American Association for Respiratory Care

Board of Directors Meeting

JW Marriott Indianapolis
Rooms 103-104
Indianapolis, IN

October 2-3, 2017

AMERICAN ASSOCIATION FOR RESPIRATORY CARE
AARC Executive Committee Meeting – October 1, 2017
Finance Committee and Board of Directors Meeting – October 2-3, 2017

Sunday, October 1

3:00-5:00pm Executive Committee Meeting – JW Marriott – Room 208

Monday, October 2

8:00-8:30am Finance Committee Meeting – JW Marriott – Rooms 103-104

8:45am Color Guard – JW Marriott - White River Ballroom F

9:00am-5:00pm Board of Directors Meeting – JW Marriott – Rooms 103-104

9:00am Call to Order
Announcements/Introductions
Reminder to submit Disclosures/Conflict of Interest Statements
Approval of Minutes pg. 9
E-motion acceptance pg. 26

Standing Committee Reports
- Bylaws Committee pg. 64 (R) (A)
- Program Committee pg. 70 (R)

Special Committee Reports
- International Committee pg. 95 (R)
- Membership Committee pg. 106 (R)
- Position Statement Committee pg.108 (R) (A)

12:00pm Lunch Break (Daedalus Board Meeting)

1:30pm Joint Session

3:00pm Human Resource Survey – Shawna Strickland & Rob Shaw (A)

5:00 pm RECESS

Tuesday, October 3

9:00am-3:00pm Board of Directors Meeting – JW Marriott Rooms - 103-104

9:00am Call to Order

10:00am Grace Anne Dorney Koppel

10:30am BREAK

Special Representatives
- CoBGRTE pg. 133 (R)
- Extracorporeal Life Support Organization pg.136 (R)
- International Council for Respiratory Care pg. 137 (R)

Ad Hoc Committee Reports
- Advanced RT Practices, Credentialing, and Education pg. 152 (R) (A)
- Research Fund for Advancing Respiratory Care Profession pg. 158 (R)

12:00pm Lunch Break

1:30pm Reconvene

UNFINISHED BUSINESS pg. 180
- Recommendation 17-2-1.3 (tabled from June meeting)
- CA.002 – Chartered Affiliate Requirements and Responsibilities
- FM.016 – Travel Expenses Reimbursement (A)

NEW BUSINESS pg. 182

Policy Review
- FM.021 – Fiscal Management – Outstanding Affiliate Checks
- FM.022 – Fiscal Management – Capital Purchase Approval

3:00pm ANNOUNCEMENTS

TREASURER'S MOTION

ADJOURNMENT

(A) = Attachment

Committee Chairs/Reps – 2017

Rec No.	*General Reports*	Rep	
1	Exec. Office/Consumer RT	T. Kallstrom	
2	Advocacy & Gov't Affairs	A. Hummel	
3	OPEN		
4	Presidents Report	B. Walsh	
5a	VP Internal Affairs	N. Napolitano	
5b	VP External Affairs	S. Tooley	
6	House of Delegates	K. Siegel	
7	BOMA	R. Aranson	
8	Presidents Council	D. Lewis	
(I)	***STANDING COMMITTEES***	**Chair/Rep**	**Staff Liaison**
9	Bylaws	B. De Lorme	T. Myers
10	Election	M. Roth	T. Myers
11	Executive	B. Walsh	T. Kallstrom
12	Finance	B. Walsh	T. Lovio
13	Audit Subcommittee	T. Miller	T. Lovio
14	Judicial	A. Dewitt	T. Kallstrom
15	Program	T. Lamphere	D. Laher
15a	2017 Sputum Bowl	R. Wunderly	D. Laher
16	Strategic Planning	F. Salvatore	T. Kallstrom
(I)	***SPECIAL COMMITTEES***	**Chair/Rep**	**Staff Liaison**
17	Benchmark	C. Menders	T. Myers
18	Billing Codes	S. Gallo	A. Hummel
19	Diversity	Dunlevy/Grimball	S. Strickland/D. Laher
20	Fellowship Cmte	P. Dunne	T. Kallstrom
21	Advocacy & Govt. Affairs	F. Salvatore	A. Hummel
22	OPEN		
23	Int'l Cmte	J. Hiser	S. Nelson
24	Membership	A. Richter	S. Strickland/A. Feil
25	PAC	G. Varcelotti	A. Hummel
26	Position Statement	P. Doorley	D. Laher
27	Virtual Museum	T. Watson	T. Kallstrom
(E)	***AD HOC COMMITTEES***	**Chair/Rep**	**Staff Liaison**
28	Career Pathways	E. Becker	S. Strickland
29	OPEN		
30	Research Fund for Advancing Resp Care Profession	L. Goodfellow	T. Myers/S. Strickland
31	Advanced RT Practices, Credentialing and Education	Wilgis/CoARC/NBRC	S. Strickland
32	OPEN		

VP/External Affairs –Sheri Tooley – *Specialty Sections, Special Representatives, Ad Hoc Cmtes*
VP/Internal Affairs –Natalie Napolitano – *Standing Cmtes, Special Cmtes*

(E)	*SPECIALTY SECT*	Chair	Staff Liaison	BOMA
50	Adult Acute	K. Lamb	D. Laher	Papadakos
51	Cont Care Rehab	K. Craddock	S. Strickland	Christopher
52	Diagnostics	K. Hynes	S. Nelson	**TBD**
53	Education	E. Becker	S. Strickland	Acevedo
54	Home Care	Z. Gantt	T. Kallstrom	Christopher
55	Management	C. Hoerr	D. Laher	Aranson
56	Neonatal/Pediatric	S. Sittig	T. Myers	Cheifetz
57	Long Term Care	G. Gantt	T. Kallstrom	Carey
58	Sleep	TBD	T. Myers	Selecky
59	Surf to Air	T. Dragonberry	S. Strickland	Aranson

(E)	*ORGANIZ. REPS*	Chair
60	Society for Airway Management	Monique Steffani
61	AMA/CPT	S. Rinaldo-Gallo
62	AACVPR	G. Connors
63	OPEN	
64	Amer Heart	K. Lamb (Alt: C. Slocum)
65	OPEN	
66	CAMTS	S. Sittig
67	Chartered Affil Consul	G. Kauffman
68	CoBGRTE	M. Traband
69	ELSO	B. Kuch (Alt: K. Lamb)
70	Int'l Council	J. Sullivan/P. Dunne
71a	Jt. Commission	HC PTAC K. Wiles (Alt: J. Karamol)
71b	"	Lab PTAC D. Clinkscale (Alt: TBD)
71c	"	Ambulatory PTAC D. Bunting (Alt: M. Runge)
72	OPEN	
73	NAEPP	N. Napolitano
74	OPEN	
75	OPEN	
76	Neonatal Resuscitation	J. Gallagher

	OTHER REPORTS	*Chair / President*
80	CoARC	Brad Smalling, MSEd, RRT, FAARC baleidic@gmail.com (Pres) Tom Smalling (Exec. Dir)
81	NBRC	Robert Joyner, PhD, RRT-ACCS, FAARC rljoyner@salisbury.edu (Pres) Gary Smith (Exec. Dir)
82	ARCF	Michael Amato (Chair)
83	Unfinished Business	
84	New Business	

VP/External Affairs –Sheri Tooley – *Specialty Sections, Special Representatives, Ad Hoc Cmtes*
VP/Internal Affairs –Natalie Napolitano – *Standing Cmtes, Special Cmtes*

9/8/2017

Recommendations

(As of September 18, 2017)

AARC Board of Directors Meeting

October 2-3, 2017 • Indianapolis, IN

Bylaws Committee

Recommendation 17-3-9.1 "That the AARC Board of Directors find that the Nevada Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "NSRC…")

Recommendation 17-3-9.2 "That the AARC Board of Directors find that the Puerto Rico Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "Puerto Rico")

Recommendation 17-3-9.3 "That the AARC Board of Directors find that the Rhode Island Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "Bylaws RISRC EDITS")

Recommendation 17-3-9.4 "That the AARC Board of Directors find that the South Carolina Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "South Carolina Bylaws")

Recommendation 17-3-9.5 "That the AARC Board of Directors find that the Utah Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "Bylaws of the Utah Society")

Recommendation 17-3-9.6 "That the AARC Board of Directors find that the Washington Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "Respiratory Care Society of Washington")

Program Committee

Recommendation 17-3-15.1 "That the AARC Board of Directors approve the discontinuation of the AARC Practitioner Sputum Bowl beginning in 2018."

International Committee

Recommendation 17-3-23.1 "That the proposed Procedure and Criteria for receiving and maintaining International Affiliate status be approved."

Membership Committee

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

Position Statement Committee

Recommendation 17-3-26.1 "That the position statement entitled 'Administration of Sedative and Analgesic Medications' (07/2007) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved." (See Attachment # 1)

Recommendation 17-3-26.2 "That the position statement entitled 'Respiratory Therapists in the Emergency Department' (04/2012) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved." (See Attachment # 2).

Recommendation 17-3-26.3 "That the position statement entitled 'Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult Patient' (11/2009) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved." (See Attachment # 3).

Recommendation 17-3-26.4 "That the issue paper entitled 'Best Practices in Respiratory Care Productivity and Staffing' (11/2009) be re-classified as a Guidance Document and placed on the same review schedule as the position statement of the same name."

Recommendation 17-3-26.5 "That the issue paper entitled 'Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates' (not dated) be retired."

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

CoBGRTE

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

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

Extracorporeal Life Support Organization

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

International Council for Respiratory Care

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

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

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

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Recommendation 17-3-30.1 "That the AARC BOD accept the top ranked proposal for funding for the 2017 AARC Vision Grant."

Past Minutes

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

June 28, 2017 • Tucson, AZ

Minutes

Attendance

Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President
Frank Salvatore, RRT, MBA, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
Ellen Becker, PhD, RRT-NPS, FAARC
Cheryl Hoerr, MBA, RRT, CPFT, FAARC
Doug McIntyre, MS, RRT, FAARC
Timothy Op't Holt, EdD, RRT, AE-C
Susan Rinaldo Gallo, MEd, RRT, CTTS, FAARC
Steve Sittig, BSRT, RRT-NPS, CPFT, AE-C
Deb Skees, MBA, RRT, CPFT
Pattie Stefans, BS, RRT
Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT

Consultants

Robert Aranson, MD, BOMA Chair
Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Guests

Krystal Craddock, BSRC, RRT-NPS

Excused

Keith Lamb, RRT
John Lindsey, Jr., MEd, RRT-NPS, FAARC

Staff

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

CALL TO ORDER
President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:00am MST. Secretary/Treasurer Karen Schell called the roll and declared a quorum. President Walsh asked the Board members to introduce themselves. A student observing the meeting was also introduced.

DISCLOSURE
President Walsh reminded members of the importance of disclosure and potential for conflict of interest and directed them to review the COIs in the AARConnect Board of Directors library.

APPROVAL OF MINUTES
Natalie Napolitano moved to approve the minutes of the March 11, 2017 meeting of the AARC Board of Directors.
Motion carried

Tim Op't Holt moved to approve the minutes of the March 12, 2017 meeting of the AARC Board of Directors.
Motion carried

GENERAL REPORTS

Executive Director
Tom Kallstrom gave highlights of his written report.

Karen Schell moved to accept Recommendation 17-2-1.1 "That the AARC Board of Directors accept the attached AARC Clinical Practice Guidelines Proposal to develop clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning."
Motion carried

Frank Salvatore moved to accept Recommendation 17-2-1.2 "That the AARC Board of Directors allocate $75,000 for the completion of clinical practice guidelines focused on tracheostomy; oxygen therapy; capillary blood gas sampling for neonatal and pediatric patients; and endotracheal suctioning; and that $20,000 be allocated in the remainder of 2017."

Brian Walsh made a friendly amendment to change "…and that $20,000…" be changed to "…of that $20,000…".
Motion carried

Susan Gallo moved to accept Recommendation 17-2-1.3 "That the AARC Board of Directors establishes an RFP through the Vision Grant in 2018 to determine the impact of previously published AARC Clinical Practice Guidelines on patient care."

Sheri Tooley moved to table until October 2017 meeting.
Motion carried

Sheri Tooley moved **FM17-2-1.4** "That the AARC Board of Directors approve an additional $50,000, above the $494,000 that was previously approved, to complete implementation of the database update."
Motion carried

Tom Kallstrom reviewed the Executive Office referrals from the last Board of Directors meeting.

Natalie Napolitano moved to accept the General Reports as presented.
Motion carried

RECESS
President Walsh called a recess of the AARC Board of Directors meeting at 10:15am MST.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 10:30am MST.

STANDING COMMITTEES REPORTS

Bylaws Committee
Natalie Napolitano moved to accept Recommendation 17-2-9.1 "That the AARC Board of Directors find that the Alabama Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "ASRC")
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-9.2 "That the AARC Board of Directors find that the Virginia Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "VSRC")
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-9.3 "That the AARC Board of Directors find that the New York State Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws." (See attachment "NYSSRC")
Motion carried
Sheri Tooley and Frank Salvatore abstained.

Program Committee
Natalie Napolitano moved to accept Recommendation 17-2-15.1 "That the AARC Board of Directors approve Ft. Lauderdale, FL and the Marriott Harbor Beach Resort & Spa as the host city/hotel to the 2019 Summer Forum."
Motion carried
John Wilgis abstained.

Natalie Napolitano moved to accept Recommendation 17-2-15.2 "That the AARC Board of Directors approve Bonita Springs, FL and the Hyatt Regency Coconut Pointe Resort & Spa as the host city/hotel to the 2020 Summer Forum."
Motion carried
John Wilgis abstained.

Natalie Napolitano moved to reconsider Recommendation 17-2-15.2.
Motion carried

Natalie Napolitano moved Recommendation 17-2-15.2 back to the floor.
Original motion defeated

SPECIAL COMMITTEE REPORTS

International Committee Report
Chair, John Hiser, gave a verbal presentation of his report and provided commentary on his recommendations.

Natalie Napolitano moved to accept Recommendation 17-2-23.1 "That the AARC BOD consider offering web-based international membership to those living outside of the United States at a rate that is based upon the income levels of the individual countries where potential members reside."

Natalie Napolitano made a friendly amendment to change "…AARC BOD consider…" to "…AARC offer…".
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-23.2 "That the AARC BOD consider offering a reduced rate for web-based membership to those living in countries that hold International Affiliate status and that the rate be lower than the rate before international affiliate status was initially granted."

Frank Salvatore moved to refer to the Executive Office and report back at the October 2017 meeting.
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-23.3 "That the AARC BOD review the policy for adding and maintaining international affiliate status and consider how you wish to proceed with those countries whose AARC members has fallen below 20 members."

Sheri Tooley moved to table until June 2018 Board meeting awaiting the outcome of the original two motions.

Sheri Tooley moved to un-table.
Motion carried

Frank Salvatore moved to accept for information only but direct the International Council president to come into compliance with bylaws.
Motion carried

RECESS
President Walsh called a recess of the AARC Board of Directors meeting at 12:05pm MST.

JOINT SESSION

Joint Session was called to order at 1:35pm MST. Karen Schell called roll and declared a quorum.

Executive Session was called to order at 1:40pm MST and concluded at 1:50pm MST.

Membership Chair, Amanda Richter, presented the membership report.

International Committee member, Natalie Napolitano, presented the International Committee report. The following individuals have been chosen as International Fellows in 2017:

Jinhao Tao – China
First City – Philadelphia, PA – Natalie Napolitano
Second City – Charlottesville, VA – Chad Gibbs

Martha Diaz - Columbia
First City – Washington, DC – Carolyn Williams
Second City – Baltimore, MD – Christopher Kircher

Alfred Aidoo - Ghana
First City – Kansas City, KS – Karen Schell
Second City – Farmington, UT – Lisa Trujillo

Alternates
Amsa Mairami – Nigeria
Masami Sana – Japan

Anne Marie Hummel presented the Advocacy & Government Affairs report and answered questions from the audience.

Bylaws Chair, Bob DeLorme issued the first reading of the Bylaws change to exclude Article X, Section 4 of the AARC Bylaws.

President Walsh began a discussion regarding BS Entry Level.

President Walsh adjourned Joint Session at 3:30pm MST.

RECONVENE

President Walsh reconvened the meeting of the AARC Board of Directors at 3:40pm MST.

FM17-2-9.4 Sheri Tooley moved to approve the first reading of the Bylaws change as noted below:

The Bylaws Committee recommends the following Bylaw be deleted:
ARTICLE X – CHARTERED AFFILAITES

SECTION 4. DUTIES
"A copy of the minutes of every meeting of the governing body and other business meetings of the Chartered Affiliates shall be sent to the Executive Office of the Association within thirty (30) calendar days following the meeting."
Motion carried

Karen Schell moved to accept the Standing Committee Reports as presented.
Motion carried

SPECIALTY SECTION REPORTS

Home Care Section
Sheri Tooley moved to accept Recommendation 17-2-54.1 "That the sections be more included in AARC activities related to their specific expertise."

Sheri Tooley moved to accept for information only.
Motion carried

Long Term Care Section
Sheri Tooley moved to accept Recommendation 17-2-57.1 "That the sections be included in the development of programs that specifically impact their arena of practice.

Sheri Tooley moved to accept for information only.
Motion carried

Management Section
Sheri Tooley moved to accept Recommendation 17-2-55.1 "That the AARC continues its collaboration with CLIA to clarify the verbiage associated with the qualifications necessary to validate competency for blood gas analysis."

Cheryl Hoerr moved to withdraw this recommendation.
Motion carried

Sheri Tooley moved to accept the Specialty Section Reports as presented.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 4:15pm MST.

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

_____ _____

Karen Schell Date
AARC Secretary/Treasurer

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Board of Directors Meeting

June 29, 2017- Tucson, AZ

Minutes

Attendance

Brian Walsh, PhD, RRT-NPS, RRT-ACCS, AE-C, RPFT, FAARC, President
Frank Salvatore, RRT, MBA, FAARC, Past President
Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, FAARC, VP External Affairs
Natalie Napolitano, MPH, RRT-NPS, AE-C, CTTS, FAARC, VP Internal Affairs
Karen Schell, DHSc, RRT-NPS, RRT-SDS, RPFT, RPSGT, AE-C, CTTS, Secretary/Treasurer
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Deb Skees, MBA, RRT, CPFT
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Lisa Trujillo, DHSc, RRT
John Wilgis, MBA, RRT

Consultants

Robert Aranson, MD, BOMA Chair
Dianne Lewis, MS, RRT, FAARC, President's Council President
Cam McLaughlin, BS, RRT, FAARC, Parliamentarian
Jakki Grimball, MA, RRT, AE-C, Past Speaker

Excused

Keith Lamb, RRT
John Lindsey, Jr., MEd, RRT-NPS, FAARC

Staff

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

CALL TO ORDER

President Brian Walsh called the meeting of the AARC Board of Directors to order at 9:00am MST. Secretary-Treasurer Karen Schell called the roll and declared a quorum. A student was introduced who was observing the meeting.

SPECIAL COMMITTEE REPORTS

Position Statement Committee
Natalie Napolitano moved to accept Recommendation 17-2-26.1 "That the position statement entitled 'Hazardous Materials Exposure' (revised 11/2011) be retired."
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-26.2 "That the position statement entitled 'Verbal/Telephone Orders' (revised 07/2014) be retired."
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-26.3 "That the position statement entitled 'Guidance Document on Scope of Practice' (revised 11/2013) be retired."
Motion carried

Natalie Napolitano moved to accept Recommendation 17-2-26.4 "That the guidance document entitled 'Smallpox Guidance Document' be retired."
Motion carried

Frank Salvatore moved to accept the Special Committee reports as presented.
Motion carried

SPECIAL REPRESENTATIVES REPORTS

Sheri Tooley moved to accept the Special Representatives reports as reported.
Motion carried

AD HOC COMMITTEE REPORTS

Research Fund for Advancing Respiratory Care Profession
Sheri Tooley moved to accept Recommendation 17-2-30.1 **"**That AARC BOD approve the LOI to solicit proposals for Vision Grant: Educational level and the effects of quality and safety on patient care outcomes."

Frank Salvatore moved to table until October 2017 Board meeting.

Frank Salvatore moved to un-table.
Original Motion carried

Natalie Napolitano moved to accept the Ad Hoc Committee reports as presented.
Motion carried

UNFINISHED BUSINESS

- Roundtable Policy Changes RT.001

Natalie Napolitano moved to accept the amended/new policy CC.001 AARC Connect Communities.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 9:55am MST.

RECONVENE
Past President Salvatore reconvened the meeting of the AARC Board of Directors at 10:10am MST.

UNFINISHED BUSINESS CONTINUED

- Floor motion from October 2016 Board meeting - **FM 16-3-26.1** – "That the Position Statement/Issue Paper Committee develops a resource for best practices to include licensure requirements for practice of the respiratory therapist as an ECMO specialist." Natalie Napolitano will contact Bradley Kuch for clarification - keep it tabled.

FM17-2-83.1 Natalie Napolitano moved that the VP of External Affairs discuss with the ELSO rep to provide specific information as to the barriers and the states these are occurring in and so we can provide assistance up to and including a joint position statement with ELSO and suggested RT state licensure wording structures.
Motion carried

NEW BUSINESS

Policy Review

Policy FM.016 – Financial Management – Travel Expense Reimbursement
The Executive Office will revise the policy and send out as an E-vote.

Policy CA.002 – Chartered Affiliates – Chartered Affiliate Requirements and Responsibilities
Tim Op't Holt moved to refer to the Executive Office for review and revisions.
Motion carried

Policy CA.003 – Chartered Affiliates – Chartered Affiliates Revenue Sharing Adjustments
Frank Salvatore moved to accept the revisions to Policy CA.003.
Motion carried
(See Attachment "A" for revised policies.)

UNFINISHED BUSINESS CONTINUED

Research Strategic Planning Group
Natalie Napolitano moved to accept **FM17-2-16.1** That the AARC make a formal recommendation to CoARC to establish higher minimal requirements related to Respiratory Therapy research education at all levels of Respiratory Care Education.
Motion carried

Natalie Napolitano moved to accept **FM17-2-16.2** That the AARC develop an EBM/Research boot camp or pre-course at the International Congress and/or Summer Forum which focuses on the development of Respiratory Therapy researchers.

Frank Salvatore moved to refer to the Program Committee for consideration in 2018.
Motion carried

Natalie Napolitano moved to accept **FM17-2-16.3** That the AARC develop a standing list of vetted Respiratory Therapy researchers who wish to present on the topic of research and research development.
Motion defeated

Sheri Tooley moved to accept **FM17-2-16.4** That the AARC develop a Research Fellowship to be awarded to one novice RRT researcher annually.

Sheri Tooley moved to withdraw this floor motion.
Motion carried

Sheri Tooley moved to accept **FM17-2-16.5** That the AARC assist in developing an Educational Research Development program for Respiratory Therapy Educators.

Frank Salvatore moved to accept for information only.
Motion carried

Deb Skees moved to accept **FM17-2-16.6** That the AARC develop a robust marketing plan for all AARC resources and AARC supported resources currently available to RT researchers.

Tim Op't Holt moved to accept for information only.

John Wilgis moved to call the question.
Motion carried

Motion to accept for information only carried.

Tim Op't Holt moved to accept **FM17-2-16.7** That the AARC develop a means of highlighting hospital/clinical-based RT research programs.

Susan Gallo moved to accept for information only.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 11:45am MST.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 12:07pm MST.

UNFINISHED BUSINESS CONTINUED

President Walsh led a discussion about the BS entry into respiratory therapy. Dr. Aranson offered BOMA's full support and said BOMA would be happy to prepare a statement of support.

FM17-2-83.2 Ellen Becker moved to identify managers who found a way to convince their Human Resources departments to hire only BS graduates and to share with other managers how to make these changes through AARC initiatives.
Motion carried

FM17-2-83.3 Ellen Becker moved to identify at least 6 associate degree program directors in Category IV (CoARC report) and develop best practices to help them move to Category III.
Motion carried

FM17-2-83.4 Ellen Becker moved to form an entry-level baccalaureate RT collaborative with key stakeholders (AARC, CoARC, CoBGRTE, NN2, NA2RC) to identify roadblocks and propose solutions.
Motion carried

RECESS
President Walsh recessed the meeting of the AARC Board of Directors at 1:20pm MST.

RECONVENE
President Walsh reconvened the meeting of the AARC Board of Directors at 1:35pm MST.

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

FM17-2-23.5 Natalie Napolitano moved that the AARC place a line item in the Budget beginning 2018 to support two fellows to assist in the international section of the vision/mission of the AARC.
Motion carried

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

FM17-2-30.2 Natalie Napolitano moved that the AARC vision grant committee suggest that any proposals for the current grant cycle, with the goal to prove the worth and value of the respiratory therapist, also collect and analyze data on the education level of the providers performing the service.
Motion carried

Treasurers Motion
Karen Schell moved "That expenses incurred at this meeting be reimbursed according to AARC policy."
Motion Carried

MOTION TO ADJOURN
Karen Schell moved "To adjourn the meeting of the AARC Board of Directors."
Motion Carried

ADJOURNMENT
President Walsh adjourned the meeting of the AARC Board of Directors at 1:50pm MST

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

_____ _____
Karen Schell Date
AARC Secretary/Treasurer

Attachment “A”

Policy No. CC.001 – AARC Communities – AARConnect Communities
Policy No. CA.003 – Chartered Affiliates – Revenue Sharing Adjustments

American Association for Respiratory Care
Policy Statement

SECTION: AARC Communities

SUBJECT: **AARConnect Communities**

EFFECTIVE DATE: August 22, 2001

DATE REVIEWED: June 2017

DATE REVISED: June 2017

REFERENCES:

Policy Statement:

1. Communities are formally organized groups of AARC members focused on specific topics of common interest and can either be public or private access.
    a. Public access communities have no restrictions and can be joined by any member of the AARC.
    b. Private access communities are those that a member must have special permission, such as an appointment or require additional fee for participation such as section membership.

2. A minimum of 25 members may propose a Community by completing the attached Communities *Proposal Form* and submitting it to the AARC Executive Office.
    a. Exception: state boards may request private communities even if there are less than 25 potential members.
3. All communities must maintain a key contact. This provides the community a volunteer as well as provide the Executive Office a point of contact for questions about the group over time

4. The AARC Executive Office will communicate this request to the AARC membership using the appropriate methods and solicit interest in participation.

5. The AARC may elect to dissolve a Community at any time due to lack of interest. In such case, the AARC will post an announcement on AARConnect stating the reason(s) for the dissolution of the Community, and the community will cease 30 days after the announcement. Lack of interest examples include, but are not limited to:
    a. The Community has three consecutive months with no posts.
    b. The Community is no longer serving the original purpose for development.
    c. The Community grows large enough to become a section, formally requests the AARC Board investigate interest and feasibility, and is approved by the AARC Board to transition into a recognized specialty section.

American Association for Respiratory Care

Communities Proposal Form

Please read the *AARC Communities Policy* before completing this form.

Definition – *Communities are formally organized members of the AARC focused on significant topics of common interest, and who feel other groups within the organization are not addressing their special interest.*

Your Name _____

AARC Member # _____ E-Mail _____

Employer _____

City _____ State _____

Suggested name for proposed Community _____

List reasons you and others feel justify the establishment of the *Communities*:

_____
_____
_____
_____
_____
_____

Before your proposal is submitted, at least 24 other AARC members must concur with you. E-mails to you will be accepted in lieu of their signatures.

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Name _____ email _____ AARC Member # _____

Your Signature _____ Date _____

☐ I agree to serve as the key contact for this community. If at any point I am unable to serve in this role, I agree to notify the AARC and assist in recruiting an appropriate key contact as my replacement.

Please Send via US Mail to: **President, American Association for Respiratory Care**
9425 N. MacArthur Blvd #100
Irving, TX 75063

American Association for Respiratory Care
Policy Statement

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliates Revenue Sharing Adjustments**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: June 2017

DATE REVISED: ~~July 2005~~ June 2017

REFERENCES: AARC-Chartered Affiliate Revenue Sharing Agreement.

Policy Statement:
The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of past due state debts and documented violations of the AARC-Chartered Affiliate Revenue Sharing Agreement.

Policy Amplification:

1. The AARC Executive Director shall be authorized to withhold amounts owed the AARC by the Chartered Affiliate which are past due by 90 days.

