019 Report on Accreditation. In addition, COVID-19 policy updates and their implications for programs and the profession will be discussed. Time will be allotted for questions and comments from members of the audience.

1:50 p.m.–2:30 p.m. Central

Maintaining Academic Integrity in a Virtual Environment or Evaluation in a Virtual Environment

Joe Coyle, MD, FCCP



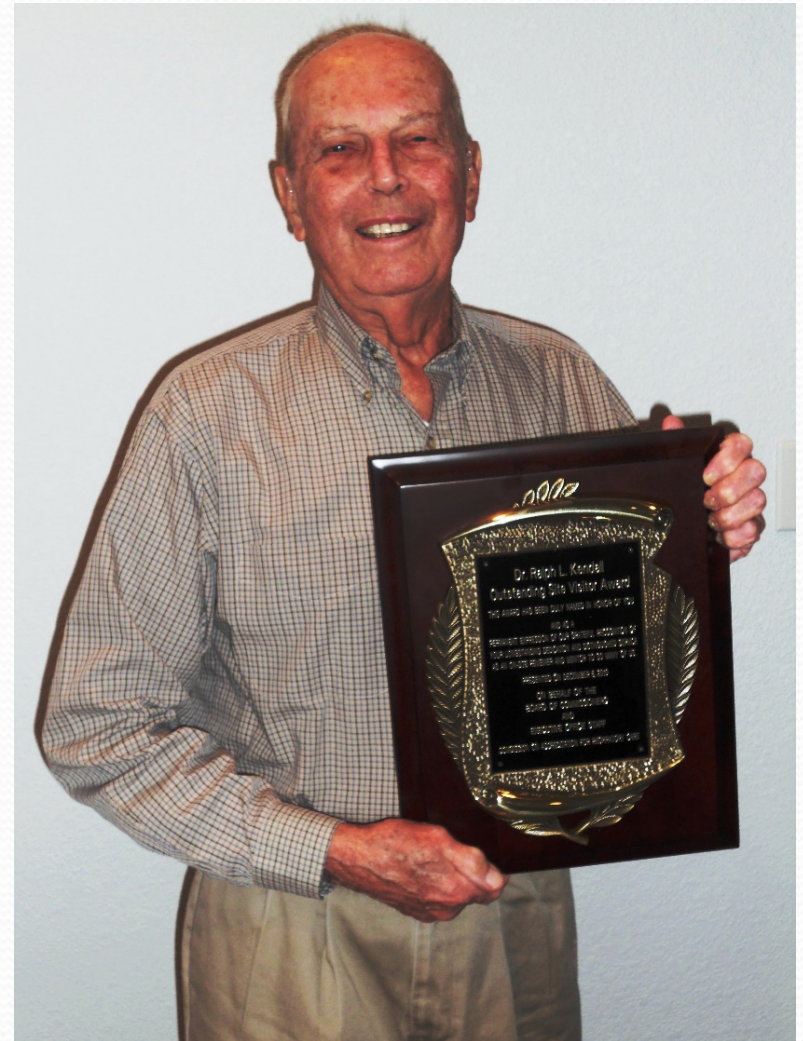
Ensuring academic integrity is a concern for all respiratory therapy educators, regardless of how students complete their educational activities. Maintaining academic integrity during a sudden transition to online educational activities poses some unique and ongoing challenges many are not prepared to address. In addition, discussions regarding academic integrity can also lead to a reaffirmation of the importance of professionalism and ethical behavior among trainees. This presentation will highlight some best practices and available techniques and tools for educators to leverage, and will address ensuring compliance with applicable CoARC Standards while transitioning to virtual assessment strategies.

In Memoriam

Dr. Ralph Kendall, MD

The CoARC mourns the loss of Commissioner Emeritus Dr. Ralph Kendall MD on May 19th due to COVID-19.

Over the past 30 years, Dr. Kendall developed a national reputation for his dedicated service as a site visitor and team captain for the CoARC, having completed over 140 site visits. The CoARC named the Site Visitor of the Year award in his honor in 2009 and bestowed the prestigious Emeritus status to him in 2013.



Board Meetings

December 10-12, 2020

Virtual

March 11-13, 2021

Tentative - Grapevine, TX

ARCF Fall 2020 Report submitted by Michael Amato

The ARCF has been busy over the past several months and many things have been adjusted for this year due to the current pandemic. The annual face-to-face meeting was held virtually using Zoom. It went very well without any problems.

Congress 2020 ARCF Fundraiser

The 2020 ARCF Fundraiser has been cancelled due to COVID-19.

2020 ARCF Awards

Research Fellowship Awards

- **Charles W. Serby Research Fellowship**
Monica Truumees, BS, RRT-NPS
- **Phillips Respironics Fellowship in Mechanical Ventilation**
Denise L. Lauderbaugh, MPH, BSRC, RRT, RRT-NPS
- **Vyair Healthcare Fellowship for Neonatal and Pediatric Therapists**
Kimberly S. Firestone, MSc, RRT
- **Jeri Eiserman, RRT Professional Education Research Fellowship**
Not Awarded in 2020

Literary Awards

- **Mallinckrodt Best Paper Award by Best First Author**
Denise L. Lauderbaugh, MPH, BSRC, RRT, RRT-NPS
- **Draeger-Shreyas Roy, MD Memorial Literary Award**
Ariel Berlinski, MD, FAAP, FAARC

Achievement Awards

- **Forrest M. Bird Lifetime Scientific Achievement Award**
Dr. Craig D. Smallwood
- **Hector Leon Garza, MD Achievement Award for Excellence in International Respiratory Care**
Lluis Blanch, MD, PhD
- **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health**
Anthony S. Fauci, MD
- **Mike West, MBA, RRT Patient Education Achievement Award**
Donna S. Brown, RRT, RRT-NPS, RPFT, AE-C
- **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care**
Patrice A. Johnson, MBA, RRT, RRT-NPS
- **Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies**
Not Awarded in 2020
- **BOMA Travel Fund**
Not Awarded in 2020

2020 ARCF Awards (continued)

Education Recognition Awards for Undergraduate Students

- **Morton B. Duggan, Jr., Memorial Education Recognition Award**
Lauren A. Keller
- **Jimmy A. Young Memorial Education Recognition Award**
Madison Baez
- **NBRC William B. Burgin Jr., MD and Robert M. Lawrence MD Education Recognition Award**
Kayley M. McDowell

Education Recognition Awards for Postgraduate Students

- **NBRC Gareth B. Gish, MS, RRT Memorial Education Recognition Award**
Sherry M. Whiteman, MS, RRT
- **William F. Miller, MD Postgraduate Education Recognition Award**
Craig R. Wheeler, MSc, RRT-NPS

International Fellows

The 2020 International Fellows Program was cancelled due to COVID-19.

Respiratory Care Journal Conference

The 2020 Journal Conference was rescheduled for 2021 due to COVID-19.

Summary

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

I look forward to presenting this report to you and entertaining any questions you may have while at the Board Meeting.

Addendums



2021 BOD, HOD, BOMA and Daedalus