   A. The Executive Director shall deduct the amount past due from the next revenue sharing payment made to that affiliate.

   B. In the event that the past due amount exceeds the revenue sharing payment, the amount still owed shall be deducted from the subsequent revenue sharing payments until outstanding debts are fully paid.

2. Failure to sign the Revenue Sharing agreement will result in suspension of revenue sharing to the Chartered Affiliate until a Revenue Sharing agreement has been filed with the Executive Office.

3. The AARC Executive Director shall be authorized to withhold Chartered Affiliate revenue sharing on the basis of documented violation of the AARC-Chartered Affiliate Revenue Sharing Agreement.

DEFINITIONS:
ATTACHMENTS:

E-Motions

(Since Last Board Meeting in June 2017)

E17-3-15.1 "That the AARC Board of Directors approve Orlando, FL as the host city for AARC Congress 2020."

Results – July 31, 2017

Yes – 15
No – 0
Abstain – 0
Did Not Vote – 1

General Reports

President Report

Submitted by Brian Walsh– Congress 2017

This past quarter has been very busy as I establish my goals while promoting, advocating and advancing the profession. Most of my time has been spent traveling this quarter. I have given a few comments according to my goals of quality, safety and value. I'm excited for the closeout of some strategic goals and the creation of new ones. We will discuss many of the opportunities to advance our great profession in the coming hours.

Quality:
I remain concerned about the quality of respiratory care given nationally. Like past presidents, I feel this poor quality might limit our value and lead to our elimination.

- The APEX Recognition Program recognized 5 RT department this year and the word is getting out in a very good way. This program will help us push evidence-based practices, quality and promote patient safety by providing access to respiratory therapist.

Safety:
Preventable harm is occurring and I see few solutions from the RT community. We lack personal responsibility. Everyone thinks it's someone else's job. We have pockets of folks doing great things that give me hope, but a culture of safety not pumping through our blood. Again, we need urgency and must be unwilling to postpone progress. We need to focus on prevention, research, knowledge sharing and supporting standardization.

- I have been in discussions with the Patient Safety Movement Organization to help develop a plan to tackle respiratory care related safety issues. See addendum to this report. "AARC-Commitment Action Letter"

Value:
Congress will be full of this concept. Please attempt to attend Rob Chatburn's lecture on Determining the Value of the Respiratory Therapist on Thursday at 11:10.

- "Funny how we don't have the time to improve, but we have plenty of time to perform work inefficiently and to resolve the same problems over and over again." Dr. Deming

Advocacy:
I could not do the advocacy without Anne Marie, Tom, Shawna, Tim and the whole Executive Office. Below and attached to this report is the letter sent out on behalf of our membership.

- Pulmonary Rehab APC Assignment "Multi Society Memo to CMS on Merged APCS"
- Letter to Senate leaders expressing concerns about the development of new health care legislation that could result in limiting patients' access to affordable and effective health care "Sen. Health Care Leg.AARC.FINAL"
- CMS-1679-P: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2018, etc**.** "SNFPPS.2018 Update.Cmt to CMS"

- CMS-1686-ANPRM: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Revisions to Case-Mix Methodology "SNFPPS.Case Mix NTA CMts to CMS"
- Dear Colleague letter regarding the Telehealth Parity Act "Parity Act Letter.rev.8.8.17"
- California: Strongly opposes AB 387 – Allied Health Professionals Unpaid Internships. "AB387.AARC Opposition FINAL"

Appointments/Changes/Committee Personnel Changes:

- Kate McKay resigned as interim Sleep Section Chair

Travel (Promoting):

- TSRC Society Meeting
- OHSRC Society Meeting
- Rhode Island Society Meeting
- NCSRC Society Meeting
- NBRC State Licensure Board Meeting
- Colombia, South American 1st Annual Respiratory Care Meeting
- Arkansas Society Meeting

Writing:

October – AARC Times – Safety

Past President Report

Submitted by Frank Salvatore – Congress 2017

The following is an accounting of my activities done prior to and around the October 2017 Board meeting:

1. July 27-29, 2017 - Represented the AARC at the COPD10usa Conference in Chicago, IL.
2. September 19-20, 2017 – Spoke at the VT/NY SRC Conference in Meredith, NH.
3. October 13-14, 2017 – Will represent the AARC with Ann Marie at the AfPA Respiratory Therapy Access Working Group meeting in Washington, D.C.
4. October 24-25, 2017 – Will speak at the MSRC meeting/conference in Worcester, MA.

The following are the items that were referred to me at previous board meetings:

1. Nothing.

I will create an addendum document to this if issues/communication arises from the date this report was due.

2017 Fall Executive Office Update

Executive Office

Submitted by Tom Kallstrom – Congress 2017

Recommendations

None

Report

Welcome to Indianapolis. We look forward to hosting a productive Fall 2017 BOD meeting followed by our 63nd International Congress. So far 2017 has been an active and productive year. Below is an update since the June Board meeting.

MEMBERSHIP

As of August 31, 2017, our total membership number is 47,024. The retention rate through August was 79.2%. In 2017, we have had 6,543 new members join.

Senior Members

The senior membership continues to grow. This growth can be attributed to an aging portion of our membership, improvements to our processes, and a targeted outreach program put in place last fall. We ended August with 249 senior active members.

Specialty Sections

The membership department has been facilitating engagement between the specialty section chairs and their members. Projects include helping administer the Specialty Practitioner of the Year awards and preparing for the merger of the Continuing Care/Rehabilitation, Home Care, and Long Term Care sections.

Leadership Workshop

Nineteen state societies were represented at the 2017 Leadership Boot Camp the weekend of April 7-9, 2017. The membership team will be following up with this group throughout the rest of the year as beta testers for several ideas. Planning for the 2018 Leadership Boot Camp has begun.

State Society Communities on AARConnect

In late May, the AARC launched the first state society community on AARConnect. At this point, Colorado, Kansas, Louisiana, Minnesota, and South Dakota have been activated. Kentucky is in the process of activation. It is the opinion of the membership team that the beta test has been successful. After AARC Congress 2017, the membership team will reach out to the remaining states to start the general on-boarding process.

Specialty Sections

The home care, long-term care, and continuing care/rehab sections are merging as of January 1, 2018. The customer service and membership team are collaborating to ensure the transition is seamless. Members have been notified and current section chairs are evaluating resources that will be carried over to the new section, currently named Post-Acute Care Section.

State Society Liaison
The AARC Board of Directors directed the Executive Office to proceed with the state society support pilot program. The purpose of the program is to provide contracted state affiliates with basic administrative assistance to improve their member communication, engagement, and retention. Though the membership department reached out to a great number of states, none have expressed interest in piloting this program. At this time, the proposed program does not have enough interest to proceed.

SUMMER FORUM 2017
The Summer Forum meeting was a success. An all-time record attendance (430) traveled to Tucson, AZ for this year's event. This is the 2nd consecutive year where an attendance record has been broken. It far exceeded financial and budgetary expectations.

AARC CONGRESS 2017
AARC Congress 2017: The 63rd International Respiratory Convention & Exhibition will take place Oct. 4-7, 2017 in Indianapolis, IN. The Program is currently posted on-line and in hard copy in the July edition of the AARC Times.

• Ms. Claire Wineland, CF Patient, Youtube sensation and founder of "Claire's Place"; a foundation to assist patients and families with will deliver the keynote address.

• Dr. Natalie Stavas will deliver the Closing Ceremony Keynote Address. Dr. Stavas is a marathon runner who was running in the 2013 Boston Marathon. Just steps from the finish line she was witness to the bombings and explosions that took place on that horrific day. Instead of running away from the chaos, she ran to it. She will story tell and discuss the biology and science that is hard-wired into everyone…the desire to help their fellow man.

• Plenary Sessions:
- Meilan Han MD will present the Thomas L. Petty Memorial Lecture "Meeting the Challenge of COPD Care in the US"
- Sangeeta Mehta, MD – will present the Donald F. Egan Lecture "Caring for the Mechanically Ventilated Patient: A Patient-Centered Approach"
- Marin Kollef MD will present the Phil Kittredge Memorial Lecture "Evaluating the Value of the Respiratory Therapist: Where is the Evidence?"

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

Adult Critical Care	22.8 hrs
Neonatal / Pediatrics	16.4 hrs
Pulmonary Diagnostics	8.7 hrs
Bioterrorism/Emergency Preparedness	0.6 hrs
Ethics	2.3 hrs
Education	10.4 hrs
Management	15.2 hrs
Sleep Disorders	4.6 hrs
Clinical Practice	33.9 hrs
Patient Safety	4.1 hrs

Maximum CRCE any one attendee can earn (not including pre-courses or breakfast/lunch symposia): 22.34

TOTAL CRCE offered for the entire meeting: 119

OPEN FORUM
More than 200 abstracts are scheduled for presentation during 12 Open Forum sessions, including 23 Poster Only displays in the Exhibit Hall. Eight (8) Editor's Choice posters have been selected as the "Best of the Best" and will have their own presentation ceremony. Researchers will have the ability to display their poster and present their findings through the use of a Powerpoint slide deck.

PATIENT ADVOCACY SUMMIT
Our 3rd annual Patient Advocacy Summit will be held Tues. Oct. 3 where caregivers, patients, family and representatives from the pharmaceutical industry will convene to discuss the disease process of the chronic pulmonary patient and strategies for better self-management. Claire Wineland and Grace Ann Koppel will deliver co-keynote addresses to the group.

PRE-COURSES (INDUSTRY)
Ultrasound Guided Peripheral Access Course (Sponsored by Teleflex)
RT Leader Workshop: Defining and Communicating The Value (Sponsored by Monaghan)

PRE-COURSES (AARC)
Preparing for a Pandemic: The Strategic National Stockpile — Mechanical Ventilation Workshop

BREAKFAST/LUNCH SYMPOSIA
Oct. 4 (Breakfast) – F&P Healthcare
Oct. 4 (Breakfast) - Vindico (Genentech)
Oct. 4 (Evening Reception) - Sunovion Pharmaceuticals
Oct. 5 (Breakfast) – Integrity CE (Sunovion Pharmaceuticals)
Oct. 5 (Breakfast) - Getinge
Oct. 5 (Lunch) - Precept Medical (Boehringer Ingelheim)
Oct. 5 (Dinner) – Boehringer Ingelheim
Oct. 6 (Breakfast) - HealthcarematterCME (Mallinckrodt)
Oct. 6 (Breakfast) - Medtronic
Oct. 6 (Lunch) – MedEd Now (Mallinckrodt)

EXHIBIT HALL HOURS
Saturday: 10:30 am – 4:00 pm (an additional one hour of unopposed time will be afforded to exhibitors in the hall this year).
Sunday: 9:30 am – 3:00 pm
Monday: 9:30 am – 2:00 pm

CONVENTION NEWS TV
Convention News TV a.k.a. AARC-TV will be back for a 5th year in a row to provide video and news coverage of the meeting. As in 2017, CNTV has also been contracted to produce this year's Awards Ceremony in an effort to provide attendees with a more polished, elegant, event that would be more synonymous with something like the Oscars, the Grammy's or CMA. They will be responsible for script writing, lighting, music, video transitions etc.

Back by popular demand, we will also be hosting the "Big Ideas Theater" in the AARC booth

where CNTV will interview AARC dignitaries, VIPs, speakers etc. Every 30 minutes, CNTV will conduct a 15-20 minute interview with individuals which will be recorded and broadcast live in the AARC, booth as well as record and archive the videos n which the content can be aired throughout the year.

SPECIAL PROJECTS

O2VERLAP Project – The AARC has been engaged by the COPD Foundation; in conjunction with the America Sleep Apnea Association to partner on a PCORI grant research opportunity in which outcomes from comorbid patients suffering COPD and Sleep Apnea who wear oxygen with be studied. Patients will receive in-depth on-line education about COPD, oxygen use and adherence to CPAP therapy. Each patient will be assigned a respiratory therapy coach to provide educational assistance and guidance along their educational journey. Educational content has been developed with initiation for the start of the study to commence soon.

AAMI SpO2 Toolkit – AAMI will soon release a 26 pg. guidance document for hospitals to use when implementing a SpO2 program in their hospital. The document discusses shared governance concepts, tips for starting a pilot program, alarm conditions, best practices and history and application of SpO2. Vendor contributions will also be present. Representatives from the AARC contributed as authors to the document.

SPECIAL PROJECTS

AAMI Foundation Collaboration

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

Apex Recognition Program

The AARC retired the QRCR program in 2017 and implemented the Apex Recognition Award, which highlights respiratory care departments who meet certain quality indices. The program integrates Board initiatives (such as AARC membership, the RRT credential, and advanced educational degrees) and other quality indicators, such as protocol usage, to demonstrate quality. As of 8/17/17, 5 of the 7 applicants have been awarded the Apex Recognition Award. The other two applications are still in review. The five recipients are Boston Children's Hospital (MA), Hospital of the University of Pennsylvania (PA), Rush University Medical Center (IL), Piedmont Hospital-Atlanta (GA), and Lifecare Hospital of Chester County (PA).

CDC Tips from Former Smokers Campaign

The AARC worked with the Tips campaign through June 2017. The AARC's 2016 successes were highlighted in a January 2017 Tips from Former Smokers partner webinar and artifacts produced by the AARC's Marketing/Communication division continue to be shared by the Tips campaign leadership as best practices. The current campaign has closed.

Clinical Practice Guidelines
In June 2017, the AARC Board of Directors approved the funding of six different guidelines projects: adult tracheostomy, pediatric tracheostomy, adult oxygen, pediatric oxygen, capillary blood gases in neonates, and endotracheal suctioning. The teams for these projects have been recruited and an on-site meeting will be held in Dallas in November 2017 to kick off the projects.

CUSTOMER SERVICE

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

EDUCATION

NBRC Collaboration
The AARC and NBRC implemented the NBRC CRCE information-sharing program in September 2015. The NBRC has updated their database, which resulted in several errors that have since been resolved. The program has a different navigation pane and the education department is working on updating artifacts for assistance on the AARC website.

Recruiting for the Profession
The 2017 HOSA event was held in Orlando, FL. Jamy Chulak and Kimberly Harvey coordinated the event for this year. The 2018 HOSA event will be held in Dallas. The next USA SEF event will be held in 2018 in Washington, D.C at which we will also be participating.

Respiratory Care Education Annual
The RCEA editorial cycle for 2017 is complete. The 26th issue was published in September 2017. The call for papers for the 2018 issue is open until February 2018.

CDC Strategic National Stockpile Ventilator Workshops
The AARC has completed three of the five planned SNS workshops in 2017. The five sites are the Sunshine Seminar in Daytona Beach, FL (FSRC); the Respiratory Care Society of Washington Annual Conference in Seattle, WA; the Colorado Society for Respiratory Care Annual Conference in Vail, CO; AARC Congress 2017 in Indianapolis, IN; and the Massachusetts Society for Respiratory Care Annual Conference in Worcester, MA. Discussion for the 2018 budget is in progress.

Preceptor Recognition Program
The call for nominations for the preceptor recognition program was released in May and the nomination period ended at the end of June 2017. Fourteen preceptors were recognized from four states: Texas, Illinois, Pennsylvania, and Ohio.

Clinical PEP Update
The AARC released the Clinical PEP: Practices of Effective Preceptors in 2013 and has awarded credit to 1,719 records for the Clinical PEP program (1,127 unique member records and 506 non-member records). In 2016, 136 subscriptions to the product were purchased.

- 2017: 294 CRCE YTD (8/17/17)
- 2016: 617 CRCE
- 2015: 468 CRCE
- 2014: 263 CRCE
- 2013: 77 CRCE

2017 Educational Product Sales/Attendance Trends at a glance (as of 8/17/17)

	2017 YTD	2016	2015	2014	2013	Comments for 2017
Webcasts and JournalCasts	4,246 (425)	8,153 (340)	9,149 (410)	8,812 (383)	7,511 (442)	Per session attendance in parentheses
Asthma Educator Prep Course	179	246	183	268	203	Above budget
COPD Educator Course	363	734	859	820	570	Slightly below budget
Ethics	2,844	4,242	1,928	1,757	2,361	Above budget
RT as the VAP Expert	36	53	63	115	81	Under budget
Alpha-1	51	75	74	125	98	Under budget
Exam Prep	14	189**	180*	39	40	*F&P grant (150) + 30 **F&P grant (150) + 39 Under budget
Leadership Institute	40	99	68	89		Under budget
Asthma & the RT	328	604	446	172		Above budget
ACCS	110	164	121			Above budget
PFT: Spirometry	348	422	228			Above budget
PFT: Pediatrics	76	117	43			On budget
PFT: Advanced Concepts	178	264	79			On budget
Tobacco Training	131	259	85			Under budget
Congenital Heart Defects	50	122				Under budget
Pulmonary Disease Educator	221	32				Above budget
NPS	71					Above budget

Additions to Education

The national and California ethics courses are currently in revision and will be released, pending approval from the Respiratory Care Board of California, in January 2018. Currently collaborating with the AACVPR for a pulmonary rehabilitation course for 2018. The AARC is also working on collaboration for a child abuse-reporting course suitable for the Pennsylvania licensure requirements. Current educational sales are going well and, overall, are over budget. Collaboration in place with the Marketing department for targeted advertisements for those courses that are not performing at budgeted expectations.

Advertising and Marketing

Advertising

AARCTimes and Respiratory Care are tracking well ahead 2017 budget and are target to exceed our prior year. Digital advertising on aarc.org continues to remain consistent and strong through our partner, Multiview. In fact, ***all*** of aarc.org and *AARConnect* advertising positions have been sold out for the remainder of 2017 and well into 2018. Respiratory Care Marketplace with a redesign of the website and more featured options is not as strong as we would expect at this point.

Other advertising channels through eNewsletters, ePubs and recruitment ads are also part of the digital advertising footprint. Recruitment ads continue to be on target with prior years and budget

and will exceed 6 figures in income for 2017. A new opportunities of a digital job board at AARC Congress 2016 attracted high interest and additional unbudgeted dollars for 2016. We have just kicked off our 2017 promotion at the time of this report, so we hope to continue our success from 2016 with that promotion.

All these conditions projects to be very favorable to last year's budget and exceed our aggressive projections for the 2017 budget.

Corporate Partners
2017 Partners: Carefusion, Masimo, Medtronic, Monaghan, Philips/Respironics, Drager, Maquet, Teleflex, Boehringer Ingelheim, Astra Zeneca, Mallinckrodt, ResMed and Fisher Paykel.

We will see all 2017 Corporate Partners return in 2018 with the additional of a 14th Partner as we welcome back Sunovion Pharmaceuticals. We have seen some partners step up in their activities and others step back a little changing the dynamics of our relationships with them around revenue generating activities. We are seeing some renew interests in AARC and the profession from the pharmaceutical manufacturers in 2017.

MarCom (Marketing/Communications)
We continue to look at new vehicles through social media sites and electronic newsletter to better market the AARC, as well as, its educational and professional products. Many of these venues will also open up additional and new advertising and sponsorship opportunities as well and have maintained a strong interest throughout 2017. We have budgeted for some new software tools in 2018 to provide us enhanced ability to track and monitor our endeavors providing us critical feedback on the optimal methods to move marketing endeavors forward.

We are also looking at "value added" products through our Membership Affinity program that may my find highly desirable. This summer we added a personal travel discount program that offers discounts on hotels, airfare and rental cars that many members have already taken advantage of during the summer. We have been approach with 3-4 other affinity membership programs on items that people utilized in their everyday lives that we will investigate further for possible membership enhancements.

With Beth Binkley's retirement at the end of 2016, we have been able to re-engineer the job description to offer a position to Heather Willden as our new Communications Coordinator. Heather has hit the ground running with our communications processes and will be lending a big hand at AARC Congress in a variety of areas with our Booth and Big Ideas Theater.

Products
Benchmarking subscriptions have dipped significantly in 2017 as the economic reigns are tightening for hospitals with approximately 20-30 hospitals around the US and in Middle East (2). September 2017 will launch a Benchmarking 2.0 Program that has had an overhaul and additions based on marketing research feedback. We have also brought the database and program "in-house" which will allow us to meet subscriber needs quicker while eliminating monthly costs and redesign expenses. We are also looking at a "view only" option based on a 2-year analysis of our program. As we launch this program in September, we will offer discounted rates and opportunities for previous subscribers and new subscribers. A Corporate Sponsor and subscriptions purchased by Draeger will also add another 25-30 subscribers.

In 2018, we will look to provide updates to both the URM and Competency products since it has been several years since they have both been updated. New editions always generate strong interest

and sales.

As you are aware, in 2012 we outsourced our Respiratory Care Week products to a third-party supplier, Jim Coleman Ltd that handle all products and the necessary shipping. 2017 was our fifth-year outsourcing RC Week products to Coleman. We came in right about our budget target in 2016 and realized a similar royalty to last year. 2017 appears to be tracking slightly ahead of 2016 as we had a "2-3 weeks" with an earlier launch and some more focused marketing strategies with some nice logos and a focus on "teamwork". With RCW coming after Congress, our heaviest sales will come after the deadline for Fall Board reports.

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 2017. I expect that 2017 will be a good year in both of these areas that meet and exceed 2017 budget projections and prior years for new projects not carried over.

RESPIRATORY CARE Journal

As all peer-review publications, the majority of the manuscripts received today are unsolicited submissions of original research. We also solicit and publish manuscripts from experts in areas of interest to our readers. Examples of these are, Journal Conference proceedings, reviews, and certain presentations at the AARC Congress. Prior to 2008 we were publishing about 60% unsolicited and 40% solicited articles; that is, we weren't receiving enough original research manuscripts to fill the pages we wanted to publish. All this changed beginning in 2008 to what was considered to be a reasonable goal of around 600 annual submissions of which more than 500 are original research. RESPIRATORY CARE today is a very successful publication and operating as inexpensive as it has been in more than 25 years.

From the beginning of the OPEN FORUM 43 years ago, the Journal and staff are responsible for the administration and process necessary to present the abstract and poster sessions at the AARC Congress. The 2017 process is now completed and we should have very exciting and informative sessions at AARC Congress 2017. As it has been the case for the last 4 years, accepted abstracts will be presented in one of 3 formats: Editors' Choice, Poster Discussion, and Poster Only. Submissions for this year and comparison to years past are shown in the table below:

	Submissions	Accepted	Rejected	Editors' Choice	Poster Discussions	Posters Only
2017	240	204 (84%)	40 (16%)	8	173	23
2016	235	206 (86%)	29 (14%)	10	164	32
2015	283	222 (78%)	61 (22%)	11	173	38
2014	361	254 (70%)	107 (30%)	6	154	94
2013	398	287 (72%)	111 (28%)	-	287	-
2012	419	328 (78%)	91 (22%)	-	328	-
2011	347	271 (78%)	79 (22%)	-	271	-
2010	387	280 (72%)	107 (28%)	-	280	-
2009	277	228 (82%)	49 (18%)	-	228	-
2008	306	269 (88%)	37 (12%)	-	269	-
2007	283	242 (86%)	41 (14%)	-	242	-

Big thanks to the Program Committee, Doug Laher and his staff, and Monaghan Medical for their unrestricted educational grant supporting the 43rd OPEN FORUM.

For the 56th time since 1982, the June issue of the Journal contained the proceedings from last year's Journal Conference on *Pediatric Respiratory Care*. Also, in June this year we held the 2017 Conference on *Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications*, to be published next year.
Lastly, but most important, preparations are now completed for Rich Branson MSc RRT FAARC, Professor of Surgery at the University of Cincinnati College of Medicine, to follow Dean Hess PhD RRT FAARC as Editor-In-Chief at the end of this year. Rich will be the sixth editor since its founding in 1956 and as it has been the case with every new editor, we predict another smooth and successful transition.

We would like to take this opportunity to recognize Dean Hess for his exceptional leadership and devoted service during his 10 years as Editor-In-Chief. Under his stewardship, the Journal has attained growth and quality as never before. We owe him more than words can express or plaques and gifts could adequately recognize. His commitment will truly be missed, his shoes will not easily be filled, and his positive outlook and dedication will probably never be matched.

Our Mission

RESPIRATORY CARE deals with the subject area of the same name, and thus publishes articles pertaining to disorders affecting the cardiorespiratory system, including their pathogenesis, pathophysiology, manifestations, diagnostic assessment, monitoring, prevention, and management. Because the practice of respiratory care prominently involves equipment and devices, the development, evaluation, and use of these things feature prominently in what the Journal publishes. However, as indicated by the word "care" in its name, the Journal also emphasizes the patient, and on improving all aspects of the care of individuals affected by respiratory disease.

In addition to the reports of original research and the other article types, an important function of RESPIRATORY CARE is the publication of state-of-the-art special issues arising from conferences convened by the Journal. These Journal Conferences have been an integral part of the Journal for 35 years.

All manuscripts submitted to RESPIRATORY CARE are subjected to peer review. The Editor relies on evaluations by members of the Editorial Board and outside experts in deciding whether submitted manuscripts should be accepted for publication, revised for further peer review, or rejected.

DATA CLEANUP

The data cleanup process continues. In 20 years, we had accumulated over 300,000 accounts.

Needless to say, many of these were duplicates. Another large number have not had any recent activity.

There were just under 33,000 duplicate emails. We have cleaned about half already. In addition, a program now checks every new account and verifies that the email address does not already exist within the database. Customer service is processing accounts that generate a warning on a daily basis to prevent any more from being added.

We have 89,826 accounts for members and companies that are considered currently active. Accounts that have not had any activity in the last 7 years are being tagged for deletion.

Hospital names and addresses have been cleaned up using a list from the AHA as our reference. We have also created the relationship between hospitals and one of the 424 controlling organizations that they may belong to. This will allow us to provide special programs or discounts based on affiliations. We will be attempting to replicate this same relationship with our corporate partners to identify all their various subdivisions. Other company records will follow afterwards.

We are removing about 20 different member types that have become deprecated due to programs that we no longer offer, or types that were created and no longer relevant. That will result in the removal of another 30,000 or more accounts.

AMS UPGRADE

We have begun the upgrade process.

Protech collected information about our membership types and processes. They have also started looking at our accounting system. They are using preliminary information that was available in the RFP, and now starting to add more of the details.

We will be having the project kick-off meeting Oct 11-13. Protech will start reviewing our business processes to see where they align with the standard product and where we will need to either modify our process or develop custom solutions. Everyone has committed to adapting our current business processes to the Protech product as much as possible to prevent the costly problem of maintaining custom software for eternity.

Accounting will be doing an upgrade from our current version of Great Plains software to the Dynamics version. This will be a straight upgrade in late November or early December. Accounting will then be familiar with the new version in time for year-end closing. This two-step process will make it easier for accounting to convert to the new database format in Spring 2018.

This project will be managed as a series of ‘sprints’. Rather than trying to solve every problem at once, each department will be given smaller tasks based on a 2-week cycle. We will have calls that anyone can join every two weeks to check our progress. This allows us to quickly identify problems or conflicts and resolve them before a lot of energy has been spent going down a potentially wrong path.

Executive Office Referrals

(from June 2017 BOD meeting)

- **Recommendation 17-2-23.2** "That the AARC BOD consider offering a reduced rate for web-based membership to those living in countries that hold International Affiliate status and that the rate be lower than the rate before international affiliate status was initially granted." ***Referred to Executive Office to report back at October 2017 meeting***

    - Shawna Strickland and Steve Nelson are exploring options with the new database

Advocacy and Government Affairs

Submitted by Anne Marie Hummel – Congress 2017

Recommendations

None

Report

CONGRESSIONAL UPDATE

Congress is returning from its August recess and must address a number of contentious issues, including healthcare, tax reform, FY 2018 appropriations, and raising the debt ceiling. There is quite a bit of uncertainty around health reform following the Senate's inability to pass a bill prior to recess. The Senate Finance Committee and the Health, Education, Labor, and Pensions (HELP) Committees plan to hold bipartisan hearings on stabilizing the individual insurance market in early September.

During the Senate debate on replacing the Accountable Care Act, AARC sent a letter to all Senators on behalf of patients with chronic respiratory conditions. The letter opposed policies that would 1) increase the number of uninsured Americans, 2) weaken the Essential Health Benefits provision, and 3) make health insurance less affordable. AARC advocated for policies that supported preventive medicine such as routine newborn screening, wellness visits, smoking cessation, disease management and pulmonary rehabilitation.

Congress will once again work to tackle the appropriations process in earnest. The first week of September will be busy, with full committee and subcommittee markups of the Senate Labor HHS appropriations bill, a House vote on the omnibus appropriations bill, and a potential House vote on a budget resolution. We expect to see a Senate Labor-HHS report once the bill is considered by the full appropriations committee and will review it to see if our requested report language aimed at studying the benefits of RTs was included, as it was in the House version. The debt ceiling will need to be raised by September 29th and September 30th is also the end of the fiscal year, making it likely a continuing resolution to fund the government through December will be linked to a debt ceiling increase.

In their budget negotiations, Senators will consider President Trump's administration's FY18 nonbinding budget. The President's proposed budget includes major cuts to non-defense discretionary spending. Many members of Congress from both sides of the aisle have called these major cuts "dead on arrival." There is hope that a budget deal that will raise the spending caps imposed by the Budget Control Act of 2011 will be stuck before the end of the year and in time to finalize the FY 18 spending bills.

Our lobbyists have met with key Congressional offices, focusing on offices where staff expressed interest in telehealth and RTs during the PACT Hill Day and where members are on relevant committees. Key points of discussion have included the critical role of RTs in care delivery for patients, and the importance of including RTs in telehealth legislation. There are currently three telehealth bills which include coverage for RTs. Our lobbyists have met with offices working on all three bills and will continue to try to garner support for these and other telehealth vehicles which include RTs.

LEGISLATIVE INITIATIVES

Many members of Congress remain interested in advancing telehealth legislation, but progress has been slowed by the focus on the repeal and replacement of the Affordable Care Act. We anticipate it will continue to take a backseat this fall to efforts to stabilize the individual markets, reauthorize CHIP, and address budget and appropriations issues.

Summer Virtual Lobby Week/Grassroots Activities

As you know, to ramp up co-sponsorship for telehealth bills that benefit respiratory therapists and their patients, e.g., the Medicare Telehealth Parity Act (H.R. 2550), the HEART Act, (H.R. 2291), and the Telehealth in Public Housing Act (H.R. 766), we held a one-week summer Virtual Lobby Week July 10-14. Considering the time of year, we had a pretty good week with over 3,500 emails sent. The goal was to put these bills in front of House members before they left for their August recess and to follow-up with a grassroots advocacy effort while they were in their home districts. Messages went out to our PACT reps encouraging them to work with state leadership to set up local meetings and to include patients where possible to increase co-sponsorship. At the time of this report, only three co-sponsors have added their name subsequent to our VLW – two signed on to the Parity Act and one signed on to the HEART Act. There will several opportunities during the remainder of the year when Representatives will be in the home districts and we expect to ramp up our grassroots efforts during those times.

Medicare Telehealth Parity Act (Parity Act) – H.R. 2550

The Parity Act had 67 co-sponsors at the end of the last Congress, the most of any telehealth bill at the time. Our goal is to exceed that number this time around. Two recent actions may help us meet our goal.

First, the original co-sponsors of the Parity Act (Thompson, Harper, Black and Welch) sent out a "Dear Colleague" letter to House Representatives the end of August. These letters typically have a greater impact of garnering co-sponsorship when they come from the bill's co-sponsors. As of September 1, there were 14 co-sponsors of the Parity Act; we anticipate this number will increase over the next few weeks once Congress returns after the recess and Labor Day holiday.

Second, AARC developed a letter to go to House Members asking for co-sponsorship of the Parity Act that includes at the time of this report, 16 organizations supporting the role of respiratory therapists as telehealth providers. The American Lung Association has agreed to support us but chose to send a separate letter to the Hill rather than sign-on with other organizations. The letter highlights studies in which respiratory therapists have improved health outcomes by lowering hospital readmissions and emergency department visits and how including them as telehealth providers can meet certain goals of the COPD National Action Plan.

Although we were aware a "Dear Colleague" would be forthcoming, our lobbyists recommended this action to increase the opportunity for co-sponsorship. We singled out this bill because it is the most comprehensive and has the chance to gain the most number of co-sponsors. However, we remain committed to gaining co-sponsorship of H.R. 2291 and H.R. 766 as well as the Parity Act through our grassroots activities.

Other Telehealth Bills

There has been little action on the other two bills that include respiratory therapists. The HEART Act is now bipartisan, which is a step forward with Democrat Derek Kilmer (WA) signing on along with the bill's sponsor Sean Duffy (R/WI). H.R. 766, focusing on telehealth for individuals who reside in public housing has one additional co-sponsor, Lloyd Doggett (D/TX) in addition to

the bill's sponsor Nadia Velazquez (D/NY). This bill will need bipartisan co-sponsorship if it has any chance to move forward and our efforts should focus on securing Republicans to sign on.

In terms of co-sponsorship, the CONNECT for Health Act (S.1016/H.R. 2556) has 13 co-sponsors for the Senate bill and 17 co-sponsors for the House bill. These telehealth bills largely supported by stakeholders that comprise the Telehealth/Remote Patient Monitoring Coalition, although a component of the larger group, CONNECTED Health Initiative, signed on to our letter to the House in support of the Parity Act. The CHRONIC Care Act (S.870), developed by the Senate Finance Committee's Working Group on Chronic Care had 18 co-sponsors as of September 1.

FEDERAL INITIATIVES

2018 Payment Updates for Various Regulations

Inpatient PPS Update

CMS has finalized its proposal to add a quality measure effective for FY 2022 titled "Hospital-Level, Risk-Standardized Payment Associated with a 30-Day Episode of Care for Pneumonia (PN Payment)." As reported in June, the measure is expected to create stronger incentives to reduce practice pattern variations and to achieve lower costs and improve care coordination. CMS also adopted in the final rule a modified version of the Patient Safety and Adverse Events measure effective for FY 2023 in order to incentivize hospitals to ensure patients are not harmed by the medical care they receive which is a critical consideration in quality improvement. Also, as part of CMS' ongoing efforts to evaluate and strengthen the Hospital Acquired Conditions Reduction Program in the acute inpatient care setting, CMS is considering adoption of quality measures to address ventilator associated events (VAEs) including ventilator associated pneumonia (VAP) and preventable adverse events such as pulmonary edema and acute respiratory distress syndrome in future rulemaking. A VAE measure is already part of the quality reporting measure program in Long-Term Care Hospitals (LTCH).

LTCH PPS Update

By law, LTCHs are required to report certain quality data to CMS in order to receive their full annual update under the LTCH PPS. In the final rule for the FY 2018 update, two new measures related to ventilator weaning are being adopted beginning with the FY 2020 quality reporting program for admissions and discharges occurring on or after April 1, 2018. The first measure is Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay. Components of the measure include 1) the percentage of patients admitted on invasive mechanical ventilation who were assessed for readiness for SBT by day 2; and, 2) the percentage of patients deemed medically ready for SBT and who received it by day 2. The measure is intended to ensure timely assessment of a patient's readiness to be weaned based on adherence of evidence-based and consensus-based guidelines. The second measure is Ventilator Liberation Rate. This outcome measure reports the percentage of LTCH patients admitted on invasive mechanical ventilation, for whom weaning attempts were expected or anticipated, and are fully weaned by the end of the LTCH stay. Overall, the first measure captures the weaning process while the second measure captures the outcome of successful "liberation" from invasive mechanical ventilation.

SNF PPS Update – Standardized Assessment Data

As reported in June, the IMPACT Act requires standardized assessment among post-acute care providers in five categories: 1) functional status; 2) cognitive function; 3) special services, treatment and interventions; 4) medical conditions and co-morbidities; and, 5) impairments. It its final rule on the 2018 update to SNF PPS payment rates, CMS has chosen not to finalize three of the five data elements, one of which is special services due to concerns of increased reporting burden, need hire additional resources, updating protocols and systems and training staff.

In the special services category CMS proposed a respiratory treatment grouping including continuous and intermittent oxygen, suctioning, trach care, and non-invasive/invasive mechanical ventilation. Working with the Long Term Section, AARC submitted the following comments and recommendations: 1) there should be differentiation in high flow vs low flow oxygen devices; 2) suctioning should only be performed when clinically indicated in compliance with AARC Clinical Practice Guidelines; 3) tracheostomy care should be included as a data element; and, 4) the term "non-invasive mechanical ventilation" should be used when referring to CPAP/BiPAP and not the use of the term "mechanical ventilator".

SNF PPS Update – Payment Methodology for Non-Ancillary Therapy Services

In a separate SNF regulation as reported in June, CMS proposed to revise how it calculates PPS rates to cover costs of non-therapy ancillary (NTA) services such as drugs, lab services, respiratory therapy and medical supplies to more accurately reflect the costs. Currently these services are incorporated into the nursing component. The new proposed methodology consists of conditions/extensive services to which points would be assigned based on resource use, resulting in six categories ranging in points from 0 to 11+. Those dealing with respiratory issues include the following: Ventilator/Respiratory (High), Cystic Fibrosis (Medium), Multiple Sclerosis (Medium), Tracheostomy (Medium), Asthma, COPD or Chronic Lung Disease (Medium), and Suctioning (Low). AARC submitted comments recommending changes to the resource use tier assignments and use of certain terminology. Because the comment period was extended, these rules have not been finalized.

Competitive Bidding and Its Impact on Patient Access

As noted in the last Board report, CMS made payment adjustments for DME items in non-competitive and rural areas which resulted in drastic cuts, especially to oxygen concentrators, even though Congress provided relief as part of the 21st Century Cures Act. AARC assisted AAHomecare in a campaign to get House leaders to sign-on to a letter to Secretary Price and CMS Administrator Varna urging them to use their authority to make needed reforms to current DME policies and regulations and to protect beneficiary access. One hundred and fifty-three members signed the letter. Subsequent to that campaign, AAHomecare recently secured the services of Dobson/DaVanzo, the company AARC used to develop a cost analysis for our self-management education legislative initiative, to create a survey to help determine patient access to home medical equipment, supplies, and services as part of the Competitive Bidding Program. The survey was initiated in response to requests from Members of Congress and regulatory policymakers as part of the efforts to provide relief to rural/non-bid providers. Two primary target groups to receive the survey are Medicare beneficiaries and case managers/discharge planners who help coordinate DME items, service and supplies for patients. As the request of AAHomecare, AARC has sent the survey, which was approved by the Executive Committee, to members of our home care, long-term care and continuing care/rehabilitation sections for their input.

Tobacco Issues

At the end of July, the Food and Drug Administration (FDA) announced a new comprehensive plan to regulate tobacco and nicotine that will serve as a multi-year roadmap to better protect kids and significantly reduce tobacco-related disease and death. A key piece of FDA's approach is to begin a public dialogue about lowering nicotine levels in combustible cigarettes to non-addictive levels through the development of product standards. As a way to encourage innovations that make a notable public health difference and inform public policies, FDA is extending the timeline to August 8, 2022, for manufacturers to submit tobacco product review applications for newly regulated products that were on the market as of August 8, 2016.

Additionally, FDA intends to issue regulations seeking input on the potential benefits and possible adverse effects of lowering nicotine in cigarettes. FDA also plans to seek public input on the role that flavors (including menthol) in tobacco products play in attracting youth and may help smokers switch to potentially less harmful forms of nicotine delivery as well as seeking input on patterns of use and public health impacts from premium cigars. Last, FDA will launch a public education campaign by expanding its "The Real Cost" campaign aimed at discouraging the use of e-cigarettes and other electronic nicotine delivery systems (ENDS) by including messaging to teens about the dangers of using these products.

As part of the Tobacco Partners Coalition, AARC will join other stakeholders in submitting public comments spearheaded by the Campaign for Tobacco Free Kids as future proposed rules on these subjects become available.

Telehealth and Its Cost Effectiveness

As you know, the primary drawback to enacting telehealth legislation, or any legislation for that matter, is whether or not it will increase direct spending. Two activities are underway that may assist in determining the true value and cost effectiveness of telehealth moving forward.

CMS Telehealth Study in SNFs

CMS has selected TripleCare, a national provider of telemedicine-based health care services to skilled nursing facilities (SNFs) to participate in a one-year study to evaluate the cost-effectiveness of telehealth utilization in SNFs. The study will bring virtual physician services to three Florida-based SNFs in Bradenton, Port St. Lucie and St. Augustine. The telehealth services will kick in during off hours when physicians are not physically present and at a time when changes in patients' conditions often occur. TripleCare is one of the nation's first telemedicine providers and their track record has proven to aid in avoiding unnecessary hospital transfers.

Data to Assist CBO in Demonstrating Telehealth Can Save Money

The Center for Telehealth and e-Law (CtEL)'s Telehealth Reimbursement Coalition is collecting data and research on the costs of telehealth from thousands of hospitals, providers and insurers. Plans are to present an interim report to CBO in October and a final report by the second quarter of 2018. The goal is to provide evidence that will assist CBO in scoring issues that plague telehealth policies; namely, expanding Medicare coverage. Depending on the outcome, the results can go a long way to helping reduce CBO estimates in the past that held back legislation due to overestimation of costs.

Pulmonary Rehabilitation

As discussed in previous Board meetings, AARC along with other pulmonary organizations submitted comments to CMS calling for a merger of cardiac and pulmonary rehabilitation (PR) into one Ambulatory Payment Classification group in anticipation of the CY 2018 update to the hospital outpatient prospective payment system regulations. This action would increase the rate for pulmonary rehabilitation to roughly $98 and reduce cardiac rehabilitation payment by about 10%, to around $111. Unfortunately, when CMS published the proposed rules in July, pulmonary rehabilitation was placed in an APC along with a multitude of other services, similar to last year. The proposed payment rate for G0424 in CY 2018 is $53.22, $1.31 lower than the CY 2017 rate. Payment for codes G0237, G0238, and G0239, considered individual respiratory therapy codes by CMS, is proposed at $29.65, $1.28 higher than last year. CMS uses the latest data when they publish final rules, so it is likely the rates could increase slightly.

The problem remains that hospitals are failing to establish appropriate charges for G0424, even though an effort was made several years ago to educate hospitals via development of a Pulmonary Rehabilitation Toolkit on services that should be considered as part of the single, bundled code.

An analysis of recent claims data from 1,350 hospitals that billed Medicare for G0424, revealed the average charge to be around $400 (an arbitrary number but one specifically identified by a Task Force within AACVPR.) However, roughly 680 hospitals, about a 50% reduction, have at least 250+ annual claims and charges under $400. Since we have not been successful in working with CMS, the next effort will be to contact the Chief Executive Officers of these hospitals to make them aware that their charges are below the national norm and to offer assistance in setting the appropriate charge, including sending a hard copy of the Pulmonary Rehabilitation Toolkit.

After Labor Day, AACVPR has planned an aggressive follow-up once the letters have been sent. A Task Force will coordinate local outreach to all 680 institutions receiving the letter. That outreach may come from the program director, medical director, or another key person intimately involved with pulmonary rehabilitation. Ultimately, if appropriate charges are submitted to CMS, the payment rate should increase over time.

STATE INITIATIVES

RRT Entry-Level Licensure

New Jersey

A bill to revise and update the NJ RT licensure scope of practice (including clearly defining RT protocols and adding disease management) was amended in mid-December to include the provision that future licenses would only be issued to those holding the RRT credential. It was enacted on July 21 and New Jersey now becomes the sixth state to move to RRT entry-level licensure. Congrats!! If your state is considering moving to RRT entry-level licensure, don't forget AARC's guidance document at: http://www.aarc.org/resources/professional-documents/guidance-documents/

Telehealth

Since the last report, a number of states have been very active in enacting legislation that either specifically includes respiratory therapists (RTs) in the bill language or defines "health care professional" in a way that should include RTs. Highlights are discussed below:

New Jersey

The bill enables physicians to establish a doctor-patient relationship via telehealth, ensures the same standard of care as an in-person visit, and ensures coverage and payment parity for private payers, state Medicaid and other health plans. "Health care providers" can furnish telehealth services within their scope of practice as long as they have a valid license or certification. Respiratory therapists are specifically mentioned as providers.

North Dakota

Telehealth services are covered for individual and group health insurance programs and the public employees' retirement system uniform group insurance program. Health care provider is defined by certain sections of the statute which includes Chapter 43-42, respiratory therapists.

Texas

Texas enacted telehealth legislation to revise the definition of telemedicine to mean "a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician licensed in this state, and acting within the scope of the physician's or health professional's license…" The bill also calls for rules to ensure adequate supervision on non-physician health professionals who provide telemedicine and to establish a maximum number of such non-physician health professionals the physician may supervise through

a telemedicine medical service. The language implies that respiratory therapists would be covered as telehealth providers.

Vermont
The law expands private insurance coverage for telehealth services, ensures payment parity for face-to-face visits, removes restrictions on originating sites, allows for payment to some store-and-forward technologies, loosens documentation requirements for telehealth and allows telehealth-based prescribing. It is the only state that prohibits recording telehealth sessions.
A health care provider is a "person, partnership, or corporation other than a facility or institution that is licensed, certified, or otherwise authorized by law to provide professional health care services to an individual during medical care, treatment or confinement. Respiratory therapists would appear to be covered under this definition.

Hawaii
The law covers telehealth under its "Health Benefit Plan Network Access and Adequacy" program. A telehealth provider must be a physician or other health care practitioner licensed, accredited, or certified consistent with their scope of practice. The bill requires a sufficient number of providers to serve low-income, underserved individuals to ensure access to benefits without unreasonable travel or delay. It is unclear whether RTs would be covered as providers under the definition although the definition could be defined more clearly through regulations.

District of Columbia
Although DC previously enacted parity legislation for private coverage as well as Medicaid telehealth coverage, it enacted an Emergency Act on July 20, 2017 as part of its FY 2018 budget to add grants to develop and apply telehealth to providers and residents of certain Wards, homeless shelters or public housing, public schools, patient homes and SNFs, and to promote telehealth in specialty areas (e.g., could include pulmonology).

Maine
Enacted as a Veto Override, the law provides telehealth for MaineCare and includes consultation and education relative to diagnosis, treatment, care management and self-management of a patient's physical and mental health. It only refers to "health care professionals" in general as telehealth providers so it is unclear whether respiratory therapists would be included or not.

Minnesota
Minnesota's law requires real-time two-way audio and visual communications or store and forward technology to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, treatment, education and care management of a patient's healthcare. It does not address who can furnish telehealth services.

Wyoming
Wyoming has an enrolled bill to create an Office of Rural Health to collaborate with professional and occupational licensing boards to issue rules and definitions related to the practice of telehealth specific to an individual profession or occupation as long as such boards confer with the Office to ensure a uniform system of standards for the practice of telehealth. This can open the doors for the state to create telehealth rules specific to respiratory therapy.

Overview of Future Licensing Board Issues
State societies should be prepared to see an increase in legislation that aims to change the nature of how licensing boards operate. As you will recall, in 2015 the Supreme Court upheld a ruling by the Federal Trade Commission (FTC) that the NC Board of Dental Examiners violated federal antitrust

laws by preventing non-dentists from providing teeth whitening in malls in competition with the state's licensed dentists. Subsequent to that decision, staff at the FTC's Board of Competition issued guidance to states on how they could avoid conflict with antitrust laws and, as a result, we are now beginning to see actions that impact all state licensing boards.

The primary issue is a number of licensing boards are largely dominated by members of their respective professions. For example, doctors regulate doctors, respiratory therapists regulate RTs, physician assistants regulate PAs, etc. The composition of these boards gets to the basic problem of competition. Although many states require a sunset review process for occupational licensing, it may not be enough moving forward for states to be immune from antitrust laws based on the Supreme Court's decision.

> "The Court holds today that a state board on which a controlling number of decisionmakers are active market participants in the occupation the board regulates must satisfy Midcal's [Cal. Retail Liquor Dealers Ass'n v. Midcal Aluminum, Inc., 445 U.S. 97 (1980)] active supervision requirement in order to invoke state-action antitrust immunity." *N.C. Dental, 135 S. Ct. at 1114.*

According to the FTC guidance document, "a state may avoid all conflict with the federal antitrust laws by creating regulatory boards that serve only in an advisory capacity, or by staffing a regulatory board exclusively with persons who have no financial interest in the occupation that is being regulated." As a result of these actions, we are seeing changes to licensing boards in **Ohio, Wisconsin, Nebraska, and Kentucky** as reported previously. Updates include the following:

- **Ohio:** Since the last report, Ohio enacted legislation that abolishes the Ohio Respiratory Care Board (ORCB) effective January 21, 2018 and moves it under the auspices of the Ohio State Medical Board. It also moves home medical equipment policies previously regulated by the ORCB to the State Board of Pharmacy. Under the new law, the State Medical Board is required to appoint a respiratory care advisory council consisting of 7 members (2 physicians, 4 respiratory care professionals, and one member not affiliated with any health care professional) to advise the board on issues relating to the practice of respiratory care who will serve three-year staggered terms.

- **Wisconsin:** As reported in June, the state is facing the creation of an Occupational License Review Council whose role is to review currently licensed professions and, based on a set of criteria, make recommendations to the legislature and Governor taking into account whether less restrictive forms of regulation versus licensure are available that still protect public health, safety and welfare. An unexpected hearing was held on August 24, 2017. The WSRC joined forces with the PT and OT groups opposing the bills and is in the process of engaging the lobbyist working with the PT Association to represent respiratory therapists in the state.

- **Nebraska:** The legislature is currently of out session, so action on their "Occupational Board Reform Act" bill to reorganize 172 licensing boards, including respiratory therapy is on hold. However, we assume this battle will continue when the legislature reconvenes. The bill creates a new oversight office designed to increase competition and use the least restrictive regulations needed to protect the public.

A Federal bill introduced by Representative Darrell Issa (R/CA) titled *"Restoring Board Immunity (RBI) Act, H.R. 3446* was recently introduced to combat abuse of occupational licensing laws. It threatens to mandate all states create active supervision or judicial review of licensing boards to restore antitrust immunity, promote competition, encourage innovation and protect consumers. At the heart of the legislation is creation of the Office of Supervision of Occupational Boards designed to exercise considerable control of all licensing Boards and occupational regulatory actions. **A review of the bill language will be provided during the joint BOD/HOD session.** Since it has been introduced by only one member of the House of Representatives and has no current co-sponsors, it is unlikely the bill will move forward through Congress. However, the text language is very similar to that of the Nebraska bill and the impact is consistent with bills in Ohio and Wisconsin. So regardless of whether the Federal bill moves forward, we should expect to see more states develop their own legislative initiatives in this arena.

Other State Activities of Interest

Colorado

A formal complaint has been filed with the Joint Commission, the CO Department of Regulatory Affairs (DORA) and the CO Department of Public Health and Environment over interpretation by a Chief Executive Office of a local hospital that the state's Practice Act allows students to practice respiratory therapy without a license. Six students are involved. It is unclear whether the individuals have badges identifying them as students or respiratory technicians and whether they are being directly supervised. The CSRC has been working with DORA, the state agency overseeing RT licensure, about the violations. The students' credentialing and licensure post-graduation could be in jeopardy if the practice continues.

South Carolina

As part of an appropriations bill, SC recently enacted a provision permitting unlicensed persons in community-based programs sponsored, licensed or certified by the South Carolina Department of Disabilities and Special Needs, to furnish medications provided they have been trained and supervised by licensed nurses, pharmacists, and physicians and have documented successful completion of medication training and competency evaluation. Medications are limited to oral, sublingual, buccal, topical, **inhalation** and transdermal medications. Although it is limited to certain types of programs, it is nonetheless concerning to RTs in the state.

Tennessee

A recently enacted bill establishes "community paramedicine" which means the practice by emergency medical services personnel, primarily in an out-of-hospital setting, may provide patient evaluation, advice, treatment directed at preventing or improving a particular medical condition, or referrals to other community resources, which may be provided occasionally or at irregular intervals. AARC continues to monitor bills that may remove the term "out-of-hospital" with respect to licensing laws for emergency medical services personnel, including paramedics and EMTs, and first responders. We are aware of concerns expressed by many RTs about increased hospital utilization of paramedics in lieu of RTs within the inpatient hospital setting.

Washington

Washington is another example of the extended role of emergency personnel. A recently enacted bill permits any fire department to develop a community assistance referral and education services program. The program can partner with hospitals to reduce readmissions by hiring or contracting with health care professionals, including emergency medical technicians, advanced EMTs and paramedics, as long as they perform medical procedures they are trained and certified to provide and are under the supervision of an approved medical director.

New Jersey, Oregon and Maine

These states all passed laws recently to raise the minimum age to 21 to purchase tobacco. New Jersey's law becomes effective November 1, 2017: Oregon's law becomes effective January 1, 2018, and Maine's law kicks in July 2018. That brings the total to five states, California and Hawaii being the other two. Massachusetts is expected to become the sixth.

California

In a bill amended by the Senate on August 28, 2017, the state would expand preventive asthma services for low-income residents under the Medi-Cal program. Covered services include asthma education (e.g., use of medications, self-management techniques, action to mitigate exposures that exacerbate asthma symptoms consistent with national guidelines) and environmental asthma trigger assessment services (e.g., allergens and irritant found around the home). To be qualified as an "asthma preventive services provider" certain qualifications must be met including successful completion, at a minimum, of 16 hours of face-to-face client interaction training focused on asthma management and prevention within a six-month period. Respiratory therapists, especially those who have completed AARC's Asthma Educator course, should be eligible to provide services once the bill is enacted.

Extension of RT Licensing Boards

The following states have legislation either enacted or moving through the legislative to extend authority of their RT licensing boards: **AZ** – 2025, **CA** – 2022, **CO** – 2024, **MD** – 2021 and **OH** – 2021.

Advocacy &Government Affairs Committee

Submitted by Frank Salvatore – Congress 2017

Recommendations

None

Report

1. Find ways to gain support for the Telehealth bill. **(Ongoing)**

•The summer Virtual Lobby Week (VLW) occurred July 10th through July 14th. See attached documents that show the data from the V LW . It wasn't as successful as we'd hoped, the number of C o -Sponsors who signed on after the VLW was 1. The current number of co-sponsors as off this report is 14 which includes the original sponsor/co-sponsors.

2. Investigate ways for Respiratory Therapist to be recognized as professionals by the government. (Department of Labor, Department of Defense, etc.) **(Ongoing)**

•President Walsh has been working with Anne Marie Hummel to work on putting together a letter to try to get the DOL to review and render an opinion based on the current state of the profession.

3. Assist the State Societies with legislative and regulatory challenges and opportunities as these arise. Over the next two years provide assistance to states that begin moving toward RRT and/or BS entry for those seeking new license. **(Ongoing)**

•Committee leadership is working on a document to provide to states that are looking into moving to RRT Entry Licensure.

4. 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)**

5. Oversee the virtual lobby week and/or any calls to action that come up over the year. **(Ongoing)**

•There is a limited time in September where the House and Senate are in session. We're working with the PACT reps to continue our push for co -sponsors through concerted activity in the home districts.

6. Assign committee members specific states to act as liaisons toward and ensure the members communicate with their liaison state during active committee work periods. **(Completed)**

•The committee members have been assigned states and will be the primary liaison to those states for both federal and state issues.

7. Assist in coordination of consumer supporters. **(Ongoing)**

Measures of success:

- 20% increase in the number of co-signers of the Telehealth bill.
    - **Not MET**
- Produce 10% more emails sent to Capitol Hill this virtual lobbying week
    - **Not MET (-21%)**

AARC Summer 2017 Virtual Lobby Week
Messages by Activist Type

ACTIVIST TYPE	Before 7/10/17	7/10/2017	7/11/2017	7/12/2017	7/13/2017	7/14/2017	Total for VLW	Total incl. before VLW	Trend	% of Total:
RESPIRATORY THERAPISTS	153	731	698	643	445	285	**2,802**	**2,955**		82.1%
Students	11	45	71	69	37	31	**253**	**264**		7.3%
Physicians	5	9	14	10	11	4	**48**	**53**		1.5%
Patients	7	21	18	11	17	9	**76**	**83**		2.3%
Caregivers	4	9	16	13	8	4	**50**	**54**		1.5%
Supporters/Friends of the RT Profession	6	35	46	46	37	21	**185**	**191**		5.3%
Total Activists:	**186**	**850**	**863**	**792**	**555**	**354**	**3,414**	**3,600**		

MESSAGES BY:	Before 7/10/17	7/10/2017	7/11/2017	7/12/2017	7/13/2017	7/14/2017	Total for VLW	Total incl. before VLW		% of Total:
RESPIRATORY THERAPISTS	157	812	767	680	473	293	**3,025**	**3,182**		82.1%
Students	12	45	73	73	41	31	**263**	**275**		7.1%
Physicians	5	10	16	11	12	4	**53**	**58**		1.5%
Patients	7	27	19	11	17	9	**83**	**90**		2.3%
Caregivers	5	9	17	14	8	6	**54**	**59**		1.5%
Supporters/Friends of the RT Profession	7	41	48	53	39	23	**204**	**211**		5.4%
Total Messages:	**193**	**944**	**940**	**842**	**590**	**366**	**3,682**	**3,875**		

#	ACTIVIST STATE	E-MAIL	PRINTED	TOTAL ACTIVISTS	TOTAL ADVOCACY MESSAGES
1	CO (Colorado)	488	1	203	489
2	PA (Pennsylvania)	379	25	348	404
3	TX (Texas)	356	3	274	359
4	FL (Florida)	203	3	170	206
5	CA (California)	188	1	168	189
6	SC (South Carolina)	155	11	127	166
7	KY (Kentucky)	112	12	97	124
8	NY (New York)	123	0	94	123
9	NJ (New Jersey)	108	0	75	108
10	WV (West Virginia)	101	1	70	102
11	GA (Georgia)	92	9	71	101
12	MN (Minnesota)	100	0	72	100
13	MI (Michigan)	92	3	83	95
14	VA (Virginia)	89	2	73	91
15	OH (Ohio)	77	8	66	85
16	SD (South Dakota)	75	0	47	75
17	IN (Indiana)	75	0	59	75
18	MO (Missouri)	72	0	57	72
19	AR (Arkansas)	68	1	52	69
20	WI (Wisconsin)	69	0	53	69
21	MD (Maryland)	64	0	38	64
22	LA (Louisiana)	55	0	39	55
23	NC (North Carolina)	54	1	45	55
24	WA (Washington)	54	0	52	54
25	OR (Oregon)	51	2	33	53
26	UT (Utah)	46	5	43	51
27	IL (Illinois)	50	0	47	50
28	KS (Kansas)	47	1	36	48
29	TN (Tennessee)	46	1	31	47
30	MA (Massachusetts)	38	1	37	39
31	CT (Connecticut)	37	0	31	37
32	NE (Nebraska)	29	1	26	30
33	AZ (Arizona)	26	0	24	26
34	ID (Idaho)	26	0	20	26
35	IA (Iowa)	25	0	22	25
36	NV (Nevada)	24	0	23	24
37	MS (Mississippi)	12	10	16	23
38	OK (Oklahoma)	21	0	18	21
39	AL (Alabama)	18	1	17	19
40	NM (New Mexico)	18	0	10	18
41	NH (New Hampshire)	14	0	14	14
42	MT (Montana)	0	14	11	14
43	WY (Wyoming)	14	0	10	14
44	ME (Maine)	13	0	13	13
45	DE (Delaware)	13	0	12	13
46	DC (District of Columbia)	7	2	8	9
47	ND (North Dakota)	6	0	5	6
48	VT (Vermont)	5	0	3	5
49	RI (Rhode Island)	5	0	4	5
50	HI (Hawaii)	5	0	5	5
51	AK (Alaska)	2	0	2	2
		3,840	**119**	**2,947**	**3,960**

AARC Summer 2017 VLW Statistics
Messages by State - Campaign Totals to Date

ACTIVIST STATE	Before 7/10/17	7/10/2017	7/11/2017	7/12/2017	7/13/2017	7/14/2017	Total for VLW (7/10-7/14)	Total from 7/1/17	Trend 7/10 through 7/14
AK (Alaska)	0	0	1	1	0	0	2	2	
AL (Alabama)	3	3	4	5	3	1	16	19	
AR (Arkansas)	0	11	29	15	14	0	69	69	
AZ (Arizona)	3	2	4	9	8	0	23	26	
CA (California)	18	45	13	29	43	41	171	189	
CO (Colorado)	4	111	80	147	74	73	485	489	
CT (Connecticut)	7	9	3	8	2	8	30	37	
DC (District of Columbia)	0	4	2	1	1	1	9	9	
DE (Delaware)	2	0	2	5	2	2	11	13	
FL (Florida)	13	60	85	26	16	6	193	206	
GA (Georgia)	6	3	38	29	18	7	95	101	
HI (Hawaii)	0	4	0	0	1	0	5	5	
IA (Iowa)	0	3	3	2	13	4	25	25	
ID (Idaho)	1	5	5	4	4	7	25	26	
IL (Illinois)	8	10	7	18	5	2	42	50	
IN (Indiana)	6	13	20	25	9	2	69	75	
KS (Kansas)	1	1	27	11	6	2	47	48	
KY (Kentucky)	2	37	42	17	18	8	122	124	
LA (Louisiana)	1	5	11	21	15	2	54	55	
MA (Massachusetts)	4	5	8	16	5	1	35	39	
MD (Maryland)	1	11	20	18	5	9	63	64	
ME (Maine)	0	1	3	5	3	1	13	13	
MI (Michigan)	4	19	23	23	22	4	91	95	
MN (Minnesota)	10	27	18	20	19	6	90	100	
MO (Missouri)	1	14	23	14	15	5	71	72	
MS (Mississippi)	5	2	4	4	5	3	18	23	
MT (Montana)	3	4	2	5	0	0	11	14	
NC (North Carolina)	8	9	14	10	12	2	47	55	
ND (North Dakota)	0	3	0	2	1	0	6	6	
NE (Nebraska)	2	5	4	7	11	1	28	30	
NH (New Hampshire)	0	1	2	5	4	2	14	14	
NJ (New Jersey)	24	11	26	20	7	20	84	108	
NM (New Mexico)	3	0	0	13	2	0	15	18	
NV (Nevada)	0	0	8	4	9	3	24	24	
NY (New York)	10	29	29	29	15	11	113	123	
OH (Ohio)	3	12	27	26	9	8	82	85	
OK (Oklahoma)	0	6	7	4	3	1	21	21	
OR (Oregon)	0	9	7	8	11	18	53	53	
PA (Pennsylvania)	22	183	72	60	45	22	382	404	
RI (Rhode Island)	2	0	2	0	1	0	3	5	
SC (South Carolina)	3	61	49	31	12	10	163	166	
SD (South Dakota)	7	6	20	21	7	14	68	75	
TN (Tennessee)	9	3	12	5	16	2	38	47	
TX (Texas)	8	133	100	65	33	20	351	359	
UT (Utah)	2	8	13	10	18	0	49	51	
VA (Virginia)	15	21	8	14	27	6	76	91	
VT (Vermont)	3	1	1	0	0	0	2	5	
WA (Washington)	6	2	21	8	3	14	48	54	
WI (Wisconsin)	4	11	16	13	14	11	65	69	
WV (West Virginia)	5	36	27	18	10	6	97	102	
WY (Wyoming)	3	1	2	3	4	1	11	14	
	242	**960**	**944**	**854**	**600**	**367**	**3,725**	**3,967**	

HOD Report

Submitted by Keith Siegel – Congress 2017

Recommendations

None

Report

- Worked with the Executive Office, House Officers, House Committee Co-Chairs and Delegates on house business.
- Appointed co-chairs to each HOD committee and worked with individual Delegates to get them on committees that interest them.
- Appointed House Officers as committee liaisons.
- Identified Speaker's goals, HOD objectives, committee charges, and committee calendar and disseminated documents to the House via AARConnect.
- Held monthly conference calls with House Officers and Executive Office liaison to share information and in support of House objectives, goals, strategies and charges.
- Held quarterly joint conference call between House Committee Co-Chairs, House Officers, and Executive Office liaison to share information and in support of House objectives, goals, strategies and charges.
- Participated in monthly phone call with President Walsh. I have invited Speaker-elect Miller to join in those calls, so that she will be up to speed should the need arise once again to step in to the acting Speaker's role.
- Worked with Speaker-elect Miller, House officers, and Asha Desai to get HOD Ad Hoc Strategic Goals committees up and running.
- Worked with various House committee chairs on strengthening the committees and evaluating whether or not they are still effective and necessary committees.

Other

I would like to thank President Walsh, my fellow House Officers and Parliamentarian, committee co-chairs, as well as Shawna Strickland and Asha Desai for all of their invaluable help and support. Special thanks to Speaker-elect Miller for her support and professionalism as she stepped in to the role of Acting-Speaker in my absence during the spring, and for her leadership in forming the House Strategic Goals subcommittees. I also want to express my sincere appreciation to the Board of Directors, Executive Office staff and House of Delegates for the incredible acts of kindness and support during my leave of absence.

Board of Medical Advisors Report

Submitted by Dr. Rob Aranson – Congress 2017

Dr. Aranson will provide a verbal report at the meeting.

President`s Council

Submitted by Dianne Lewis – Congress 2017

Recommendations

None

Report

The Presidents Council is proud to announce the winners for Life and Honorary membership. Life is Lynda Goodfellow, EdD, RRT, FAARC and Honorary is Russell Acevedo, MD, FAARC, FCCP. Please congratulate these individuals.

The Council will be meeting in Indianapolis, so if we can assist in any way, do not hesitate to ask.

Standing Committee Reports

Audit Sub-Committee

Submitted by Teri Miller – Congress 2017

Recommendations

None

Report

As reported in my spring report to the Board of Directors, the Audit Sub-Committee met via telephone conference call on Monday, March 2, 2017 to review the Association's consolidated financial reports and the findings of the independent auditors' report as presented by Tanya Severski of the auditing firm Salmon, Sims, Thomas & Associates, LLC. A majority of members of the AARC Audit Sub-Committee were present on the call, as was AARC Controller Dan Stoyak and former AARC Controller, Tony Lovio.

The auditors and the Committee members introduced themselves prior to the audit review. The auditors and the Committee reviewed the consolidated financial statements and independent auditors report for the years ending December 31, 2015 and December 31, 2016. The auditors reported that all of the financial records of the Association were found to be in compliance with generally accepted accounting principles for the United States.

After reviewing each financial statement and answering questions from committee members, the auditors complemented the manner in which the AARC manages and accounts for its financial obligations and expressed the "AARC had a very successful year". It was noted in footnote 2 of the report the "Forest" grant will now be identified as the "AstraZeneca" grant. Auditors pointed out in Footnote 5 the key areas under "Temporarily Restricted Net Assets" which they must verify have regular disbursement are the Disaster Relief Fund and the Convention Grant. Tony Lovio explained the potential variability of disbursement for the Disaster Relief Fund is based on need.

The auditors' report found no material deficiencies and only recommended the minor internal control actions of maintaining a practice of the retaining of grant supporting documentation in one place and consideration for routine background checks on AARC staff, particularly those involved in finance. John Walton inquired related to documentation of grant maintenance and it was explained by Tony Lovio that all grants and their disbursements are on record and in order. There was also a suggestion by Mr. Walton that consideration be given to bonding for the AARC commensurate with the assets of the Association.

- The Audit Sub-Committee continues to monitor the monthly financial statements and attended the June Finance Committee meeting.

- The Audit Sub-Committee is prepared to participate in the Finance Committee meeting in October in Indianapolis.

Other

I would like to thank the Audit Sub-Committee for their participation. I also want to thank Tony Lovio, Dan Stoyak, and the staff of Salmon Sims Thomas, LLC. Finally, thanks to Past Speaker Grimball and Speaker Siegel for their guidance and advice as I took on the role of Chair of this committee.

Members: Karen Schell (KS), Sheri Tooley (NY), Dana Evans (IL), John Walton (IL) and Teri Miller (GA)
Liaisons: Tony Lovio (TX) and Dan Stoyak (TX).

Bylaws Committee

Submitted by Bob DeLorme – Congress 2017

Recommendations

That the AARC Board of Directors find that the Nevada Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "NSRC…")

That the AARC Board of Directors find that the Puerto Rico Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "Puerto Rico")

That the AARC Board of Directors find that the Rhode Island Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "Bylaws RISRC EDITS")

That the AARC Board of Directors find that the South Carolina Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "South Carolina Bylaws")

That the AARC Board of Directors find that the Utah Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "Bylaws of the Utah Society…")

That the AARC Board of Directors find that the Washington Society For Respiratory Care, Inc. are not in conflict with the AARC Bylaws. (See attachment "Respiratory Care Society of Washington")

Report

AARC Bylaws Committee has recommended 6 Bylaws for approval. Please see recommendation.

The Committee was also asked to give an interpretation.

In order to expedite the conveying of information in a timely manner, The House of Delegates sent a verbal request for an interpretation.

AD HOC HOD BYLAWS COMMITTEE Recommendation:
1. Resolve that the House of Delegates formally request an interpretation from the AARC Bylaws Committee of the HOD Bylaws Article VII, section 6 in regards to limiting all voting within the HOD to a poll vote (i.e. each delegation's vote represents the number of active members in their affiliate).

Bob DeLorme and Brian Cayko were present for the discussion and vote by the HOD to send the Ad Hoc HOD Bylaws Committee recommendation. The recommendation passed with 72% of the delegations voting to send the measure to the AARC Bylaws Committee for an official interpretation.

The AARC Bylaws Committee was able to call a meeting after the verbal request to provide an interpretation. 4 of the 5 members were able to be present in person or on the phone. Brian Cayko, Frank Salvatore, and Bob DeLorme were present along with Tim Myers the AARC liaison. Raymond Pisani was present via a phone connections and Heather Neal-Rice was not able to be present.

After a discussion, the Committee voted the following interpretation. "AARC Bylaws Article VII section 6a DOES NOT LIMIT ALL VOTING WITHIN THE HOD TO A POLL VOTE." The vote was unanimous from the 4 members present in person and via phone conference call.

After the vote the interpretation was delivered to the Speaker of the House and cc to the President of the AARC.

There should also be a second reading of the proposed Bylaws change provide the 45 day comment period has taken place. The Bylaw change is as follows:

The AARC Bylaws Committee is recommending one Bylaw change. The Committee recommends the following Bylaw be deleted.

ARTICLE X – CHARTERED AFFILIATES

~~**SECTION 4. DUTIES**~~

~~A copy of the minutes of every meeting of~~

~~the governing body and other business meetings~~

~~of the Chartered Affiliates shall be sent to the~~

~~Executive Office of the Association within thirty~~

~~(30) calendar days following the meeting.~~

This particular wording was removed from Article XI International Affiliates but was not removed from X Chartered Affiliates portion of the Bylaws. It is the Committees understanding the reason for removing this requirement from International Affiliates Article is because they are considered to be separate legal entities, as such they are not required to share these corporate documents with the AARC. It is the Committees understanding that this should also apply to the Chartered Affiliates since each is considered to be a separate legal entity. Based on this information, the AARC Bylaws Committee is recommending deleting Article X Section 4 Duties.

Thanks to the Committee, Brian Cayko, Heather Neal-Rice, Raymond Pisani, and Frank Salvatore, for their service during the past year.

Elections Committee

Submitted by: Mary Roth – Congress 2017

Recommendations

None

Report

Voting is open until September 6. After the voting closes, the ballots will be counted by myself as chair of committee and my office liaison, Tim Myers. After tally of votes a conference call will be made to President Walsh, by September 13. The individuals on the ballot will be notified of the results and by September 21 the results will be announced to the membership.

Executive Committee

Submitted by Brian Walsh – Congress 2017

Verbal report

Finance Committee Report

Submitted by Brian Walsh – Congress 2017

Verbal report

Judicial Committee

Submitted by Anthony DeWitt – Congress 2017

Recommendations

None

Report

Recently the Judiciary Committee was presented with a complaint against an AARC member based on a perceived violation of ethical rules. After a very thorough review of the complaint, and after receiving a thorough and thoughtful response from the subject of the complaint, the committee deliberated and discussed the matter by email and telephone. After those discussions it was determined that the complaint failed to identify any action that could be determined to be unethical based on the AARC Code of Ethics. The complaint was dismissed. The names of the complaining party and the subject of the complaint will remain confidential as required by rule.

Other Info:

One member of the Committee recused because of a personal relationship with the subject of the complaint.

Program Committee

Submitted by Tom Lamphere – Congress 2017

Recommendation

That the AARC Board of Directors approve the discontinuation of the AARC Practitioner Sputum Bowl beginning in 2018.

Justification:

The 2016 AARC Board of Directors approved a recommendation to continue holding the Practitioner Sputum Bowl in 2017 provided a minimum of 15 teams were registered to compete by the registration deadline (July 15, 2017). Although this minimum number of teams was registered by the deadline date, four teams have subsequently either dropped out of the competition or did not meet the deadlines for submitting their required visual questions and/or final team rosters and were disqualified from the competition. This reduced the number of teams that will be competing in the 2017 competition to 11 – well below the required 15 teams.

Despite several years of attempts to reinvigorate the practitioner competition by adding some interesting twists and changes to the game play there has not been a corresponding increase in the number of teams competing in the practitioner division. There are different reasons for the decline in the number of teams but the two main factors appear to be a lack of interest and a lack of funding. Although there are several states and members who are very passionate about the Sputum Bowl, it is now clearly evident that this passion is isolated and has not been enough to increase the number of practitioner teams in the competition. However, the student Sputum Bowl has consistently had 24-27 teams over this same time period.

Therefore, the Sputum Bowl Committee has made a recommendation to cancel the 2018 Practitioner Sputum Bowl and develop a strategy moving forward with an increased focus on the Student Sputum Bowl competition. The Program Committee fully supports this recommendation.

Report

Charges

Prepare the Annual Meeting Program, Summer Forum, and other approved seminars and conferences.

Status: The Summer Forum meeting was another tremendous success! This year's event drew a record attendance of 430 attendees with a strong representation of both educators and managers. In addition, vendor sponsorship was very strong as well! The lectures were well attended and the feedback received from both attendees and vendors was very favorable! Special thanks go to Sarah Varekojis and Garry Kauffman for putting together a terrific lineup of topics and current topics! Next year's Summer Forum will be held in San Antonio, TX.

The 63rd AARC International Respiratory Convention & Exhibition Program is quickly approaching with earlier than usual meeting dates of October 4-7th. The weather in Indianapolis in early October should present attendees with a great backdrop for what promises to be a terrific event! The full program is available for viewing on-line and was published in the July issue of the

AARC Times as well. Over 200 sessions on current respiratory topics will be offered and we will once again have 12 Open Forum symposia offered in 3 unique formats.

The Program Committee sincerely thanks the BOD and membership for all of their support and contributions.

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

Status:

Summer Forum – Destinations are secured through 2019
- San Antonio, TX (2018)
- Fort Lauderdale, FL (2019)

AARC Congress – Destinations are secure through 2019
- Las Vegas, NV (2018)
- New Orleans, LA (2019)
- Orlando, FL (2020)

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

Status: Program Committee liaisons once again worked closely with Section Chairs to ensure well-rounded representation of specialty section interests is included in our programs. For further information on specialty section and roundtable representation, see "AARC Congress 2017" below under bullet point #4.

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

Progress

AARC Congress 2017: The 63rd International Respiratory Convention & Exhibition will take place Oct. 4-7, 2017 in Indianapolis, IN. The Program is currently posted on-line and in hard copy in the July edition of the AARC Times.

- Claire Wineland, a very passionate patient with cystic fibrosis, Youtube personality and the founder of "Claire's Place Foundation" (a foundation that assists families living with CF), will kick off the event with a memorable opening keynote address.
- Natalie Stavas MD will deliver our closing lecture "Running Towards Chaos" in which she will share her story of running in the 2013 Boston marathon and the aftermath of the terrorist attack that occurred during the event.

- Plenary Sessions:

    - Meilan Han MD will present the Thomas L. Petty Memorial Lecture "Meeting the Challenge of COPD Care in the US"

    - Sangeeta Mehta, MD – will present the Donald F. Egan Lecture "Caring for the Mechanically Ventilated Patient: A Patient-Centered Approach"

- Marin Kollef MD will present the Phil Kittredge Memorial Lecture "Evaluating the Value of the Respiratory Therapist: Where is the Evidence?"

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

CRCE by Content Category

Adult Critical Care	22.8 hrs
Neonatal / Pediatrics	16.4 hrs
Pulmonary Diagnostics	8.7 hrs
Bioterrorism/Emergency Preparedness	0.6 hrs
Ethics	2.3 hrs
Education	10.4 hrs
Management	15.2 hrs
Sleep Disorders	4.6 hrs
Clinical Practice	33.9 hrs
Patient Safety	4.1 hrs

Maximum CRCE any one attendee can earn (not including pre-courses or breakfast/lunch symposia): 22.34

- TOTAL CRCE offered for the entire meeting: 119

OPEN FORUM
200 abstracts are scheduled for presentation during 12 Open Forum sessions along with 23 Poster Only displays in the Exhibit Hall. Eight (8) Editor's Choice posters have been selected as the "Best of the Best" and will have their own presentation ceremony. Researchers will have the ability to display their poster and present their findings through the use of a Powerpoint slide deck.

PRE-COURSES (INDUSTRY)
Ultrasound Guided Peripheral Access Course (Sponsored by Teleflex)
RT Leader Workshop: Defining and Communicating The Value (Sponsored by Monaghan)

PRE-COURSES (AARC)
Preparing for a Pandemic: The Strategic National Stockpile — Mechanical Ventilation Workshop

Exhibit Hall hours
Wednesday: 10:30 am – 4:00 pm
Thursday: 9:30 am – 3:00 pm
Friday: 9:30 am – 2:00 pm
The AARC will work to sell exhibit space to participating exhibitors for AARC Congress 2018 and allow them to select preferred locations.

Sputum Bowl (sponsored by Medtronic)
- 15 practitioner teams and 25 student teams registered by the registration deadline in July. However, at the time of this report, several teams have dropped out and there are currently now 11 practitioner teams and 25 student teams that will compete in Indianapolis.

- Given that the final # of teams is below the minimum requirement (15 teams), a recommendation to discontinue the practitioner sputum bowl in 2018 has been submitted along

with this report. The 2017 event will continue as planned.

- This year's finals competition will begin at 5:00pm. This has been successful the past several years as it allows attendees time for dinner afterwards.

- Mentalist Mark Toland will entertain attendees during halftime as has been customarily been done in the past.

2018 Meetings

• Proposals are currently being accepted for the 2018 Summer Forum and AARC Congress 2018.

• OPEN FORUM proposals will still be submitted through Easy Street with a May 1, 2017 submission deadline.

•. President-elect Walsh will present his recommendations of the 2018 Program Chair and Committee to the BOD for ratification.

• The Program Committee will meet in January 2018, in Dallas, TX to begin planning for next year's SF and AARC Congress

The Program Committee sincerely thanks the BOD and AARC membership for their continued support and contributions to the program.

Strategic Planning Committee

Submitted by Frank Salvatore – Congress 2017

Recommendations

None

Report

- In light of Presidential goals, review the Strategic Plan of the Association and make recommendations to the Board for revisions or adjustments in the plan at the spring 2017 Board of Directors Meeting. **(Ongoing)**
- Provide oversight of how the Association is moving towards achieving the objectives of the Strategic Plan. **(Ongoing)**
- Recommend to the Board of Directors the future direction of the Association and the profession of Respiratory Care. **(Ongoing)**

Measures of success:

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

The committee continued its oversight of the work being done by the strategic plan workgroups. It should be noted that Strategic Workgroup #1 – Refine and expand the scope of practice for respiratory therapists in all care settings completed their work on the systematic review of cost-savings provided by RTs and the manuscript "Utilizing Respiratory Therapists to Reduce Costs of Care" was accepted to be published in Respiratory Care. This workgroup is to be commended on the amount of work done to achieve this. I want to personally congratulate Ellen Becker, Cheryl Hoerr, Dough Laher, Kim Wiles, Deb Skees, and Corinne Miller for the amount of work they did to achieve this tangible outcome for a workgroup.

Specialty Section Reports

Adult Acute Care Section

Submitted by Keith Lamb – Congress 2017

Recommendations

None

Report

- Adult Acute Care Section has 1,840 active members
- I am pleased to announce Donna Tanner, MHA, MBA, RRT-ACCS has been named the 2017 Adult Acute Care Section Practitioner of the Year
- The section continues to enjoy a robust discussion board over many different topics
- Lastly, this is my last BOD report as section chair for the Adult Acute Care Section. It have been my pleasure serving with such esteemed colleagues.

Continuing Care-Rehabilitation Section

Submitted by Krystal Craddock – Congress 2017

Recommendations

None

Report

Activities to date:

- Continually responding to posts and/or connecting members with others as needed.
- Increasing activeness on discussion postings including national COPD action plan, COPD billing codes in PR, inspiratory muscle training use for PR patients.
- Selection and announcement of our SPOTY award winner, Mark Mangus, BSRC, RRT, FAARC.

Other

- I had a discussion with Gene Gantt, chair of long term care section, regarding merger. We agreed to be present at each of the section meetings at the AARC Congress to share the merger, steps of the sections merging, and outlook for future section chair. Will reach out to Zach Gantt, chair of home care section, to discuss this plan and extend invite to be present at all section meetings in Indianapolis.
- Members of Continuing Care / Pulmonary Rehabilitation section have voiced they would like to recommend renaming the future "Post-Acute Care" section, which is the combined section of CC/PR, Home Care, and Long-Term Care. Recommended names included "Pulmonary Disease Management", "Chronic Pulmonary Disease Management", and "Chronic Pulmonary Disease Care".

Goals moving forward:

- Will work with the AARC leadership, BOD, Long-Term Care and Home Care section chair's and members to assist in making a smooth transition in combining these sections.
- Would like to engage and encourage member's participation more. Seems they respond to posts that are questions and very willing to help others but would like to see if / how we can get more involvement via case studies or journal discussions. This has already improved from the previous board report.
- Section library review to be completed and recommendations to be sent to Amanda Fell.

Diagnostics Section

Submitted by Katrina Hynes – Congress 2017

No report submitted by deadline.

Education Section

Submitted by Ellen Becker – Congress 2017

Recommendations

None

Report

- First and foremost, advocate for your section members utilizing the BOD reporting and recommendation process.
  Status: Continuing to work on engaging associate degree programs (the largest proportion of section members) to facilitate a strong career pathway for their graduates to earn a baccalaureate degree.

- Create section specific measures of success and present to the board at least once a year.
  Goals:
  1. Achieve a section membership of 1100 members by September 30, 2017
     a. **Status:** Achieved at the end of April!
  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.
     a. **Status:** Presented at a meeting of NN2RC (now NA2RC) in March 2017. Met with NN2 president and newest NA2RC president to further career pathway discussions at Summer Forum. Included both groups amongst the membership list to address baccalaureate entry-level education in motions brought before the board at Summer Forum.
  3. Identify education research ideas together with section members either through discussions on AARC Connect or at national meetings to facilitate the goals of the AARC. These ideas can serve as the foundation for collaborative research or provide ideas for educators who are seeking relevant projects.
     a. **Status:** One Scholarship of Teaching and Learning discussion was held online. The need for respiratory care research on the patient care benefits that result from RTs holding a baccalaureate degree was shared with the AARC BOD as well as the Committee on Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE).

- 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.
  Status: Collaborated with the education representative to the program committee and AARC liaison to outline the Summer Forum pre-course, Summer Forum, and International Congress programs.

- The section chairperson is responsible for arranging or leading a quarterly engagement activity for their section membership. This engagement activity may include online section

meeting, journal discussions, initiation of discussions on AARConnect, posting of key materials to the AARConnect libraries, AARC webpages, or highlighting AARC resources to members through social media. Documentation of such a meeting shall be reported in the April Board Report.
Status: The Scholarship of Teaching and Learning discussion of an article from the 2016 Respiratory Care Education Annual will be addressed during the second quarter of the year. The Education Book Club Discussion Leader this fall will be Lisa Shultis. The book topic and chapter leaders will be recruited over the next several weeks.

- Jointly with the Executive Office, undertake efforts to demonstrate value of section membership, thus encouraging membership growth.
  Status: An article in the February issue of AARC Times was also written to promote the education career pathway for RTs in clinical settings to pursue future teaching positions. The AARC Clinical Preceptor Education Recognition program is another method of guiding future educators towards resources that will develop their careers. The inaugural class of 14 preceptors were announced late summer. As section chair, I contributed to an upcoming AARC Times article announcing their accomplishment. Further, a reminder for the upcoming Fall Student webcast (October 2017) was shared to help educators schedule this within their curricula.

- Solicit names for specialty practitioner of the year and submit the award recipient in time for presentation at the Annual Awards Ceremony.
  Status: The request for nominations for this award along with the scoring rubric used to evaluate candidates has been posted on the Education Specialty Section webpage. I thank Lynda Goodfellow and Tim O'pt Holt who applied the section's scoring rubric. Monica Schibig was selected.

- Identify, cultivate, and mentor new section leadership. Section leadership is only allowed to serve one term.
  Status: I continue to copy the chair-elect on section business to provide an orientation. Also, I have increased the number of younger educators that I reach out to further professional development amongst colleagues.

- 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: There is regular weekly communication on the Education section in Connect. Responses to section members' requests have been provided within 48 hours.

- Encourage networking and the use of AARC resources such as the AARConnect library, swap shop and listserve that promotes the art and skill of respiratory care.
  Status: Section resources are regularly shared at the two in-person section meetings each year. The PowerPoint file is shared within Connect for members who cannot attend. AARC resources are highlighted as appropriate for all communications and presentations that I give. Further, a letter summarizing the benefits of Education Section membership (described below) has been updated.

- 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: This year, Christine Gluvna and Diane Oldfather are taking the lead in updating the swap shop. The Connect library is up-to-date.

- Share best practice with fellow section chairs to improve value or membership participation.
  Status: This past year the method of reporting section membership was shifted from a random date to the last date of the most recent month. This process reflects a more accurate method of tracking membership variation.

- Review the membership and the offering of the sections and make recommendations to the Board for areas of improvement. If any of the sections fall below the threshold of maintaining that section, please make recommendation as to what should be done with that section.
  Status: Membership increased this quarter and as of August 30, 2017, was 1229. One of the factors that may have helped is the AARC Office intervention of automatically populating the online renewal form with specialty section memberships. In the past, specialty section membership renewals were not automatically populated and some interested section members did not know that they dropped their membership during the online renewal process. We began a recruitment campaign a few years ago with representatives from 5 states. We currently have recruiters in 16 states. Last year a template letter was created with the assistance of several section members to highlight section benefits. This past July, the letter was updated. This letter will be shared with our state recruiters along with the list of respiratory care program directors who are not current Education Section members in mid-September.

- Work to develop more programming directed at hospital educators and all therapists whose position requires some sort type of education process.
  Status: The programming for Summer Forum and the International Congress has been developed with clinical educators in mind. All section initiatives include the hospital educators. A February AARCTimes article highlighted steps that hospital-based therapists can take for an education career pathway. The AARC Clinical Preceptor Education Recognition Program was launched to both guide and recognize those clinical preceptors who embrace an education career pathway.

Home Care Section

Submitted by Zach Gantt – Congress 2017

No report submitted by deadline.

Long Term Care

Submitted by: Gene Gantt– Congress 2017

Recommendations

None

Report

The Long Term Care Section has been working closely with Anne Marie Hummel in submitting comments to CMS on upcoming revisions in reporting requirements for Skilled Nursing Facilities. Additionally, we have submitted questions on interpretations for changes published in the Federal Register last October. Specifically, Respiratory Therapists were elevated to the professional therapy group and recognized in the list of professionals as are Physical Therapist, Speech Pathologist and Occupational Therapist. While this elevation in status was very positive it does not change the reimbursement factors of the Resource Utilization Groupings (RUG rates). This publication does specify the respiratory care procedures were to be provided by the appropriate professionals it did not specify "by Respiratory Therapists" so the potential interpretation may include trained nurses. We continue to seek answers and clarification.

Management Section

Submitted by: Cheryl Hoerr – Congress 2017

Recommendations

None

Report

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

   Status: Requests for proposals will be communicated to the membership as soon as the deadline is established; members in attendance at the Management Section Membership Meeting in Indianapolis will be reminded to submit proposals for presentation. Section Chair will collaborate with the Program Committee Liaison to review submitted proposals. Presentation slots for both the Summer Forum and the International Respiratory Congress and Exhibition will be populated with topics of interest to RT leadership with a special focus on those that coincide with AARC strategic goals.

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

   Status: A management specialty section meeting will be held on Thursday, October 5th in conjunction with the International Respiratory Congress. Scott Reistad has scheduled the next installment of the Leadership Book Club to begin in September with several members of the management section acting as discussion leaders.

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

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

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

Status: On an ongoing basis section members are encouraged to (1) contribute content to the management section list serve, (2) attend the Summer Forum in order to meet other RC leaders, (3) join the Leadership Book Club to grow their skills, and (4) to submit a proposal for the Summer Forum and/or International Congress and Exhibition. Several new speakers were quite impressive in the management section at the Summer Forum and will be encouraged to continue their participation and development in the section.

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

   Status: Daily review of management section list serve postings and reply as necessary. Between 35 and 40 unique threads continue to be started each month. Many topics are requests for technical information for benchmarking purposes such as (1) humidification of NIV circuits, (2) infection control processes on various pieces of equipment, (3) staffing and productivity issues, (4) recommendations for brands of new equipment. Many of these topics have been discussed multiples times and appear with regular frequency. New topics that generated much interest included: (1) ways to improve the process of Rapid Response Teams, (2) tracking start/stop times of mechanical ventilation (vent days), and (3) educational requirements necessary to validate competency for ABG analysis; this continues to be a much-discussed, and much misunderstood topic. The section membership remains very active and engaged.

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

   Status: Five management section members have been recruited to help in reviewing and updating the reference materials that are currently posted on the management section web page. No work has been able to be accomplished on this project due to competing priorities.

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

   Status: There are currently 1,520 total management specialty section members; this is a slight decrease from the 1531 reported in the spring. Amanda Feil, AARC Membership Development Manager, has been planning a survey of management section members to gather ideas about the value of membership, actions managers have used with success to recruit new members, and overall membership experience.

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

   Status: Nominations for the Management SPOTY were solicited via the management list serve and at the management section meeting in Tucson. Dave Crotwell, BA, RRT-NPS, FAARC has been named the 2017 Management Section Practitioner of the Year. Dave currently works as the Director of Respiratory Therapy Service at Seattle Children's Hospital in Washington. In his role there, he has distinguished himself as a leader, mentor, and resource to his staff and other departments. After over twenty years in respiratory care, Dave

remains passionate about moving the profession forward and demonstrates that by his continued dedication to the section.

9. Create section specific measures of success and present to the board at least once a year. **Status:** Ideas were solicited from the membership during the specialty section meeting at the Summer Forum. Information will be presented to the BOD once measures have been discussed by the membership and implemented.

Neonatal-Pediatrics Section

Submitted by Steve Sittig – Congress 2017

Recommendations

None

Report

The section showed positive growth with last reported membership of 2,013 members remaining the largest specialty section.

The section list serve continues to be very active daily with relative content posted by the membership.

The section meeting to be held at AARC congress is being planned with updates and a focus on the 2017 Specialty Practitioner.

Sleep Chair resigned September 6.

Surface to Air Transport Section

Tabatha Dragonberry – Congress 2017

Recommendations

None

Report

The announcement of the SPOTY was done via the discussion board. Request made to membership for topics and discussions for the section meeting. As well, request was sent out to the member to see if they wanted to do a transport uniform day at Congress to highlight transports RTs.

Special Committee Reports

Benchmarking

Submitted by Chuck Menders – Congress 2017

Recommendations

None

Report

1. Regional client support has continued by all members of the team to assist new clients and follow up with subscribers.

2. Several conference calls were held and multiple email communications occurred to discuss the continued development, issues, actions and needs of Benchmarking 2.0.

3. Mike Dennis and Rick Ford worked together closely on the design and build which includes sections for Site Tools, Data Aggregation, Reports and Resources.

4. Rick Ford, Cheryl Hoerr, Tom Berlin and Chuck Menders all entered test facility profiles and four quarters of data to become better familiar with the program content and to provide feedback on functionality and enhancements.

5. The data entered was used by Mike and Rick to develop, test, and refine data entry, program calculations and reports/reporting capabilities.

6. All critical tasks that we wanted to see in the release of Version 2 have been completed and we are in the process of reviewing the latest changes/enhancements. We are now exploring the methodology for importing basic facility information into the new system so current users can log on to Version 2.0 with their old logon data.

7. We will launch AARC Benchmarking 2.0 on Tuesday, September 5th. We want to begin data entry for compare groups and report generation starting 3rd quarter data, with users having the option to go back and enter previous quarters if they wish. Several facilities will receive a complimentary one-year subscription to the program compliments of Draeger Medical who served as our sponsor of this new program.

8. The relationship with Devore was ended on July 31. The old database was archived for backup and historical data. Devore had maintained the monthly subscriber payment schedule, and that will need to be re-created, along with various administrative reports.

9. Membership in AARC Benchmarking has remained steady at around 63 subscribers to at last count (Manual count- no user report currently available). Once the new system is launched, we will reach out to previous subscribers about Benchmarking 2.0 and an opportunity to re-subscribe.

10. This report does not do justice to the many countless hours of work, design, build, collaboration, testing and follow-up enhancements that went into getting us to this release point. A special thanks to Tim Myers, Mike Dennis, Rick Ford, and the rest of the committee for all their passion, energy, and efforts in making Version 2 a success.

Billing Codes Committee

Submitted by: Susan Rinaldo Gallo – Congress 2017

Recommendations

None

Report

Nothing to report.

Diversity Committee

Submitted by Crystal Dunlevy/Jakki Grimball – Congress 2017

Recommendation

None

Report

There is nothing to report at this time.

Fellowship Committee

Submitted by: Patrick Dunne – Congress 2017

Recommendations

None

Report

The Committee completed its charge of reviewing the nominations of 16 worthy individuals received by the August deadline. Accordingly, the Committee is pleased to announce that 8 AARC members have been unanimously selected for induction as 2017 Fellows of the AARC. All of these high-performing professionals have been so notified and invited for formal induction at the Awards ceremony, to be held in conjunction with AARC's 63nd International Congress in Indianapolis, IN.

International Committee Report

Submitted by John Hiser – Congress 2017

Recommendations

That the proposed Procedure and Criteria for receiving and maintaining International Affiliate Status be approved.

Report

1. Administer the International Fellowship Program.

This year we will welcome three new international fellows. We have invited two physicians and one respiratory therapist. They are from China, Ghana and Colombia. We are now at 166 fellows from 65 countries over the last 28 years.

I want to thank the AARC Board of Directors and the ARCF Board of Trustees and the ICRC for supporting the international fellowship program and the other international activities of the international committee.
Thank you.

All of the charges to the committee were successfully completed.

2017 Applicants
Argentina (2)
Columbia
Egypt
Ghana
India
Japan
Nigeria (2)
Oman
Saudi Arabia
Turkey
Yemen (4)

11 countries
4 applicants from a new country

6 MD

8 RT

3 PT

0 RN

International Fellow Applications by year:

- 2002 38
- 2003 40
- 2004 24
- 2005 18
- 2006 17
- 2007 40
- 2008 46
- 2009 44
- 2010 37
- 2011 27
- 2012 22
- 2013 32
- 2014 17
- 2015 13
- 2016 25
- 2017 17

City Host Applications by year:

- 2004 14
- 2005 18
- 2006 13
- 2007 21
- 2008 23
- 2009 14
- 2010 21
- 2011 13
- 2012 20
- 2013 15
- 2014 17
- 2015 10
- 2016 10
- 2017 7

2017 Program Schedule

Event	Date
Arrive in the First City	Thursday, September 20
First City Rotation	Friday, September 22 - Tuesday, September 26
Arrive in Second City	Wednesday, September 27
Second City Rotation	Thursday, September 28 - Tuesday, October 3
Arrive in Indianapolis, IN	Tuesday, October 3
AARC Congress 2017	Wednesday, October 4–Saturday, October 7
Fellowship Program Ends	Sunday, October 8

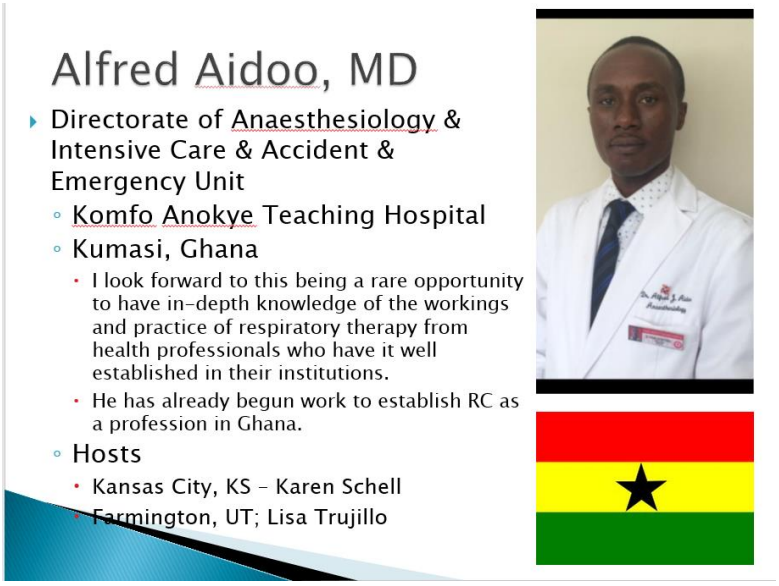
2017 AARC
International Fellows

Tao Jinhao, MD

- Pediatrician & Attending Physician
  - The Children's Hospital of Fudan University
  - Shanghai, China
    - I have great interest in mechanical ventilation and respiratory care.
    - We hope that through our efforts, to develop China's first pediatric focused a respiratory therapy training program and department and promote it's development in China.
  - Hosts
    - Philadelphia, PA; Natalie Napolitano
    - Charlottesville, VA – Chad Gibbs

MARTHA MILENA DIAZ.TRC.MSc

- Respiratory Therapist
  - Academic & Research Coordinator
    - Minerva Medical Group
    - Bogota, Colombia
      - Specialist in neonatal & pediatric respiratory care
      - Serves on the Latin American Board for Professional Certification in Respiratory Therapy – Co-Director for Colombia
    - Hosts
      - Washington, DC; Carolyn Williams
      - Baltimore, MD; Christopher Kircher



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

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

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

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

The International Fellows List serve continues to show activity and continues to be valued by our past fellows.

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

No requests in 2017.

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

We continue to correspond with practitioners from around the world.

We are optimistic that by the time the Congress meets, the Association of Respiratory Care Practitioners, Philippines (ARCPP), will have completed the approval process as our newest AARC International Affiliate.

The proposed survey of international members that was discussed at your last board meeting has been submitted and is waiting for approval. Please see the attached survey.

Progress regarding BOD actions from June 28, 2017

Natalie Napolitano moved to accept Recommendation 17-2-23.3 "That the AARC BOD review the policy for adding and maintaining international affiliate status and consider how you wish to proceed with those countries whose AARC members has fallen below 20 members."

Frank Salvatore moved to accept for information only but direct the International Council president to come into compliance with bylaws.
Motion carried
(Email has been sent to ICRC President Jerome Sullivan.)

The Chair of the International Committee and the President of the International Council for Respiratory Care are collaborating and have appointments to speak face to face with the leadership from each of the international affiliates whose membership numbers have fallen below the minimum number. We feel that a face-to-face meeting will be more beneficial and the upcoming Congress provides a perfect opportunity to do so.

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

The proposed Procedure and Criteria for receiving and maintaining International Affiliate Status is presented below.

How does your country become an international affiliate of the AARC?

AARC Vision/Mission Statement

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

In order to help fulfill our mission the AARC is actively recruiting other countries to become international affiliates of the AARC. To become an international affiliate your organization will have to include at least 20 foreign members of the AARC, have at least one medical advisor and submit a formal application which consists of a list of officers, membership, the minutes of the organizational meeting, the Bylaws, and a letter requesting approval of the proposed medical advisor or advisors.

Petitions for international affiliation should be emailed to Kris Kuykendall at kuykendall@aarc.org . Please copy the petition to Tom Kallstrom, AARC Executive Director at kallstrom@aarc.org and to John Hiser, Chair AARC International Committee at john.hiser@sbcglobal.net .

The Criteria for establishing an international affiliate of the AARC, the international affiliate petition and the section of the AARC Bylaws relating to international affiliates is presented below.

For additional information please contact the AARC International Committee Chair, John D. Hiser, MEd, RRT, FAARC at john.hiser@sbcglobal.net .

To Join or Renew AARC membership go to:
https://secure.aarc.org/membership/aarc_dues_system.asp
Group rates are available.

Criteria for Establishing an International Affiliate in the American Association for Respiratory Care

Your group must submit the **International Affiliate Petition** signed by at least twenty (20) associate-foreign members of this Association and your appropriate officers. The Petition is to be submitted to the Chartered Affiliates Committee in care of the Executive Office, along with the following documents:

1. An International Affiliate Bylaws compatible with the Association's objectives and format.
2. A map outlining the proposed International Affiliate boundaries.
3. A written statement from any and all chartered societies or chapters agreeing to relinquish your proposed territory, if applicable.
4. A copy of your minutes from the organizational meetings.
5. A list of your Officers, Board Members, and Medical Advisor or Advisors, with addresses.
6. A Medical Advisor Petition with curriculum vitae and list of publications for each International Affiliate Medical Advisor.
7. A list of your members in good standing of the American Association for Respiratory Care.
8. As stated in the AARC Bylaws "The Board of Directors of the Association may suspend or revoke the International Affiliate status with due and sufficient cause or upon the failure of an affiliate to maintain a membership of at least twenty (20)."

If you need further assistance, please contact the AARC Executive Office.

American Association for Respiratory Care

Petition for International Affiliate

Date _____

We, the undersigned Associate-foreign members of the American Association for Respiratory Care in good standing, hereby petition the AARC Board of Directors to approve an International Affiliate in the name of:

_____

We further petition that the territorial jurisdiction of the newly organized group, if granted International Affiliate status, be approved as encompassing the entire country of:

_____

Copies of the following documents are also submitted as required: statement from existing affiliate relinquishing proposed territory (if applicable), proposed Bylaws for approval or recommendations, a list of officers, board members, etc., with addresses, a list of the members employed within the proposed territory, petition(s) for the medical advisor(s) for approval, minutes of the organizational meetings, and a map outlining the proposed affiliate boundaries with the proposed districts.

Petition Signatures

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Attest: Submitted By:

_____ _____
(medical advisor) (secretary)

_____ _____
(affiliate president) (date)

AARC Bylaws relating to International Affiliates

ARTICLE XI - INTERNATIONAL AFFILIATES

SECTION 1. REQUIREMENTS

Twenty (20) or more Foreign Members in good standing of the Association meeting the requirements for affiliation may become an International Affiliate of the Association upon the affirmative recommendation of the Chartered Affiliates Committee, and approval by the Board of Directors of the Association.

SECTION 2. INTERNATIONAL

AFFILIATE ADMISSION PROCEDURE

The formal application for International Affiliate status shall be sent to the Executive Office of the Association and shall consist of a list of officers, membership, minutes of the organizational meeting, the Bylaws, and a letter requesting approval of the proposed medical advisor or advisors.

SECTION 3. INTERNATIONAL

AFFILIATE MEDICAL ADVISOR

Each International Affiliate shall have one (1) or more medical advisors whose name(s) shall be submitted to the Board of Medical Advisors.

SECTION 4. INTERNATIONAL

AFFILIATE DUTIES

A copy of the minutes of every meeting of the governing body and other business meetings of the International Affiliate shall be sent to the Executive Office of the Association within thirty (30) calendar days following the meeting.

SECTION 5. SUSPENSION OR REVOCATION OF INTERNATIONAL AFFILIATE STATUS

a. The Board of Directors of the Association may suspend or revoke the International Affiliate status with due and sufficient cause or upon the failure of an affiliate to maintain a membership of at least twenty (20)
Foreign Members.

b. Action for the suspension or revocation of International Affiliate status shall follow approved Association policy and procedure.

AARC International Membership Survey

1. Are you a current member of the AARC?
    a. Yes
    b. No

2. How long have you been a member? ***Only if answer yes to question 1*** – ***open text box response, enter numbers only in field***

3. How many years were you a member? ***Only if answer no to question 1*** – ***open text box response, enter numbers only in field***

4. Why did you join the AARC? **(Select one)**
    a. Awarded membership with International Fellowship
    b. Access to Respiratory Care Journal
    c. Networking
    d. Gain information to improve care of patients
    e. Paid for by my job
    f. Other ***comment box – open ended response***

5. Do you belong to other professional organizations?
    a. Yes
    b. No

6. Please list the organizations: ***Only if answer yes to question 5 - comment box – open ended response***

7. Why did you not continue your membership? (**Select all that apply)** ***Only if answer no to question 1***
    - I did not know how to renew
    - It was a too expensive
    - I did not get a benefit from being a member
    - Other ***add text box for response if this answer is chosen***

8. What value do you receive from your AARC Membership? ***Only if answer yes to question 1*** – (**Select all that apply)**
    - Respiratory Care Journal Access
    - Networking/AARConnect
    - Best Practices
    - Continuing Education
    - Other ***add text box for response if this answer is chosen***

9. What would you suggest to improve communication amongst members in different countries? **(Select all that apply)**
    - International affiliate/country specific listserves on AARConnect
    - Information on advancing practice outside of US
    - Educational offerings geared more toward the physician/nurse specializing in Respiratory Care
    - Resources to assist with advocating for development of Respiratory Therapy profession

- Links between ICRC and AARC
- Access to Mentors
- Other ***add text box for response if this answer is chosen***

10. What benefit(s) would you like to see added to international AARC membership? (**comment box) – *open ended response***

11. Would you be interested in renewing your membership with AARC? ***Only if answer no to question 1***
    - Yes
    - No

12. Additional Comments you would like us to know about AARC membership: (**comment box) – *open ended response***

Membership Committee

Submitted by Amanda Richter – Congress 2017

Recommendations

That the AARC Board of Directors approve the proposed plan to operationalize the removal of the free student membership per Spring 2017 Membership Committee recommendation and Board action request dated March 12, 2017.

- Proposed Plan:
  - Eliminate the free student web program as of July 2018
  - Reduce student membership fees to $25 (digital membership, 1 year) beginning August 2018
  - Communicate plan to program directors no later than April 2018
  - Add additional benefits for student members
    - Currently proposed additional benefits
      - Add a new webpage to AARC.org in the student section with links to product/equipment demos)
      - Open a webpage with Exam Prep videos (no practice tests) to all student members

Report

- Completed and Pending Tasks and Progress
  - The membership committee, in conjunction with the executive office, developed plans to operationalize the removal of the free student membership program. The committee developed several options and completed a survey. Proposed plan submitted above.

  - We continue to discuss and review options for improving student engagement and student member benefits. We are also reviewing ways to bridge the gap between student and RT with possible new grad benefits.

  - Conducted a Focus Group on membership for Managers during Summer Forum

  - We continue to work on improving coordination with chartered affiliates:
    - Held meet and greet at summer forum for state society leaders
      - Discussing plans for future events
    - In the process of realigning our liaisons between AARC & states
    - We have recommended the creation of a "State Leaders" community in Connect that would include all state leaders on rosters. Currently we have a HOD/Pres. and state membership chairs. We hope that this would improve communication, increase audience size and drive increased participation within the community.

  - Language: We have recommended that bylaws review the current language of "foreign" members to "international" members.

  - Continue to work on ideas to demonstrate and communicate membership value

- The committee made the recommendation to President Walsh to remove John Priest and add Laura Hartman and Christopher Price to the committee.

Other

I would like to thank all our committee members for their high level of engagement and participation. I would like to thank the Amanda F., Shawna, and the executive office team for their assistance and hard work. A special thank you to Amanda F. for working closely with us this year, we great appreciate her time and effort!

Position Statement Committee

Submitted by Pat Doorley – Congress 2017

Recommendations

That the position statement entitled "Administration of Sedative and Analgesic Medications" (07/2007) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 1)

> **Rationale:** The revisions made in this position statement update the language to reflect currently used terminology as well as focus on the importance of monitoring practices and the ability to respond to changes in clinical status. The ASA Guidelines (2002) have not been updated so remain the source for Respiratory Therapy practice.

That the position statement entitled "Respiratory Therapists in the Emergency Department (04/2012) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 2).

> **Rationale:** The revisions made in this position statement expand the scope of the document beyond the Emergency Department to be inclusive of other emergency settings such as free-standing urgent-care centers. Additionally the feedback received from select Acute Care, Management and Transport Section members encouraged the document include specification of the Respiratory Therapist's major skills/responsibilities that can be utilized in these clinical practice venues.

That the position statement entitled "Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult Patient" (11/2009) with noted revisions (language to be removed appears as ~~strikethrough~~ and language to be inserted appears as **bold and underlined**) be approved. (See Attachment # 3).

> **Rationale:** The revisions made in this position statement focus on the patient safety issues related to hand-off of care, adequacy of batteries and gas sources, and the differences between inter- and intra- hospital transports. The statement also specifically refers to the AARC's CPG on this topic for the actual transport guidelines.

That the issue paper entitled "Best Practices in Respiratory Care Productivity and Staffing" (11/2009) be re-classified as a Guidance Document and placed on the same review schedule as the position statement of the same name.

> **Rationale:**The content of this issue paper as stated in its introduction is to "….provide guidance and considerations in the application of the AARC Position Statement: Best Practices in Respiratory Care Productivity and Staffing…". The content expands upon the content of the position statement so the review schedule for this document should coincide with the scheduled periodic reviews of the position statement.

That the issue paper entitled "Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates" (not dated) be retired.

Rationale: This issue paper provides the findings of a study designed to update and extend the first study of professional regulation in respiratory therapy conducted by the AARC and Arthur Andersen in 1992. The issue paper is not dated so it is difficult to know when it was actually written and approved by the Board of Directors for publication as an issue paper. However the paper does cite cost of living adjusted hourly salaries in "1996 dollars" so it is assumed that the study was conducted in that time frame.

Per BOD policy CT.008 the definition of an issue paper is – an authoritative report or guide informing readers concisely about an issue and to present the AARC's philosophy or recommendations on how to resolve. Though the information provided in this issue paper is historically very valuable as it relates to the impact of licensure of Respiratory Therapists on salaries and vacancy rates, the content is no longer consistent with the stated purpose of an issue paper.

That the section of BOD Policy CT.008, Amplification Statement # 6 that reads "Each statement or paper will be ….grouped in categories such (as) ethics and human rights, disease, consumer advocacy, practice, quality or safety." be clarified providing the purpose of the categorization and how the categories are to be used by the AARC.

Rationale: The Committee recently completed an exercise undertaken to give each team member the opportunity to categorize the documents independently (See Appendix B). Due to the content of the statements/papers and the multitude of reasons that a member may choose to refer to and use these documents, we found that the documents can be placed in multiple categories. Understanding the desired purpose of the categorization will enable the Committee to develop an appropriate method of categorizing these documents.

Report

Objectives:

1. Present a plan to the BOD to have all position statements and issue papers updated to meet the BOD Policy CT .008 (Position Statements and Issue Papers) requirements.
   - Please find attached (Appendix A) an updated list of the current AARC Position Statements and Issue Papers with their last date of review/revision if known identified.
   - The documents have been reviewed by members of the Committee and placed on a 5 year review/revision calendar based on their most recent review/revision as required in item # 5 of BOD Policy CT .008. This calendar may be revised in order to more evenly distribute the number of documents that require review annually. An update will be provided with each Committee report.
   - The Committee has completed the review/revision of the following three Position Statements following the process described in BOD Policy CT .008:
     1) Administration of Sedative and Analgesic Medications – revised and recommended for BOD approval following membership review
     2) Respiratory Therapists in the Emergency Department – revised and recommended for BOD approval following membership review
     3) Transport of the Mechanically Ventilated, Critically Injured or Ill, Neonate, Child or Adult – revised and recommended for BOD approval following membership approval
   - The Committee Chair, working with the Executive Office, has attempted to find the publication dates of all of the position statements and issue papers that appear on the

AARC's website. Despite the effort, four of the Issue Papers do not have a publication date.

2. Inventory the current Position Statements and Issue Papers and convert to the new format by end of 2017.
   - Completed by the Executive Office.

3. Execute the plan to bring all Position Statements and Issue Papers into compliance with BOD Policy CT .008 by the end of 2018.
   - The language of all Position Statements and Issue Papers related to the terms Respiratory Care, Respiratory Therapy, and Respiratory Therapists will be reviewed/revised as the scheduled reviews of the documents is undertaken.
   - References cited in all Position Statements and Issue Papers will be formatted according to the Respiratory Care Journal Standards during the scheduled reviews of the documents.
   - BOD Policy CT .008 requires that the Position Statements and Issue Papers be grouped in categories such as ethics and human rights, disease, consumer advocacy, practice, quality or safety. (See Appendix B) The Committee has formally requested BOD guidance in order to develop a recommendation for the categorization of these documents.

Other

- The Committee received a request on June 15, 2017 from the Ad Hoc Committee on Career Pathways (submitted by Susan Gallo) to complete a review of the position statement entitled "Respiratory Therapist Education" with revisions submitted by the Ad Hoc Committee. A review of the position statement has been undertaken and we anticipate that it will be ready for submission to the BOD for consideration at the spring 2018 meeting.
- I would like to thank each of the members of the Committee – Joyce Baker, Joel Brown, Joe Goss, Denise Johnson, and Kimberly Wiles – and our Executive Office Support – Kris Kuykendall and Doug Laher – for their contributions to achieving the objectives of our Committee.
- I would also like to thank Tim Myers for assisting the Committee in arranging for publication of revised documents for AARC membership review as required by policy and setting up a method of obtaining usable feedback from members.

Position Statement and Issue Paper Committee Report
Attachment # 1

Administration of Sedative and Analgesic Medications by Respiratory Therapists

The American Association ~~for~~ Respiratory Care (AARC) recognizes ~~the fact~~ that Respiratory Therapists are called upon to assist physicians with the administration of sedative and analgesic medications during diagnostic and therapeutic procedures and patient transportation.

"Sedation" and "analgesia" describe a physical state in which the patient is able to tolerate unpleasant procedures, while maintaining adequate ~~cardiorespiratory~~ **cardiopulmonary** function, and the ability to respond purposefully to verbal commands and tactile stimulation. This is commonly referred to as moderate**, conscious, or procedural** sedation. The AARC believes that Respiratory Therapists working under qualified medical supervision can assist physicians **to minimize risks by administering prescribed medications and closely monitoring the patient** during diagnostic and therapeutic procedures**,** ~~and~~ **and** patient transportation**.**~~, and help to minimize risks by administering prescribed medications and closely monitoring the patient.~~

The AARC recognizes and acknowledges the following:

- **The Joint Commission (JC) recognizes the patient safety risks involved with sedation and analgesia for procedures; and mandates that sedation practices throughout an institution be monitored and evaluated by the department of anesthesia.**
- The American Society of Anesthesiologist (ASA) has published the document "Practice Guidelines for Sedation and Analgesia by Non-anesthesiologists." Reference: Anesthesiology, 2002; 96: 1004-1017**.**
    - The purpose of the ASA document is to allow clinicians to provide their patients with the benefits of sedation and analgesia while minimizing associated risks**.**
    - The ASA Guidelines should be followed by all Respiratory Therapists called upon to provide this service**.**
- **Organizations determine the education, training, and experience required for clinicians to perform procedures using moderate sedation. Individuals who are privileged to administer sedation must be able to rescue patients from a deeper level of sedation or anesthesia than planned.**

- The clinicians and their facilities have the ultimate responsibility for selecting patients, procedures, medications, and equipment**.**
- Respiratory ~~c~~ **C**are education programs approved by the ~~Commission on the Accreditation of Allied Health Education Programs/~~Committee on Accreditation for Respiratory Care (or ~~their~~ **its** successor organizations) provide appropriate pharmacologic and technologic training to enable Respiratory Therapists to safely administer sedatives and analgesics by following the ASA Guidelines.
- **State Respiratory Therapy Practice Act~~'~~s may regulate the scope of practice for Respiratory Therapists related to the administration of sedation and analgesic medications.**

Following successful completion of a specialized education and competency assessment program the Respiratory Therapist~~s~~ must:

- Be knowledgeable about the techniques, medications, side effects, **adverse reactions,** monitoring devices, ~~response or untoward effects of medications~~, and documentation for any specific procedure**.**
- Meet qualifications to be certified as competent, in accordance with ~~her/his~~ **their** facility's and Respiratory Care Department's policies, to administer sedatives and analgesics under qualified medical direction**.**
- **Be able to respond to a patient's deteriorating clinical status.**

The AARC affirms that Respiratory Therapists who have successfully completed a specialized education and competency assessment program on sedation and analgesia based on the ASA's Guidelines, and who have been certified as competent by the appropriate medical director and department head or governing body, should be permitted to provide the service**. This should be done** in accordance with ASA~~'s~~ Guidelines**;** ~~,~~ facility policies, procedures, protocols, and service operations**;** ~~, as well as~~ ~~**and**~~ ~~with~~ ~~Joint Commission~~ **hospital accreditation agencies;** and state requirements and policies.

Effective 12/97
Revised 07/07
Revised 09/2017

Respiratory Therapists in ~~the~~ **an** Emergency ~~Department~~ **Setting**

Patients are at risk for unanticipated injury or illness requiring emergency services. This is why Emergency ~~Departments~~ **settings** rely on Respiratory Therapists for their expertise in a wide range of cardiopulmonary treatment modalities. The Respiratory Therapist's skills in assessment, airway management, resuscitation, patient education**, pulmonary disease management,** and mechanical ventilation are essential for optimizing care of the compromised patient **across all patient populations**.

Respiratory Therapists are educated to provide care in the diverse, dynamic and demanding environment of an Emergency setting. Their knowledge of cardiopulmonary anatomy, physiology, and pathophysiology as well as their ability to initiate both acute and critical respiratory therapy interventions/techniques is supported by the Respiratory Therapist's formalized training and competency verification and established scope of practice. This enables the Respiratory Therapist to serve as a contributing member of the patient care team in an Emergency setting.

The skills and responsibilities demonstrated by credentialed Respiratory Therapists that can contribute to the success and efficiency of patient management in an Emergency setting include, but are not limited to, the following:

1. **Patient assessment**
2. **Initiation of chronic and acute care disease protocols**
3. **Medical gas administration**
4. **Bronchial hygiene therapy**
5. **Medication administration, including intermittent and continuous, as well as oral medication administration if defined by established scope of practice**
6. **Airway assessment, stabilization, intubation and management**
7. **Artificial airway care**
8. **Invasive and noninvasive mechanical ventilator management**
9. **Blood sampling (arterial, capillary, and venous), analysis and interpretation**
10. **Hemodynamic monitoring**
11. **Code, stroke and trauma team response**
12. **Transport of the unstable critically ill patient**

13. **Bronchoscopy assist and other diagnostic procedures requiring conscious sedation**
14. **Cardiopulmonary procedure and triage assist**
15. **Patient and family education**
16. **Tobacco cessation education/counseling**

To provide the quality of care our patients deserve while reducing the risk of liability in health care institutions, the AARC recommends the use of qualified Respiratory Therapists trained in patient management and complex respiratory ~~care~~ **therapy** modalities to provide safe and effective treatment for the highest risk patients with cardiopulmonary compromise in all Emergency ~~Department~~ settings.

Effective 04/2012
Revised 09/2017

Transport of the Mechanically Ventilated, Critically Injured or Ill,
Neonate, Child or Adult Patient

Transport of the mechanically ventilated, critically injured or ill neonatal, pediatric and/or adult patient is always associated with a degree of risk. ~~Whether these transports are considered external transports – from one facility to another – or internal transports – from one area to another within a facility or system –~~ ~~t~~**T**he risk**s** **of transporting the mechanically ventilated patient** need~~s~~ to be minimized through careful preparation prior to the transport, **good hand-off communication between all parties,** continuous monitoring throughout the transport, **and assurance of patient stability with final hand-off.** ~~and t~~ **T**he use of appropriate transport equipment **that has the ability to function from a battery source in the event of a power failure** and personnel **appropriately trained to deal with varying circumstances are also essential**.

Inter-hospital transport refers to the emergency transport from one facility to another for acute life-threating illnesses. This is emergency transportation that is needed due to the lack of diagnostic facilities, staff, clinical expertise or facilities for the safe and effective care of the patient and delivery of therapy by the referring hospital.

Intra-hospital transport refers to the transport of critically ill patients from one area of a hospital to another within the hospital.

The American Association for Respiratory Care **(AARC)** recognizes the following as the minimum standards for the safe transport of the mechanically ventilated, critically injured or ill, patient:

1. Transports will be performed by a team consisting of, at a minimum, a ~~Certified or Registered~~ Respiratory Therapy and a Registered Nurse with critical care experience.
2. One member of the transport team will have the appropriate advanced life support certification (NRP, PALS and/or ACLS) **to address the needs of the patient**.
3. A minimum of one member of the transport team will be competent in airway management. Appropriate airway management equipment **and an adequate gas supply** will be readily available during the transport.
4. Transport monitors will provide **real-time** measurement of all essential parameters.

5. All patients receiving mechanical ventilation will have some form of carbon dioxide monitor in place during transport as this monitor is useful in providing information regarding both airway placement and pulmonary blood flow.

~~6. A transport ventilator, or transport capable ICU ventilator, will be utilized for mechanical ventilation when possible.~~

~~7. A self inflating bag/valve/mask resuscitation device will accompany all patients on transport in case of ventilator failure, gas failure or accidental extubation.~~

6. A trial of mechanical ventilation using the planned transport device will be conducted to assess patient tolerance and stability before proceeding with the transport whenever possible.

7. Transportation will be performed according to the AARC Clinical Practice Guideline entitled "In-hospital transport of the mechanically ventilated patient".

AARC Guideline: In-hospital transport of the mechanically ventilated patient

~~8. Appropriate and thorough documentation, using the facility's designated process, will occur for all stages of the transport in accordance with the facility's policies and procedures.~~

Developed 11/09

Revised 09/2017

APPENDIX A: Position Statement and Issue Paper Review Calendar 0/9/02/2017

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
AARC Statement of Ethics and Professional Conduct		Apr 15				X	
Administration of Sedative and Analgesic Medications		Jul 07	Revised				
Best Practices in Respiratory Care Productivity and Staffing		Jul 15				X	
Competency Requirements for the Provision of Respiratory Therapy Services	Jul 14				X		
Continuing Education	2015					X	
Cultural Diversity		Apr 13		X			
Definition of Respiratory Care		Jul 15				X	
Delivery of Respiratory Therapy Services in Skilled Nursing Facilities Providing Ventilator and/or High Acuity Respiratory Care	Apr 16						X
Electronic Cigarette		Nov 15				X	
Guidance Document on Scope of Practice		Nov 13	Retired				
Hazardous Material Exposure		Nov 11	Retired				
Health Promotion and Disease Prevention		Apr 14			X		
Home Respiratory Care Services		Jul 13		X			
Insertion and Maintenance of Arterial Lines by Respiratory Therapists		Jul 15				X	
Insertion and Maintenance of Vascular Catheters by Respiratory Therapists		Jul 15				X	
Interstate Transport License Exemption		Jul 14			X		
Licensure of Respiratory Care Personnel	Apr 15					X	

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
Pre-Hospital Ventilator Management Competency		Jul 14			X		
Pulmonary Rehabilitation		Apr 14			X		
Respiratory Care Scope of Practice		Jul 13		X			
Respiratory Therapist Education		Nov 15	Revision Request Received			X	
Respiratory Therapists as Extracorporeal Membrane Oxygenation (ECMO) Specialist	Jul 13			X			
Respiratory Therapists in the Emergency Department		Apr 12	Revised				
Respiratory Therapy Protocols	Apr 13			X			
Telehealth and Respiratory Therapy		Apr 13		X			
Tobacco and Health		Apr 14			X		
Transport of the Mechanically Ventilated Critically Injured or Ill, Neonate, Child or Adult Patient		Nov 09	Revised				
Verbal Telephone Orders		Jul 14	Retired				
Total			**4**	**6**	**4**	**9**	**1**

Issue Papers	Reviewed	Revised	2017	2018	2019	2020	2021
Best Practices in Respiratory Care Productivity and Staffing	2012		Rec to re classify Guidance				
Safe Initiation and Management of Mechanical Ventilation	2016						X
Utilization in Respiratory Care	No Date		X				
RRT Credential	2003	2013		X			
Development of Baccalaureate and Graduate Education Degrees	No Date		Retired in Summer 2015				
Respiratory Care: Advancement of the Profession Tripartite Statements of Support	No Date		X				

Position Statement	Reviewed	Revised	2017	2018	2019	2020	2021
Improving Access to Respiratory Care (Respiratory Therapy Access Working Group)	04/2016						
Study on the Effect of State Regulation of Respiratory Therapy Practitioners on Salaries and Vacancy Rates	No Date		Rec to Retire				
Ventilator Acquisition Guidance Document	2006		X				
Total			**6**	**1**			**1**

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

Guidance Documents	Reviewed	Revised	2017	2018	2019	2020	2021
Guidance Document on Scope of Practice	2003		X				
Guidance Document Regarding RRT Entry to Licensure	No Date (2017)						
Smallpox Guidance Document	2003		X				

APPENDIX B: Position Statement and Issue Paper Categorization Exercise

AARC Position Statements and Issue

Virtual Museum

Submitted by: Trudy Watson - Congress 2017

Recommendations

None

Report

- The Virtual Museum Committee completed review of the nominations for the 2017 Legends of Respiratory Care. Four individuals were selected for this recognition: Dr. Walter O'Donohue, Dr. Mary Ellen Avery, Dr. Roger Bone, and Margaret "Peg" Traband. The new Legends will be announced during the Awards Ceremony at the 2017 Congress.

- New galleries were added this summer to the Virtual Museum bringing the total number of galleries to 25. There are now over 1,100 images in the Virtual Museum. A number of ads from the early issues of the INHALATION THERAPY journal have recently been added to many of our galleries in recent weeks.

- We continue in our quest to collect images to add to our galleries. Any assistance you can offer to obtain images for the Virtual Museum would be greatly appreciated.

- It has been a pleasure to work with the committee members: Dianne Lewis, Karen Schell, Gayle Carr, Colleen Schabacker, and Steve DeGenaro. I also would like to acknowledge the on-going support from the Executive Office staff, especially Asha Desai and Tom Kallstrom.

Special Representatives Reports

AMA CPT Health Care Professional Adv Comm

Submitted by: Susan Rinaldo Gallo – Congress 2017

Recommendations

None

Report

At the October AMA ACPT meeting a code will be presented for Measurement of transcutaneous CO2. This will be the second time this code has been brought forward by SenTec. We have worked very closely with SenTec on their proposal. We have also assisted them in getting support from other medical specialties. We hope for the best but it is difficult to predict if this will be successful.

The AARC did not attend the June CPT meeting in Boston. The minutes have been published and the following information is worth pointing out.

Changes in PFT Exercise codes

Current CPT Codes related to exercise PFT exercise tests:

94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchspasm with pre- and post-spirometry and oximetry)
94621	complex (including measurement of CO2 production, 02 uptake, and electrocardiographic recordings)

Revisions which will be active in 2018:

●946X3	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed
●946X2	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s) and pulse oximetry
▲94621	Cardiopulmonary exercise testing, ~~complex (~~including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings~~)~~

These changes result in more clear definitions of the procedures. And most likely will result in decreased reimbursement the 6 minute walk.

Chronic Care Management Codes

There are currently 2 Chronic Care Management codes. One code involves the Chronic Care Management provided by the physician or other qualified health care professional (i.e. PA, NP). The other code (99490) involves Chronic Care Management services clinical staff (i.e. RT) time directed by a physician or qualified health care professional. These two codes are monthly codes and cannot be billed on the same month. The Relative Value Committee (RUC) has requested that an article be written to define the proper reporting of these codes.

American Association of Cardiovascular & Pulmonary Rehabilitation

Submitted by Gerilynn Connors – Congress 2017

Recommendations

None

Report

1. **National Pulmonary Rehabilitation Reimbursement Initiative Program JOINT LETTER – Anne Maire will be disseminating the below information**
    a. Joint Letter of the National Pulmonary Rehabilitation (PR) Reimbursement Initiative is a collaborative effort of ATS, ACCP, AARC, NAMDRC, and AACVPR
    b. Respiratory Care Directors, Pulmonary Rehabilitation Program Directors must be made aware of the Initiative
    c. AACVPR did inform AACVPR Members with the below documents on Sept. 8, 2017
        i. Sept. 8 2017 Letter explaining PR Reimbursement Initiative (see attachment "AACVPR letter to membership Connors Sept 8 2017")
        ii. PR Reimbursement Task Force Letter to Program Directors (see attachment "AACVPR Sept 8 2017 PR Reimb Task Force Letter to PR Program Director")
        iii. Step by Step Actions for Improving G0424 Reimbursement (see attachment "AACVPR Sept 8 2017 Step by Step Actions for Improving G0424")

2. **NEW National Pulmonary Rehabilitation Certificate – collaboration between AARC & AACVPR**
    a. AARC Pulmonary Disease Educator Modules PLUS AACVPR New Modules have been developed for the Certificate Program
    b. Shawna Strickland and her team have been instrumental in the collaboration efforts
    c. AACVPR Modules will be recorded at AARC Sept. 18-19
    d. Marketing of the New Pulmonary Rehabilitation Certificate to follow as determined by AARC/AACVPR

3. **AACVPR MAC 11 Reimb. Committee**
    a. Member of the MAC M Committee
    b. Monthly Conference Calls
    c. Latest National AACVPR Reimbursement information: dated Aug. 17, 2017
        i. Referral Orders for Cardiac and Pulmonary Rehabilitation

Since the last AACVPR Reimbursement Update on this topic (7-21-17), CMS has responded verbally and in writing (August 10, 2017) that referral orders for cardiac (CR) and pulmonary (PR) rehabilitation **must be signed by an MD or DO**. The enrollment process can begin earlier with a referral from an NP/PA/CNS, however, an MD or DO must sign (or e-sign, co-sign) the order.

Since January, 2010, CMS has stated it is legally bound by the statute (Social Security Act, Section 144) that defines CR and PR as *physician services*. NPPs are currently allowed in some states to independently order therapeutic services. That is not the case for CR and PR services. CMS also recently reiterated to all MAC Medical Directors that the intent of the National Coverage Determination is to accept MD/DO orders only.

In support of this stance, CMS cites the Medicare provisions, posted on the AACVPR Regulatory & Legislative Information web page for members' convenience (linked at the bottom of the Resource Links list):

- 410.49 Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage
- 410.47 Pulmonary rehabilitation program: Conditions for Coverage

ii. Final Set PAD Medicare claims Processing Information

AACVPR continues to request necessary coding & billing instructions from CMS for providers so SET PAD programs can begin to enroll qualifying beneficiaries for this new service. There has been no response from CMS since June 5, 2017 other than these instructions are "forthcoming". In the 2018 proposed hospital outpatient regulation, CMS states that, "For the remainder of CY 2017, we anticipate …will be payable before the end of CY 2017, retroactive to the effective date on the NCD…" (Federal Register, July 21, 2017, pg 34005). However, this new service is currently not implementable.

iii. CMS Proposes Cancellation of Cardiovascular Episodes and CR Incentive Payment Model (see attachment "AACVPR Federal Register Vol 82 No 158")

On August 17, 2017 CMS released a proposed rule (CMS-5524-P) that would modify the Comprehensive Care for Joint Replacement model (JCR) and cancel the cardiovascular Episode Payment Models (EPMs) and the Cardiac Rehabilitation (CR) Incentive Payment Model, previously scheduled to begin January 1, 2018.

CMS suggests that there may be an opportunity for new voluntary bundled payment models under the current Bundled Payments for Care Improvement program (BPCI). There is a public comment period until October 16, 2017. However, it appears highly likely that the cardiovascular episode payment models and CR incentive payment model will be cancelled.

It is important to keep in mind that the R2R Initiative was developed in 2016 in response to the Million Hearts Cardiac Rehabilitation Collaborative, which recognizes the value of cardiac rehabilitation in reducing cardiovascular mortality and re-hospitalization. The goal of 70% participation through innovative strategies is very much an imperative for AACVPR. More efficient and effective delivery of CR will be key to sustainability as value-based care continues to evolve.

4. **AACVPR National Meeting, Oct 4 – Oct 7, 2017**
   a. It's unfortunate AARC/AACVPR and the PHA National Meetings are all the exact dates of October 2017
   b. I am speaking at the AACVPR Nationals Pre-Conference Workshop and will not be able to attend AARC
      i. Lecture is: Individual Treatment Plan (ITP) and Documentation during the workshop: Designing a Comprehensive PR Program

5. **AACVPR 5th Edition Pulmonary Rehabilitation Guidelines – are being REWRITTEN and UPDATED**
   a. Publication projected for early 2018

b. Dr. James Lamberti and I are co-authoring/rewriting **Chapter 2 – Selecting and Assessing the Pulmonary Rehabilitation Candidate**

6. **NHBLI Funding Opportunity – e-mail from AACVPR**

NHLBI Funding Opportunity

AACVPR would like to alert you of a new Funding Opportunity Announcement (FOA) developed by the National Heart, Lung and Blood Institute (NHLBI).

The purpose of this initiative, **Increasing Use of Cardiovascular and Pulmonary Rehabilitation in Traditional and Community Settings (R61/R33)**, is to support Phase 2 clinical trials to develop and test strategies to increase the use of cardiovascular rehabilitation (CR) and pulmonary rehabilitation (PR) in the U.S. population who are eligible based on clinical guidelines. The intent of this FOA is to test promising approaches and strategies that will lead to reduced disparities in the use of CR and PR based on age, gender, race/ethnicity, and socioeconomic status (SES). In addition, this will test whether increased use of PR or CR, whether traditional center-based CR/PR or new models, is accompanied by improvements in relevant clinical and patient-centered outcomes, including exercise capacity, cardiovascular and pulmonary risk factors, and quality of life.

The link to the FOA is https://grants.nih.gov/grants/guide/rfa-files/RFA-HL-18-019.html

This FOA represents an excellent opportunity to develop innovative approaches to increase the uptake of CR and PR in eligible patients. Please contact one of the listed NHLBI authors of this FOA if you have questions or wish to discuss this opportunity.

Key Dates

- **Letters of Intent Due**: September 19
- **Application Due Date**: October 19 by 5:00 p.m. local time of applicant organization.

7. **VACVPR, affiliate of AACVPR:**
   a. Active on BOD and Pulmonary Rehab Reimbursement Committee Chair

8. **AACVPR Pulmonary Expert Committee member, this committee is chaired by Trina Limberg**

9. **Pulmonary Hypertension Association, as a member of the PHPN PRACTICE COMMITTEE**
   a. Member of the PHPN Practice Committee
   a. will be doing a Pulmonary Rehabilitation Webinar for the Pulmonary Hypertension University – Date to be determined

American Heart Association

Submitted by Keith Lamb – Congress 2017

Recommendations

None

Report

Nothing to report at this time.

Chartered Affiliate Consultant

Submitted by Garry Kauffman – Congress 2017

Recommendations

None

Report

Thanks to the support and approval by AARC President Brian Walsh and AARC Executive Director Tom Kallstrom, I had the opportunity to conduct a strategic and operational planning session with the Texas Society for Respiratory Care during this quarter. Gaylene Lee, TSRC President, assembled a great team that dedicated a day and half to create a new mission statement, operating principles, and strategic goals/objectives, and action plans to support the TSRC for the next few years.

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

Committee on Accreditation of Air Medical Transport Systems

Submitted by Steve Sittig – Congress 2017

Recommendations

None

Report

The CAMTS BOD met in July 13th to the 15th in Weehawken NJ with the executive committee meeting the evening of July 12th. The minutes from this meeting are attached for review. The fall meeting is scheduled for October 12th -14th in Fort Worth, Texas prior to the national Air Medical Transport Conference (AMTC). Several preconference workshops are planned including preparing for accreditation and GAMUT Quality.

The initial draft of the 11th Edition of the CAMTS standards are now our got review. This edition will be formed and submitted following American National Standards Institute (ANSI). A post to both the transport and neonatal pediatric list serves has been posted looking at requiring an advanced certification such as NPS, ACCS or CNPT. This would bring transport RT's in line with flight nurses and medics who are required to have advanced certification after two years with the program.

Other

I have or will be attending all three annual meetings as well as serving on the CAMTS executive committee. (First RT to serve in this leadership role).

I will be serving as a clinical representative responsible for such topics as Respiratory Therapists and Neonatal Pediatrics on the 11th edition Standards Committee. This newly formed standards committee is to be in compliance with ANSI standards.

EXECUTIVE SUMMARY
COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS
July 13-15, 2017
Weehawken, NJ
8:00 AM to 5:00 PM each day

Board of Directors Meeting

EXECUTIVE COMMITTEE MEMBERS PRESENT: Dr. Conn, Mr. Gryniuk, Mr. Sittig, Mr. A. Smith, and Dr. Orr

BOARD MEMBERS PRESENT: Dr. Brunko, Dr. Becker, Dr. Miller, Mr. Ruff, Ms. Eichel, Dr. Stuhlmiller, Mr. Lewis, Ms Treadwell, Dr. Guyette, Ms Palmer, and Mr. Brisbois

STAFF PRESENT: Ms. Frazer, Mr. D. Smith

MEMBERS ABSENT: Mr. Hickman, Dr. Alexander, Ms Montgomery, Dr. Holleran, Ms Rush, Dr. Cohen, Mr. Ruff, and Col Friedrichs

I. Meeting called to order at 0805 hrs on July 13, 2017.

II. Minutes from the April 6-8, 2017 meeting in San Antonio were approved as distributed.

III. Treasurer's Report provided by Mr. A. Smith – a brief review of the second quarter 2017 was provided. Discussion about the merging of services and ideas for expanding our business model that fit into our mission of pre hospital patient care and transport.

IV. Executive Directors reports

Ms. Frazer announced guest speakers for this meeting.

Frédéric Bruder, Managing Director of ADAC Air Rescue in Germany is the lunchtime speaker for Friday. Mr Bruder provided a presentation on the ADAC service, the largest rotorwing air medical service in Germany.

Jim Arthur, Director of Operations for Metro Aviation, spoke about regulatory changes in Operational Control Centers and implications on lift-off times.

Representative from U.S. Transcom – Col. Paul Friedrichs was not able to make this meeting but will be at our meeting in Fort Worth.

Ms. Frazer summarized the contents of the recent Best Practices publication. This 2017 edition is now available electronically and can be ordered through the website. The Board discussed a Press Release and presentation at the upcoming conferences in Fall.

Ms. Frazer discussed the progress with on-line applications. We expect to be operational by October and will be demonstrating the new process at the AMTC so that by April 2018, PIFs will be found in the on-line secure system going forward.

Ms Frazer discussed the Helitech conference at the Excel center in London in the beginning of October, AMTC in Fort Worth and ITIC in Barcelona – all in the Fall – press releases will go out announcing education workshops. We will present "Preparing for Accreditation" as we always do in the AM workshop but had a dwindling response to Just Culture and QM workshops over the past two years. We have asked the GAMUT committee if they would jointly sponsor a Sunday Afternoon workshop on GAMUT Metrics since we get a lot of questions about these metrics that were included in the 10th Edition Accreditation Standards. They meet next week and will get back to us.

Mr. D. Smith discussed his continued work with creation of the Ralph Rogers foundation through the Medevac Foundation. The Committee met by conference call to set up the criteria for applicants and will have more to report at the next CAMTS Board meeting. .

Mr. D. Smith developed a draft of standards for community paramedic practice, comparing our accreditation standards with the ANSI approved standards developed in Canada. He will be sending that draft out to his contacts inside and outside of the U.S. There was further discussion among the Board regarding community paramedicine and mobile integrated health. Mr. Smith will provide an update at the October Board meeting.

ANSI Standards Committee – The process - since we were approved as an ANSI Standards Setting body – requires we have a standardized committee. Applications for a position on the Standards Committee were sent out. Mr. Smith provided the list of site surveyors, peers and Board members who submitted their requests to be part of the committee.

V. Committee Reports

Quality Management……Ms. Treadwell

Ms. Treadwell reported on the last cycle of site visits. Some inconsistencies to bring to site surveyors' education were discussed. There was a decision to standardize both the opening and closing conferences during a site visit, beyond reading the "Miranda statement" and providing a list of findings at the closing conference. Patient record reviews were also determined to require a standardized bullet list as site surveyors review the records so that patient outcomes could be compared to adherence to the program's medical protocols. A subcommittee was set up to develop such a list for site surveyors. Ms Eichel will be expanding the QM dashboard developed by Ms Treadwell - one of her tasks as the Clinical Associate Executive Director.

Aviation Advisory & Safety Committee…….. Mr. Brisbois reported on mostly positive comments to the press release and blog that CAMTS will strongly encourage IIMC training on a quarterly basis in the future edition of standards. The committee will meet during AMTC and Mr. Brisbois will get an announcement to members and potential members as it is an open meeting.

Education Committee……..Dr. Holleran
Ms Frazer gave a report for Dr. Holleran. Education approvals have not been as busy for clinical scenarios but we are receiving more requests for Trauma Course equivalents to ATLS.

Policies.....Ms. Frazer/ Mr. D. Smith
There have been no changes since the annual policy in April, 2017.

Marketing/PR……..Ms Frazer
Ms. Palmer reported on her work with marketing and PR activities. Jen Boyer with the Flying Penguin has released a few for us and has an extensive list (based on prior experience with the Tour Operators group). We will continue to blog and release important events coming up such as exhibits, workshops and drafts of standards.

Ms Palmer also repeated her concerns about using lift-off times to complete putting pressure on HAA pilots. Ms Palmer agreed to develop an education piece regarding the hazards of this practice with a positive spin on the reason to track and trend lift-off times.

Standards……..Ms Frazer
A 1st draft for the 11th Edition Accreditation Standards will be posted by the end of August and the Standards Committee will meet during AMTC. There will be some wording changes and clarifications and a few new standards but not a lot of changes thus far.

CAMTS EU
The CAMTS EU Standards have been on the camtseu.org website and a final draft will be sent out to the Board. Approval is set for a GoToMeeting on August 16, 2017. The standards will be published in time for the Helitech conference October 2-6, 2017. CAMTS EU is exhibiting and offering 2 workshops: Preparing for Accreditation and Just Culture. There will be a CAMTS EU face-to-face meeting during the International Travel and Insurance Conference in Barcelona in November 2017 where the Board will have one program to deliberate for accreditation.

The entire Board discussed we develop CAMTS – CAMTS EU dual accreditation for those programs (mostly fixed wing) who operate in Europe and the U.S. Policies and the process will be developed to be presented for approval at the CAMTS and CAMTS EU board meetings in the Fall.

Strategic Planning
A strategic planning session was conducted for the remainder of the meeting. Constituent needs, changes in healthcare and medical transport, and improving our process were discussed that will have an impact on CAMTS over the next 5 years.

VI. ACCREDITATION DELIBERATIONS......The Board

Dr. Orr reviewed our Mission Statement, Vision and Values, as well as the rules of conduct for program reviews. There were 19 programs reviewed with 16 Full Accreditations, 1 Deferred, 1 Intent to Suspend and 1 Withdraw Accreditation.

New Accreditation

Sky Nurses	Delray Beach, FL	ME
Memorial MedFlight	South Bend, IN	RW
Medical Air Rescue	Rapid City, SD	FW

Reaccreditations

Air Methods SouthEast Region	Alabama, Florida, Georgia, South Carolina	RW/FW
Air Methods Region 7	Arkansas, Illinois, Missouri	RW/G
Children's Medical Center	Dallas, TX	RW/FW/G
Life Force Air Medical	Chattanooga, TN	RW
LifeEvac Virginia	Gasburg, VA	RW
Med Flight Air Ambulance	Albuquerque, NM	FW
Memorial Star Transport	Colorado Springs, CO	RW
MONOC 1	Neptune, NJ	RW
Nationwide Childrens	Columbus, OH	RW/FW/G
PHI Air Medical Kentucky	Lexington, KY	RW
Sanford AirMed	Sioux Falls. SD	RW/FW
University of Iowa AirCare	Iowa Citry, IA	RW/G
UMass Memorial Life Flight	Worcester, MA	RW

The next on-site Board meeting will be in Fort Worth - October 14-16, 2017.

Submitted by Eileen Frazer, Executive Director

Recommendations

That the AARC and CoBGRTE jointly sponsor a lecture at the 2018 Summer Forum on a topic that would advance baccalaureate and graduate education.

That the AARC and CoBGRTE jointly sponsor a research project that would document the value of attaining a baccalaureate and/or graduate degree.

Report

CoBGRTE is dedicated to improving respiratory therapy education. CoBGRTE founded in 2000 as a steering committee, was formally recognized by the AARC in 2002 and was incorporated as a professional association in January 2012. Currently CoBGRTE has 70 institutional members, which include almost all of the colleges and universities awarding the baccalaureate and/or master's degree in respiratory care in the United States. CoBGRTE continues to see new institutional, corporate, individual and student members. The publication, *The Coalition Chronicle* goes out to over 600 recipients each month, including all of their members, key stakeholders and board members of the executive boards of the AARC, CoARC and NBRC.
A primary goal of CoBGRTE is to increase the number of Baccalaureate and graduate (e.g. masters' degree) respiratory care programs in the USA. Additional objectives include:

- Scholarship awards to students pursuing a BS or master's degree in respiratory therapy
- Providing a forum and means of communication among baccalaureate and graduate educators, students, clinical affiliates and other interested parties.
- To assist associate degree programs in developing consortium and transfer agreements with colleges offering baccalaureate and graduate degrees.
- To assist associate degree programs as they transition to offering a BSRT degree.
- Advocate for the development and establishment of new baccalaureate and graduate respiratory therapy educational programs.

In support of these objectives the following activities have occurred:

- ❖ CoBGRTE Scholarship Committee established in 2012 to help support the academic success of student members enrolled in BSRT and MSRT programs throughout the United States. Since 2012, the amount of scholarship funds has increased from $2400 to $5000 each year and has supported 36 students for a sum of $18,400 of awards. The Scholarship Committee's 2017 goal is to award eight $500 merit scholarships to BSRT and/or MSRT students and one $1000 research scholarship to support a research project conducted by a Respiratory Therapist enrolled in a graduate program.

- ❖ CoBGRTE Round Table dinner discussions have been instrumental in growing the community of educators, leaders and emerging practitioners interested in advancing the profession and practice of Respiratory Therapy. At the Summer Forum 42 program

directors, faculty and leaders, using table topics, generated ideas that would address the challenges we face in our profession.

- The Executive Committees of CoARC and CoBGRTE held a very cordial and productive meeting on June 26, 2017; and agreed to hold a 1.5-hour meeting in Indianapolis at the AARC Congress. CoARC has invited CoBGRTE to make a report at their Commissioners meeting in November; Dr. David Shelledy will travel to the CoARC Commissioners meeting to make a CoBGRTE report.

- Drs. Waugh and Shelledy published an article in the August issue of The Coalition Chronicle describing the career opportunities that become possible with a BSRT and/or MSRT degrees. The need was discussed to identify to the value of earning a BSRT or MSRT degree.

- CoBGRTE Executive Committee met with the AARC Executive Committee to review plans helping ASRT programs transition to a BSRT degree. During the CoBGRTE Board meeting, Dr. Ellen Becker, chair of the AARC Education Section, addressed this issue in her reported, expanding on projects underway to help ASRT programs transition to offering a BSRT degree.

- Dr. David Shelledy led the CoBGRTE Board of Directors (BOD) in an environmental scan. BOD members identified strengths, weaknesses, opportunities and threats. A long-range planning committee (which would be a subset of the BOD) will compile the information from the SWOT analysis and distribute to the BOD.

- CoBGRTE Board voted unanimously to not renew its membership in the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

- CoBGRTE awarded its First International Service Award to faculty members: Drs. Lisa Trujillo and Paul Eberle (Weber State University), and Dr. Karen Schell (University of Kansas Medical Center), and Weber State University. The award was given in recognition for their decade and ongoing outreach to the University of Ghana leading to the establishment of the first BSRT degree program in Ghana and in Africa.

- The Board vote to recognize the contributions to baccalaureate and graduate education of Wade Jones by awarding him CoBGRTE Lifetime membership.

- CoBGRTE currently has an election underway 9/1/17-9/30/17 to fill three Board of Director positions that will be open on 1/1/18. The Board also will be electing a president-elect and two vice-presidents in September 2017. President-Elect, Dr. David Shelledy becomes CoBGRTE President on 1/1/2018.

The number of MSRT programs has increased to 14 and three others are in the approval stage (see below)

First Professional (Direct-entry) Master's degree	**Post-prof Master's degree**
Georgia State University, GA	1. Loma Linda University, CA
Bellarmine University, KY	2. Northeastern University, MA
Rush University, IL	3. Weber State University, UT
University of Mary-St. Alexius, ND	4. Youngstown State Univ, OH
Univ. of Texas Medical Branch-Galveston, TX	5. TX State Univ-San Marcos, TX
University of Texas-San Antonio, TX	6. Canisius College, NY
Samford University, Birmingham, AL	7. Samford University, AL

Programs Currently Under Review

State University-NY, Stony Brook, NY
University of North Carolina-Charlotte, NC
Ohio State University

Extracorporeal Life Support Organization

Bradley Kuch – Congress 2017

Recommendation

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

Justification: To partner with ELSO Steering Committee addressing current barriers and ongoing state licensure issues surrounding the RCP scope of practice regarding ECLS.

Report

The new AARC liaison to ELSO was formally added to the ELSO steering committee, participating in several conference calls. Information provided was very helpful in understanding the direction of ELSO and the potential collaboration. Mr. Kuch has requested a teleconference with ELSO Education and Steering Leadership to discuss the development of a joint resource regarding best practices, including licensure requirements for Respiratory Therapists as an ECMO Specialist (FM16-3-26.1). The AARC liaison is currently working to confirm the date for the teleconference. This is expected to be complete in the near future.

- Mr. Kuch will work to gain the support of ELSO Steering Committee members to develop a co-sponsored Position Statement regarding the RRT role as an ECMO Specialist. FM 16-3-26-1 should be tabled until the teleconference is confirmed. Mr. Kuch will provide an interim report following the much-anticipated meeting.
- It is recommended that a small committee of AARC and ELSO members work together to develop the Position Statement. This will be discussed during the ELSO Steering committee meeting.

The ELSO Steering committee approved 2 new clinical guidelines in August. Both contain information regarding recommended mechanical ventilatory support practices. The new guidelines include:

- Extracorporeal Life Support Organization (ELSO) Guidelines for Adult Respiratory Failure
- Extracorporeal Life Support Organization (ELSO) General Guidelines for all ECLS Cases

28th Annual ELSO Conference is scheduled for September 24th to September 27, 2017 in Baltimore Maryland. The steering committee will convene at this meeting.

International Council for Respiratory Care

Submitted by Jerome Sullivan – Congress 2017

Recommendations

That the Process and Criteria for Establishment, Maintenance and Withdrawal of Approval for International Affiliates be formally approved and included in the AARC Policy & Procedure Manual.

Justification: The ICRC strongly supports the recommendation of the International Committee regarding this Process. First and foremost we are all concerned regarding the sharp decline in the international membership numbers. This situation was the subject of several emails and a conference call between the AARC Executive Director, Chairman of the International Committee and the President of the ICRC. Jerome Sullivan and John Hiser have discussed this on several occasions and have agreed on the following language which is included in both the ICRC & International Committee AARC BOD Reports:

"The Chair of the International Committee and the President of the International Council for Respiratory Care are collaborating and have appointments to speak face to face with the leadership from each of the international affiliates whose membership numbers have fallen below the minimum number. We feel that a face-to-face meeting will be more beneficial and the upcoming Congress provides a perfect opportunity to do so." Further we suggest that there must be something more in the delivery of "value added" benefits for international affiliates and their members to attract and maintain AARC membership.

In addition, the ICRC was represented by its President on the AARC International Membership Survey Committee which has completed formulation of a survey of international members (current and lapsed) that was discussed at the Summer AARC BOD Meeting. As of September 5, 2017 the survey has been approved and is in the final stages of processing for release. A copy of the survey has been included in the International Committee Report.

Information Related to BOD actions from June 28, 2017

Natalie Napolitano moved to accept Recommendation 17-2-23.3 "That the AARC BOD review the policy for adding and maintaining international affiliate status and consider how you wish to proceed with those countries whose AARC members has fallen below 20 members."

Frank Salvatore moved to accept for information only but direct the International Council president to come into compliance with bylaws.

Motion carried

(Email has been sent to ICRC President Jerome Sullivan.)

The President of the ICRC respectfully responds that the ICRC is certainly part of the community of interest that wants the International Affiliates to be strong vital components of the AARC and will assist in any way possible to contribute to this end. The responsibility for establishment and approval of International Affiliates has rested, for the better part of a decade, with the Chartered Affiliates Committee of the HOD. The ICRC has never had in line responsibility for International Affiliate approval, review, maintenance, or withdrawal of approval.

However, the Council has a vested interest in the success of these AARC Affiliates and will continue to work to assist in their development.

The ICRC strongly supports the recommendation for Procedures and Criteria for approving and maintaining International Affiliate Status submitted this meeting by John Hiser, Chairman of the International Committee. **This recommendation functionally reflects the exact same process that has been in effect for many years.** The extant question is why this policy was never included in the P & P Manual?

Report

I. Update on Fundamental Respiratory Care Support Course (FRCS: As indicated in previous reports to the AARC BOD the standardized Fundamental Respiratory Care Support Course (FRCSC) is a modular training course intended for implementation outside of the United States for health care providers not experienced in respiratory care as practiced in North America. We are honored to report that Dean Hess, PhD, RRT, FAARC is now serving as the Editor for the project. The publication includes 38 Chapters on contemporary respiratory care clinical, theory and practice. We have received 15 manuscripts to date and there are international authors from 11 countries contributing to the training course

II. 2017 West Lake International Respiratory Care Conference Zhejiang Province, Hangzhou, China: The 2017 West Lake International Respiratory Care Conference convened August 24–27, 2017 with impressive sponsorship and support by the Zhejiang Medical Association, the Chinese Medical Association, the Zhejiang University Institute of Respiratory Diseases and Sir Run Run Shaw Hospital (SRRSH) in affiliation with Zhejiang University School of Medicine. Over the period of four days international expert faculty and local faculty specialists presented 36 lectures, demonstrations and workshops to the participants. The state-of-the-art presentations were organized under the major subject headings of: Respiratory Failure Support, Pulmonary Function and Cardiopulmonary Exercise Testing, Chronic Disease Management and Respiratory Rehabilitation. There were 320 on-site registered participants and impressively over 2,000 individuals followed the meeting presentations in real time via the internet.

The event also recognized the occasion of the inaugural Founding Meeting of the Respiratory Therapists Alliance of Zhejiang Province. RT's from around the province formally established the alliance organization to provide professional direction, to enhance the quality of patient care and to foster a focus of unity for their professional activities. They marked the occasion by electing officers and board members and by all RT's wearing distinctive t-shirts with the Alliance markings and logo.

III. The 13th ARCPP Philippines Annual Convention: The Association of Respiratory Care Practitioners, Phil., Inc (ARCPP) successfully held its 13th Annual Convention with the theme "Mechanical Ventilation: Progress and Future Prospect" at the Century Park Sheraton Hotel in Manila, Philippines last July 20 & 21, 2017 coinciding with the celebration of the 24th National Respiratory Care Week.

The 13th ARCPP Annual Convention was a huge success in terms of attendance with the active participation of 890 convention delegates coming from different parts of the Philippines, Southeast Asia and the Middle East and in terms of the quality of educational activities offered by the Scientific Program Committee. We congratulate the convention's organizing committee for

coming-up with this worthwhile educational event for its members and non-members alike with a very interesting and relevant scientific program to enhance the delegates' knowledge and competencies in mechanical ventilation.

IV. Ms. Khalsa Al Siyabi From Oman Visits Saudi Respiratory Care Departments: The Respiratory Care Department at Prince Sultan Military College of Health Sciences has welcomed Ms. Khalsa Al Siyabi, Department Head of Royal Hospital Respiratory Care Services in Oman, for her first visit to explore the respiratory care services in the Kingdom of Saudi Arabia. During her two days visit to Prince Sultan BS Respiratory Care Program, she had the opportunity to meet with the college officials, respiratory care faculty members, and toured all college teaching facilities. Ms. Khalsa and her Omani colleagues had the opportunity to spend some time in the advanced clinical simulation center. She and the Omani RT Team learned about respiratory care curriculum development and its integration with clinical simulation. In addition they visited the King Fahd Military Medical Complex where they participated in collaborative exchange and learned about respiratory care services provided in a different setting.

As a result of the visit Ms. Khalsa reached an initial agreement to open opportunities for Omanis to study respiratory care at Prince Sultan Military College for Health Sciences. Additionally, there was an agreement to collaborate to improve respiratory care services in Oman with the help of Dr. Mohammed AlAhmari, ICRC Governor for Saudi Arabia.

V. Taiwan Respiratory Therapists Participate in Long-Term Care Exhibition: With the effort of the respiratory therapists in Taiwan, the provision of high quality respiratory care in the long-term care field has been greatly enhanced. The establishment of home respiratory care companies has been recognized by the government in Taiwan and the business can be operated independently with a respiratory therapist as the employer. The health care policy of the government has greatly promoted the long-term care industry, and as a result, respiratory therapists' valuable skills and achievements can be extended to these facilities and into the home. Currently in Taiwan approximately 10% of all respiratory therapists work in long-term respiratory care for adults and children and it is anticipated that more respiratory therapist will be recruited in the future.

Recently several exhibitions have been held by long-term care organizations, with the main purpose of providing information about long-term care resources to the public. It is an expectation that the respiratory therapist can provide long-term care including home care, ventilated-dependent patient care, and pulmonary rehabilitation for the patients. During the exhibition there was significant interaction with the public and there was tremendous exposure of the capabilities and expert knowledge of the profession and practice of Respiratory Therapy.

VI. University of Ghana Establishes 1st Respiratory Therapy BS Degree in Africa: In conjunction with Weber State University (WSU) and the University of Kansas Medical Center (KUMC) and under the direction of the authors Drs. Lisa Trujillo (WSU) and Karen Schell (KUMC), Charity Beyond Borders (CBB) has been providing medical and humanitarian education and assistance throughout Ghana for 11 years. After working for several years in the country, we recognized the need for establishing the respiratory therapy profession in the country. During the past 6 years, we have focused specifically on the development and implementation of a Respiratory Therapy Bachelor Degree Program at the University of Ghana. This is the first bachelor degree in respiratory therapy in Africa.

The University of Ghana RT program currently has nine respiratory students enrolled in their 3rd semester and a new cohort of students is being interviewed to begin the program in the fall of 2017. These pioneer students have the wonderful opportunity to be taught by physicians from the University of Ghana Medical School and Korle Bu Teaching Hospital. Since there are no formally trained respiratory therapy faculty in the country, the curriculum is presented by a mix of anesthesiologists, pulmonary and internal medicine physicians, pediatricians, perfusionists and others.

During our visits to Ghana throughout the years, we have organized the teaching/learning time to include lectures and lab experiences as well as side-by-side clinical interactions. Those who travel to Ghana with us including the respiratory therapists and respiratory therapy students, also have the opportunity to interact and engage in valuable learning opportunities with the students. Combining US trained RTs with the University of Ghana RT students creates a very dynamic and rich learning environment.

VII. The 11th Respiratory Therapist Training Course, Changsha City, Hunan Province, China: The 11th Annual Respiratory Therapist (RT) Training Course of Hunan Provincial People's Hospital successfully hosted 120 participants in its month-long RT Program which draws medical personnel from all over China. The 2017 program was offered from July 17th – August 16th. Notably for the past seven years, the program has been formally recognized by the American Association for Respiratory Care (AARC) and the International Council for Respiratory Care as a fully "Approved" Level II Program. As such, the RT Training Course of Hunan Provincial People's Hospital has met and exceeded the Standards of the International Education Recognition System (IERS) for seven consecutive years.

The Changsha Respiratory Therapist (RT) Training Course is offered under the direction of Dr. Xiaotong Han, the Medical Director of the Department of Respiratory Therapy of Hunan Provincial People's Hospital. This is a highly regarded program attracting RT's, critical care physicians, nurses, other health care providers from all of China's Provinces. The solid reputation of the program also attracts international RT faculty to assist as instructors in the course. The program in Changsha is of high quality and is in such high demand that the Hospital has found it necessary to add a second section to accommodate additional students. Even with an additional section the Program has a waiting list for admission.

VIII. The 11th Intercoastal Respiratory Therapy and Critical Care Assembly Shaanxi Province, Xi'an, China: The 11th Intercoastal Respiratory Therapy and Critical Care Assembly convened August 11-12, 2017 at the First Affiliated Hospital of Xi'an Medical University in Xi'an City, Shaanxi, Province, China. The audience included respiratory therapists, critical care physicians, nurses, other health care providers and community leaders. Participants gathered for the educational programming and the opportunity to enhance their clinical skills in the important disciplines of respiratory therapy and critical care medicine.

The Hospital celebrated its 65th Anniversary in 2016 and is uniquely qualified to host this medical teaching event. Its Department of Pulmonary and Critical Care Medicine houses the Center for Respiratory Disease Prevention and Treatment which serves all of Shaanix Province. The Respiratory Intensive Care Unit (RICU) was the 1st RICU established in Northwest China and includes RT's at the bedside. The Unit consists of 18 beds equipped with advanced contemporary ventilators and a centralized ECG and Respiratory monitoring unit.

Over 40 concurrent sessions of lectures, demonstrations and workshops were offered during the course of the Assembly. This program was formally recognized by the American Association for

Respiratory Care (AARC) and the International Council for Respiratory Care and received full Level I "Approval" by the International Education Recognition System (IERS).

IX. **International Education Recognition System (IERS):** Demand for approval of International Respiratory Care Educational programs and seminars continues to grow. Already in 2017 eleven programs have been approved. Four programs were not approved and were provided recommendations to improve their applications and encouraged to resubmit.

Shonan, Japan - approved
Hatay, Turkey - approved
Seoul, Korea - approved
Riyadh, Saudi Arabia - approved
Shanghai, China - approved
Taichung, Taiwan - approved
Hangzhou, China - approved
Changsha, China – approved
Xi'an, China – approved
Shenzhen, China – approved
Kerala, India - approved

See Joint Commission Homecare Report.

Joint Commission - Home Care PTAC

Submitted by Kimberly Wiles – Congress 2017

Recommendations

None

Report

There have not been any PTAC conference calls scheduled in 2017. There was a notification sent in June that there is a change in reporting structure of the PTAC at the Joint Commission. With this change, the executive officers who will be managing the PTAC committees, were charged with developing a plan for how the PTAC advisory processes will function under this new structure. The PTAC quarterly calls are on hold until further notice.

See Joint Commission Homecare Report.

From: Franklin, Jacqueline [mailto:JFranklin2@jointcommission.org]
Sent: Tuesday, June 06, 2017 3:36 PM
To: Franklin, Jacqueline
Cc: Lorraine M. Reiser; Devdutta G. Sangvai
Subject: PTAC Plans for 2017

As a member of **Joint Commission's Ambulatory Care Professional Technical & Advisory Committee** (PTAC), you may have noticed the absence of PTAC conference calls so far this year. This was intentional (your Joint Commission e-mails have not been going to junk mail).

Our PTAC Chair, Dr. Lorraine Reiser, regularly reviewed in 2016 PTAC calls the discussions at meetings of the Standards and Survey Procedures Committee which outlined future changes for Joint Commission's standards development processes. This was driven by actions of The Joint Commission Board of Commissioners, engaged in a comprehensive review of its governance structure and processes. The Board has now applied governance best practices that allow for the most meaningful engagement with key stakeholders.

This resulted in the transition of the development, review, and approval of accreditation standards (as well as other key areas including accreditation) from activities conducted by Joint Commission Board committees to management functions with Board oversight. That transition has occurred this year in 2017, and the Board expressed satisfaction with the initial management reports on these activities that were presented at the March 2017 Board meeting.

Also as part of that review , advisory groups that were previously overseen directly by the Board, including the PTACs, now report to management.

In light of the decision of the Board to change this advisory reporting structure, Joint Commission executive officers are charged in 2017 with developing a plan for how the PTAC advisory processes will function under this new structure. We expect that this process will result in different outcomes for different accreditation programs, based on the advisory needs in each area.

While Joint Commission management thoughtfully develops a new engagement process, it is necessary to place **official PTAC calls on hold** at this time.

To allow for focus on this important transition, PTAC membership renewals and PTAC officer elections, scheduled for 2017, will also be put on hold until further notice. Current representatives, alternates, and liaisons will remain in place at this time. Questions about PTAC membership issues can be directed to me.

However, The Joint Commission still currently has a role for field input on standards development through its field review mechanism. As a representative of your association with interests in the ambulatory environment, I urge you to personally always look for that avenue to contribute input, and encourage your host association (officially or unofficially) to also make this field input opportunity publicized to its members. As an example, the Joint Commission just recently closed a six-week field review on an ambulatory standard specific for sleep diagnostic centers.

We will continue to keep you informed as this plan develops.

Thank you for your continued relationship, and that of your host association, with The Joint Commission.

****

Michael Kulczycki
Executive Director
Ambulatory Care Services
The Joint Commission

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National Asthma Education & Prevention Program

Submitted by Natalie Napolitano – Congress 2017

Recommendations

None

Report

Still 2 evidence based reviews pending to be posted for public comment. Will post to the "Pulmonary Disease Management Roundtable" when available.

- The role of bronchial thermoplasty in the management of asthma – Still Pending
- Systematic Review of intermittent inhaled corticosteroids and of long-acting muscarinic antagonists for asthma – Still Pending

Call for nominations for the NAEPP Working Panel Expert Committee to serve under the Coordinating Committee. The request was sent to Tom and Brian for nominations.

No meetings of the NAEPP have occurred. We still have not heard anything on who will be named to the new Coordinating Committee.

Neonatal Resuscitation Program

Submitted by John Gallagher – Congress 2017

Recommendations

None

Report

The NRP Steering Committee will meet at the site of the AAP national convention in Chicago on September 13 and 14, 2017. A grant review process will be conducted and the AARC liaison will be evaluated grant proposals for studies that relate to respiratory care in the delivery room. Further meeting topics include instructor development and program development for the years to come.

Other recent activity includes an NRP webinar hosted by the AARC liaison (July 2017). Participants took the opportunity to learn about hot topics in respiratory care related to neonatal resuscitation. The program also allowed for real time Q&A with the AARC liaison.

Roundtable Reports

(I)	*ROUNDTABLES*	Chair	Staff Liaison	BOD
37	Patient Safety	S. Sittig/K. McQueen	T. Myers	S. Tooley
38	Simulation	J. Perretta	S. Strickland	L. Trujillo
39	Disaster Response	C. Friderici	S. Strickland	J. Lindsey
40	Neurorespiratory	G. Faulkner	D. Laher	C. Hoerr
41	Tobacco Free Lifestyle	G. Sergakis	S. Strickland	N. Napolitano
42	Pulmonary Disease Mgt	M. DaSilva	T. Kallstrom	S. Tooley
43	OPEN			
44	Intl Med Mission	M. Davis	S. Nelson	K. Schell
45	Military	H. Roman/J. Buhain	T. Kallstrom	D. Skees
46	Research	J. Davies	S. Nelson	E. Becker
47	Informatics	C. Mussa	S. Nelson	B. Walsh
48	Geriatric	M. Hart	S. Nelson	T. Op't Holt
49	Palliative Care	H. Sorenson	S. Strickland	C. Hoerr

Ad Hoc Committee Reports

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

Submitted by John Wilgis – Congress 2017

Recommendations

That the AARC Board of Directors accept the *NPAPP Needs Assessment Key Findings* and the *AARC Needs Assessment Study Methods and Item Results* (see attached file "APRT Needs Assessment Board Report*")* submitted to the AARC on August 17, 2017 by JBS International, Inc.

Report

Charges

1. Create the framework for the needs assessment, and once completed evaluate data and make recommendations to the AARC on appropriate next steps.
2. Define "incident to" and a "direct billing" and provide pros and cons of both related to advance practice provider reimbursement and provide information that assists in determining the best approach to establish for future use.
3. Identify states where passage of advance practice provider licensure or certification would have the greatest chance of success.
4. Align work of the committee with other workgroups, committees and activity involved with the development of practices, credentialing and education criteria for an advance practice provider.
5. General - Identify at least one educational institution to offer an educational pilot program(s) for advance practice provider.
6. Consider the development of the credential for the advance practice provider.

- The following timeframe objectives were met:

Action Item	Projected Date of Completion	Status
Provide comments of RFP document	October 24th, 2016	Completed
Revise RFP document into final format	November 15th, 2016	Completed
AARC Board of Directors review and approval of RFP	November 30, 2016	Completed

Action Item	Projected Date of Completion	Status
document		
RFP release	By December 15, 2016	Completed
AARC Executive Office recommendation to Board of Directors for RFP proposal acceptance	December 5, 2016	Completed
AARC Board of Directors decision / approval of AARC Executive Office recommendation	December 12, 2016	Completed
RFP response proposals due	January 31, 2017	Completed
Vendor Selection	March 9, 2017	Completed
Survey development with AARC and Vendor	By May 30, 2017	Completed
Survey release	By June 15, 2017	Completed
Survey completion / closure	July 31, 2017	Completed
Preliminary findings report	August 30, 2017	Completed

- The remaining action items for the committee are as follows:

Action Item	Projected Date of Completion
AARC Congress – October 4-7, 2017, Indianapolis, IN **AARC Board of Directors Meeting, October 2-3, 2017**	
Complete data sharing, executive summary and final report	October 31, 2017

- The committee presented its work to the membership at the AARC Summer Forum.
- The committee submitted and received approval to present its work to the membership at the AARC Congress.

Other

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

Committee members include:

AARC Representatives: Dr. Ellen Becker, Dr. Lynda Goodfellow, Dana Evans, Dr. David Kelley (BOMA Liaison), Anne Marie Hummel (AARC Government Affairs Liaison), John Wilgis (Co-Chair), Dana Evans and Dr. Shawna Strickland (Executive Office Liaison).

CoARC Representatives: Dr. Kevin O'Neil, Dr. Kathy Rye, Dr. Sarah Varekojis, Dr. George Burton (Ex-Officio) and Dr. Shane Keene (CoARC Executive Office Liaison).

NBRC Representatives: Dr. Thomas Fuhrman, Kerry George, Dr. Robert Joyner (Co-Chair), Carl Haas, and Gary Smith (NBRC Executive Office Liaison).

Respectfully submitted – John Wilgis and Dr. Robert Joyner.

Ad Hoc Committee on Career Pathways

Submitted by Ellen Becker – Congress 2017

Recommendations

None

Report

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

1. Review the AARC Position Statement on Continuing Education to provide more explicit information about career pathways, promotion of career pathways for entry-level therapists and future educators, leaders, and researchers. Also, address the types of degrees and degree advancement as a quality measure for RT completion degrees.

Status: Edits to the current position statement were broadened to promote higher education and include diverse works settings. Joe Goss from the Position Statements Committee met with our committee at Summer Forum. He will share their edits to our draft as their committee finalizes their comments.

2. The AARC will identify websites (bls.gov, career coaching) commonly used by universities and assure that there is language that highlights the increasing role of the bachelor's degree for prospective students.

Status: Websites were reviewed and Shawna Strickland sent out letters on behalf of the AARC. The Bureau of Labor Statistics responded and the AARC was given the opportunity to suggest edits. Edits were sent late July. We will follow-up this fall after they publish their updates.

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

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

4. The CoARC will evaluate what additional data programs can submit, through its annual report of current status, which would be helpful in promoting career pathways. This additional data may include, but not be limited to, names of organizations with whom they have articulation agreements, type of degree offered, whether the degree is accredited by CoARC as Degree Advancement, number of degree credits that transfer as part of articulation agreement, baccalaureate degree programs that their graduates attend, type of baccalaureate degree offered, and usual number of degree credits that transfer.

Status: A Survey Monkey form was drafted and will be sent to program directors from the AARC to gather the desired information Fall 2017. The timeline was established to facilitate a higher response rate given the academic calendar.

5. The CoARC and the AARC will collaborate to develop a website hosted on the AARC website that allows prospective students to search for associate degree programs that have

articulation agreements, baccalaureate degree options where students commonly transfer, and the number of degree transfer credits.

Status: When data becomes available, the target webpage is:
https://www.aarc.org/careers/respiratory_therapy_degree_advancement/

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

Status: Ellen and Shawna joined the AARC leadership meeting with NN2 at Summer Forum in Tucson. The NN2 leadership appeared to understand and have a willingness to support our goals of career pathways. Specific actions requested were to communicate with associate degree programs the need to utilize their program websites to encourage respiratory therapists (program graduates) to earn a baccalaureate degree and provide their institution's career pathway options to obtain the degree.

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

Status: See above.

Data from the Integrated Postsecondary Education Data System (IPEDS)
(Shane Keene provided this information)

	Baccalaureate Degree Graduates					
Year	2010	2011	2012	2013	2014	2015
Total Entry-level BS Graduates: Data from CoARC*	705	656	816	801	866	827
Total BS RT Graduates: Data from IPEDS**	816	938	1042	1045	1101	1219
Degree Advancement BS Degrees: IPEDs variance to CoARC	111	282	226	244	235	392
Degree Advancement % of yearly change		8%	-2%	2%	-11%	32%
Degree Advancement % of Total BS conferred	14%	30%	22%	23%	21%	32%

* CoARC data based on RS Graduates by State (including DC) and Degree (pg. 63-66)

** IPEDS data based on bachelor's degrees conferred from 2010 - 2015 for (51.0908) Respiratory Care Therapy/Therapist

Notes:

1. Significant rise in the number of respiratory therapists who earn their baccalaureate degree through Degree Advancement.
2. The rate of change for RTs who earn their baccalaureate degrees through degree advancement is higher than the numbers of RTs who are earning entry-level baccalaureate degrees.

Ad Hoc Committee on Research Fund for Advancing Respiratory Care Profession

Submitted by Lynda Goodfellow – Congress 2017

Recommendation

That the AARC BOD accept the top ranked proposal for funding for the 2017 AARC Vision Grant.

Report

Three proposals were received for the AARC Vision Grant. Based on the goals of soliciting proposals that prove the work and value of the respiratory therapist, and which supports presidential goals of quality, safety, value, one proposal is recommended for funding. Ms. Cheryl Skinner, in the Department of Respiratory Care Education at the University of Kansas, submitted her proposal entitled *Innovative Pulmonary Rehabilitation Telehealth Program for Improving COPD Patient Outcomes*. Total funding request is $45,000 which includes direct and indirect costs over a 2-year period.

Ms. Skinner is a clinical assistant professor enrolled in a Master's of Science program at Northeastern University. Her mentor, Dr. Dave Burnett, will provide release time and mentor her in all aspects of the study including the design, data analyses, and manuscript preparation. The committee believes Ms. Skinner has the experience as a respiratory therapist (since 2008), and the support necessary to complete this proposal.

Other

Members:
Lynda T Goodfellow, chair
Gregg Ruppel
Georgianna Sergakis

Call for Proposals – Educational level and the effects of quality and safety on patient care outcomes.

Problem Statement: The AARC has a goal of having at least 80% of RTs either holding or working towards a bachelor's degree (BS) by 2020. To this end, the AARC will conduct/support research to evaluate whether a BS affects the quality or safety of patient care.

Request for Applications:
The AARC invites interested parties to submit a one-page letter of intent (LOI) for possible funding that advances the profession of respiratory care. If LOI accepted, a full proposal is due on TBA.

Deadline:
LOI deadline: TBA

Submission requirements:
An electronic (PDF) copy of application in ONE document (a detailed description of the proposal requirements is included below). Submit to Dr. Shawna Strickland at: Shawna.Strickland@aarc.org

OVERVIEW AND GOALS:
The bachelor (or baccalaureate) degree refers to an undergraduate college degree that takes four to five years of study and is generally 120 to 132 semester credits. The most common bachelor degrees are the Bachelor of Arts (BA) and the Bachelor of Science (BS). The Bachelor of Arts is usually less specialized and found in the social sciences and humanities, such as literature and history. The Bachelor of Science degree customarily involves the sciences and technical fields, such as, biology, engineering, nursing, health sciences or respiratory therapy.

The AARC is providing funding for research that compares the quality and safety of respiratory care when provided by respiratory therapists who hold an associate degree (AS) versus respiratory therapists who hold the BS degree. There is a need to determine if patient outcomes are safer or more effective when viewed on an educational continuum. This RFP does not imply that currently provided respiratory care is unsafe or ineffective.

ELIGIBILITY
All are encouraged to submit a LOI that describes a research plan that can adequately investigate the effect of educational level of respiratory therapists to quality of care and patient safety. Preference given when respiratory therapists are the PI or co-PI.

Applications of any amount up to $50,000 accepted for review.

PROPOSAL CONTENTS AND PAGE LIMITS
If the LOI is accepted, interested researchers should submit an application of no more than ten pages, including:

- State the scientific rationale for the study and detail how this study advances the

profession of respiratory care

- Provide specific research question(s) that are sufficiently focused to carefully map issues related to the safety and quality of respiratory care
- Justify the scientific merits of study plan and the potential impact of the proposed research
- Provide a timeline for the proposed research and qualifications of all investigators
- Prepare and justify a proposed budget
- Document that IRB approval is secured
- Description of any equipment to be purchased and any implementation expenditures

REVIEW PROCESS

Applications evaluated based on the ability of the award to:

Leverage existing strengths of the primary investigators and co-investigators
2) Well-designed studies that can reveal differences in quality and safety, if any
3) Advance the profession of respiratory care and enhance the AARC's mission
4) Support AARC members
5) Proposals that include cost-sharing plans are encouraged

ARCF
CoARC
NBRC

American Respiratory Care Foundation

Submitted by Michael T. Amato – Congress 2017

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

New in 2016

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

Congress 2017 ARCF Fundraiser

- Vapotherm again sponsors the ARCF Fundraiser and they have agreed to do so again in 2018.
- Grand Prizes:
    - Donated by Tonya Winders ARCF Board member – A 4 day/3 night getaway to Vegas, Williamsburg, Phoenix, or Orlando at a 4 star Diamond resort (including round trip airfare for 2 under $900 (transportation donated by ARCF Trustees)
    - $100 gift card to one of the restaurants located at the Marriott Indy Place

2017 ARCF Awards

Research Fellowship Awards

- **Charles W. Serby Research Fellowship**
  Daneen Nastars, MSc, RRT-ACCS
- **Phillips Respironics Fellowship in Mechanical Ventilation**
  Edna Lee Warneckee,MSc, RRT-NPS, RRT-ACCS
- **Vyaire Healthcare Fellowship for Neonatal and Pediatric Therapists**
  Robert K. Gillette, MD
- **Jeri Eiserman, RRT Professional Education Research Fellowship**
  Linda C. Schofield, PhD, RN

Literary Awards

- **Mallinckrodt Best Paper Award by Best First Author**
  Robert T. Dailey
- **Draeger Literary Award**
  Craig R. Wheeler

Achievement Awards

- **Forrest M. Bird Lifetime Scientific Achievement Award**
  James B. Fink, PhD, RRT-NPS, FAARC, FCCP
- **Hector Leon Garza, MD Achievement Award for Excellence in International Respiratory Care**
  Neil R. MacIntyre, MD, FAARC
- **Dr. Charles H. Hudson Award for Cardiopulmonary Public Health**
  Congressman Gregg Harper
- **Mike West, MBA, RRT Patient Education Achievement Award**

David L. Vines, MHS, RRT

2017 ARCF Awards (continued)

- **Thomas L. Petty, MD Invacare Award for Excellence in Home Respiratory Care**
  Kimberly S. Wiles, BS, RRT, CPFT
- **Mitchell A. Baran Achievement Award for Clinical Excellence in Aerosol and Airway Clearance Therapies**
  Jospeh L. Rau Jr., PhD, RRT, FAARC

Education Recognition Awards for Undergraduate Students

- **Morton B. Duggan, Jr., Memorial Education Recognition Award**
  Nkiruka M. Achionye
- **Jimmy A. Young Memorial Education Recognition Award**
  Melanie C. Walker
- **NBRC/AMP William B. Burgin Jr., MD and Robert M. Lawrence MD Education Recognition Award**
  Nkiruka M. Achionye

Education Recognition Awards for Postgraduate Students

- **NBRC/AMP Gareth B. Gish, MS, RRT Memorial Education Recognition Award**
  Mabry McKinney, MEd, RRT-NPS, CPFT, AE-C
- **William F. Miller, MD Postgraduate Education Recognition Award**
  Kevin P. Collins, MS, RRT, RPFT, AE-C

International Fellows

- **Jinhao Tao – China**
  First City Host: Philadelphia, PA
  Second City Host: Charlottesville, VA
- **Martha Diaz – Colombia**
  First City Host: Washington, DC
  Second City Host: Baltimore, MD
- **Alfred Aidoo - Ghana**
  First City Host: Kansas City, KS
  Second City Host: Farmington, UT

Respiratory Care Journal Conference

The Journal Conferences are presented under the auspices of the American Respiratory Care Foundation. The Foundation and the Journal presented the 56th Journal Conference on Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications on June 22-23, 2017 in St. Petersburg, FL. Conference Co-Chairs are Sam P. Giordano, MBA, RRT, FAARC, Neil R. MacIntyre, MD, FAARC, and Roy A. Pleasants II, PharmD, BCPS. We are currently seeking sponsorship for the event.

American Association for Respiratory Care
2017 International Fellowship Program
(as of 08-25-2017)

Arrive in the First City: Wednesday, September 20
First City Rotation: Friday, September 22 - Tuesday, September 26
Arrive in Second City: Wednesday, September 27
Second City Rotation: Thursday, September 28 - Tuesday, October 3
Arrive in Indianapolis, IN: Tuesday, October 3
AARC Congress 2017 Wednesday, October 4 - Saturday, October 7
Fellowship Ends: Sunday, October 8

Fellow	Country	First City Host	Second City Host	Req. Forms	Hotel 1st City	Hotel 2nd City
Jinhao Tao (Rowley) taojinhao2006@163.com 86-21-64931531 Contacted: 06-30-2017 Confirmed: 07-01-2017	China (Shanghai)	Philadelphia, PA Natalie Napolitano napolitanon@email.chop.edu 215-908-1189 Contacted: 06-30-2017 Confirmed: 08-20-2017	Charlottesville, VA Chad Gibbs Cag4u@virginia.edu 434-982-0274 Contacted: 06-30-2017 Confirmed: 08-20-2017	ROL: 07-25-2017 Agree: 07-25-2017 Photo: 08-03-2017 Copy of Airfare: Reg. Form: 08-14-2017 Travel Form: 08-10-2017 Per Diem Mailed:	Sherton University City 215-387-8000 Conf # 942208994 Arrival: 09-20-2017 Depart: 09-27-2017 Cost: $1,724.42 √	Graduate Charlottesville 434-295-4333 Conf # 77205SB010261 Arrival: 09-27-2017 Depart: 10-03-2017 Cost: $1,295.00 √
Martha Diaz (Napolitano) marthamilenadiaz7@gmail.com 57-318-3240590 Contacted: 06-30-2017 Confirmed: 06-30-2017	Colombia	Washington, DC Carolyn Williams cawmsrrt@yahoo.com 202-832-4114 Contacted: 06-30-2017 Confirmed: 06-30-2017	Baltimore, MD Christopher Kircher ckircher@umm.edu410-328-1051 Contacted: 06-30-2017 Confirmed: 06-30-2017	ROL: 07-04-2017 Agree: 07-04-2017 Photo: 07-24-2017 Copy of Airfare: Reg. Form: 08-01-2017 Travel Form: 08-01-2017 Per Diem Mailed:	Hampton Inn Washington DC 202-373-1001 Conf # 96475732 Arrival: 09-20-2017 Depart: 09-27-2017 Cost: $1,274.39 √	Hampton Inn & Suite 844-240-6601 Conf # 92809972 Arrival: 09-27-2017 Depart: 10-03-2017 Cost: $1,157.31 √
Alfred Aidoo (Coombs) alfredaidoo@hotmail.com 233-206300790 Contacted: 06-30-2017 Confirmed: 06-30-2017	Ghana (Kumasi)	Kansas City, KS Karen Schell kschell@kumc.edu 913-588-4633 Contacted: 06-30-2017 Confirmed: 08-20-2017	Farmington, UT Lisa Trujillo ltrujillo@weber.edu 801-644-0088 Contacted: 06-30-2017 Confirmed: 08-20-2017	ROL: 07-06-2017 Agree: 07-06-2017 Photo: 07-24-2017 Copy of Airfare: Reg. Form: 07-31-2017 Travel Form: 07-31-2017 Per Diem Mailed:	KU Office if Int'l Prog Apt. Stacie Rador Conf # n/a Arrival: 09-20-2017 Depart: 09-27-2017 Cost: $250 08-21-2017 √	Staying with Lisa Trujillo Conf # N/A Arrival: 09-27-2017 Depart: 10-03-2017 Cost: ticket price of airfare $314.61 √

International Committee member "Liaisons"
Daniel Rowley - DDR8A@hscmail.mcc.virginia.edu
Natalie Napolitano- napolitanon@email.chop.edu
Ed Coombs = edwin.coombs@draeger.com

Total Cost for Hotels: $6,015.73
First City: $3,248.81
Second City: $2,766.92

√ = credit card autorization form submitted to the City Host hotel

RESPIRATORY CARE
The science journal of the American Association for Respiratory Care
Established 1956
Dean R Hess PhD RRT FAARC, Editor-In-Chief

56th RESPIRATORY CARE Journal Conference

Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications

Sam P Giordano MBA RRT FAARC
Neil R MacIntyre MD FAARC
Roy A Pleasants II PharmD BCPS
Conference Co-chairs

June 22-23, 2017

Vinoy Renaissance Resort
(Plaza C-D)
St Petersburg, Florida

Presented under the auspices of the

American Respiratory Care Foundation
9425 MacArthur Blvd, Irving, TX 75063 • (972) 243-2272 • ARCFoundation.org

Supported by unrestricted educational grants to the Foundation from

AstraZeneca
InspiRx
TEVA Pharmaceuticals

56th RESPIRATORY CARE Journal Conference

Respiratory Medications for COPD and Adult Asthma: Pharmacologic Actions to Clinical Applications

Attendance limited to faculty, representatives from the supporting organizations, and staff.

Overview

It is important for clinicians to appreciate the appropriate use of medications for patients with COPD and asthma. Non-physicians, such as respiratory therapists must understand not only how these drugs are administered, but also the underlying pharmacology and important drug interactions. These issues are important in both the hospital and home setting, and for transitions from one care setting to another. Considering that oxygen is a drug, the prescription and monitoring of its use is as important as other respiratory drugs. This conference will address the pharmacology, clinical application, and the processes involved in developing and implementing optimal respiratory medications for adult patients with COPD and/or asthma. Papers covering the topics presented at the conference will be published in RESPIRATORY CARE.

Objectives

- Review the pharmacology of the medications used to manage COPD and asthma in adults
- Provide guidance on using these medications according to evidence based guidelines
- Review the processes of respiratory medication development and implementation

Presentation Rules

- Each presenter will have 30 minutes for a concise presentation. *No additional time will be allotted*. At the conclusion of each presentation, there will be a 15-minute open discussion
- Each presentation MUST focus on the key issues and include thoughts for the future with respect to the assigned topic. The goal of each presentation is to review the pertinent available data but, as importantly, to discuss the topic in terms of new and upcoming strategies
- Remember that the on site audience is composed of only the conference faculty, and, thus, there is no need to review basic material. All conference presenters are deemed experts in the field. However, the manuscript should be written for the readers of RESPIRATORY CARE
- One of the key goals of the presentation is to stimulate discussion. Controversial topics and perspectives are encouraged
- A comprehensive manuscript suitable for publication in RESPIRATORY CARE *must* be submitted to the Journal for review by the conference co-chairs before the time of the conference

Instructions for Presentations/Manuscripts

- Unlike the presentation, the manuscript should be a comprehensive review of the assigned topic. Each manuscript should include a pertinent review of the available literature, the topics presented at the conference, and thoughts for the future care of adult patients with respect to the assigned topic
- It is vital to the success of the conference for the controversial nature of issues to be emphasized for the readers

The discussion associated with each presentation will be transcribed and printed at the conclusion of each manuscript. Please note that you will have a chance to edit the transcript prior to publication.

THURSDAY Morning, June 22

(Plaza C-D)

8:00 am – 8:15 am

Overview, Introductions, and Ground Rules

Neil R MacIntyre MD FAARC

Pharmacology

8:15 am – 8:45 am

Bronchodilators

Bruce K Rubin MEngr MD MBA FAARC

Richmond, VA

- Clinical pharmacology of SABAs, LABAs, SAMAs including MOA and pharmacodynamics
- Currently available formulations and dosages
- Upcoming agents/products
- Adverse effects
- Important interactions with other drugs/ conditions/co-morbidities
- How do clinicians best use the pharmacology of bronchodilators in patient care?

8:45 am – 9:00 am

Discussion of Dr. Rubin's presentation.

9:00 am - 9:30 am

Inhaled and Systemic Corticosteroids

Dennis M Williams PharmD BCPS AE-C

Chapel Hill, NC

- Clinical pharmacology of steroids including MOA and pharmacodynamics
- Currently available formulations and dosages
- Upcoming agents/products
- Adverse effects
- Important interactions with other drugs/ conditions/co-morbidities
- How do clinicians best use the pharmacology of corticosteroids in patient care?

9:30 am – 9:45 am

Discussion of Dr. Williams' presentation.

9:45 am – 10:00 am

Break

10:00 am – 10:30 am

Non-steroidal Anti-inflammatory and other Oral Agents

Roy A Pleasants II PharmD

Durham, NC

- Clinical pharmacology and pharmacodynamics of phosphodiesterase inhibitors (theophylline and roflumilast), macrolides, leukotriene modifiers, and expectorants/mucolytics
- Currently available formulations and dosages
- Upcoming agents/products
- Adverse effects
- Important interactions with other drugs/ conditions/co-morbidities
- How do clinicians best use the pharmacology of non-steroidal anti-inflammatory agents in their practice?

10:30 am – 10:45 am

Discussion of Dr. Pleasants' presentation.

10:45 am – 11:15 am

Anti-proteases and Alpha-1 Antitrypsin Augmentation Therapy

Charlie B Strange MD

Charleston, SC

- Clinical pharmacology of Alpha-1 Antitrypsin replacement therapy including MOA and pharmacodynamics
- Currently available formulations and dosages
- Upcoming agents/products
- Adverse effects
- Special populations
- Important interactions with other drugs/ conditions/co-morbidities
- How do clinicians use the pharmacology of anti-proteases in their practice?

11:15 am – 11:30 am

Discussion of Dr. Strange's presentation.

11:30 am – 12:00 pm

Current and Emerging Biologics To Manage Obstructive Lung Diseases

Michael E Wechsler MD
Denver, CO

Clinical pharmacology of available biologics (omalizumab, anti-IL5, anti-IL4, and anti-IL-13 agents) including MOA and pharmacodynamics

- Current formulations/dosing
- Upcoming products
- Adverse effects
- Special populations
- What is the current role of biologics in the care of patients with obstructive lung disease?

12:00 pm – 12:15 pm

Discussion of Dr. Wechsler presentation.

12:15 pm

Recess until Thursday afternoon, 2:00 pm
(on your own)

THURSDAY Afternoon, June 22

(Plaza C-D)

2:00 pm – 2:30 pm

Inhalational Devices

Constance C Mussa PhD RRT-NPS
Chicago, IL

- DPI vs MDI vs neb
- Techniques/efficacy
- Technologic advances (eg smart inhalers, co-suspension technology, portable nebulizers)
- How do clinicians choose an appropriate: a stepwise approach? Cost? Availability?
- How does patient/caregiver understanding of devices affect compliance?

2:30 pm – 2:45 pm

Discussion of Dr. Mussa's presentation.

2:45 pm – 3:15 pm

Oxygen

Richard D Branson MSc RRT FAARC
Cincinnati, OH

- Physiologic effects of oxygen (including hyperoxia) – "pharmacology" of oxygen
- Writing the Oxygen Prescription for both acute care and long term (home)
- Describe the criteria and testing for providing home oxygen; modifications for exercise or sleep. (LOTT trial)
- What are the important design points in choosing a home oxygen system
- What are the options for mobility?
- Is pulse oximetry sufficient? How often to obtain blood gases?
- How can this be used to provide the best practice today?

3:15 pm – 3:30 pm

Discussion of Mr. Branson's presentation.

3:30 pm – 3:45 pm

Break

Clinical Application

3:45 pm – 4:15 pm

Medication Regimens for Managing Stable COPD

James F Donohue MD
Chapel Hill, NC

- Guideline based recommendations (GOLD)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Strengths and weaknesses of different mono- and combination drug regimens
- Putting this into practice today/Quality measures

- How can this be used by clinicians to best manage the patient with stable COPD; what are appropriate quality measures?

4:15 pm – 4:30 pm
Discussion of Dr. Donohue's presentation.

4:30 pm – 5:00 pm
Medication Regimens for Managing Stable Asthma
Njira L Lugogo MD
Durham, NC
- Guideline based recommendations (GINA, NAEPP)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations
- Quality measures
- Strengths and weaknesses of different mono- and combination drug regimens
- How can this be used by clinicians to best manage the patient with stable asthma; what are appropriate quality measures?

5:00 pm – 5:15 pm
Discussion of Dr. Lugogo's presentation.

5:15 pm
Recess until Friday morning, 8:00 am

6:00 pm - 7:00 pm
Tea Garden Patio (Lobby Level, west end)
If raining, Fred's Restaurant (Plaza Level)
Reception
Families and friends are welcome.

FRIDAY Morning, June 23

(Plaza C-D)

8:00 am – 8:30 am

Medication Regimens for Managing COPD Exacerbations

Robert A Wise MD
Baltimore, MD

- Guideline based recommendations (GOLD)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations including hospital discharge patients
- Strengths and weaknesses of different drug regimens
- How can clinicians put this into practice; what are appropriate quality measures?

8:30 am – 8:45 am

Discussion of Dr. Wise's presentation.

8:45 am – 9:15 am

Medication Regimens for Managing Acute Asthma

Jay I Peters MD
San Antonio, TX

- Guideline based recommendations (GINA, NAEPP)
- Key clinical trials
- Impact on outcomes including PFTs, symptoms, QOL, and exacerbations
- Stepwise approaches
- Special population considerations
- Strengths and weaknesses of different drug regimens
- How can clinicians put this into practice; what are appropriate quality measures?

9:15 am – 9:30 am

Discussion of Dr. Peters' presentation.

9:30 am – 9:45 am

Break

9:45 am – 10:15 am

Respiratory Drug Development

Marianne Mann MD PC
Highland, MD

- Selecting new molecules to study – science and business considerations
- Pre-clinical pharmacology and toxicology studies
- Phase I study designs
- Trial designs for Phase II and III – efficacy vs "non-inferiority"
- Regulatory negotiations and labeling

10:15 am – 10:30 am

Discussion of Dr. Mann's presentation.

10:30 am – 11:00 am

Patient Adherence Issues

Maureen George PhD RN AE-C
New York, NY

- Patient adherence often low
- Characteristics of a low adherence patient
- Solutions
- Support issues – how much MD involvement? Specialist? Professional Providers?
- Self management strategies, action plans
- Advice to clinicians

11:00 am – 11:15 am

Discussion of Dr. George's presentation.

11:15 am

Adjournment

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The Journal Conferences

Since 1982, the proceedings of RESPIRATORY CARE Journal Conferences have appeared in special issues of the RESPIRATORY CARE Journal, www.rcjournal.com. These state-of-the-art conferences tackle subjects that are important to clinicians working in the field of respiratory care, about which relevant published information available to them is judged to be lacking, incomplete, or unacceptably biased. Potential conference themes are reviewed by members of the Journal's Editorial Board, and are selected by the editors based on their current topicality and practical importance.

Respiratory care is both a profession and a subject area within healthcare. Its multidisciplinary nature is one of its strengths. The Editorial Board's mix of respiratory therapists, physicians, and others reflects this diversity, and over the years so has the list of participants in its conferences. Speakers/authors are invited either because they possess recognized expertise on the specific topic or have a reputation for critical thinking and the ability to both speak and write well. Conscious attempts are made to achieve diversity in the participants' credentials, jobs, genders, and geographical locations. Most of the faculty members have come from the United States, but there have also been speakers from Canada, France, Germany, Italy, The Netherlands, Poland, Spain, Sweden, and the United Kingdom.

	Published
• *Pediatric Respiratory Care*	June 2017
• *Respiratory Care Controversies III*	June 2016
• *Aerosol Drug Delivery in Respiratory Care*	June 2015
• *Adult Artificial Airways and Airway Adjuncts*	June 2014
• *Adult Mechanical Ventilation in Acute Care: Issues and Controversies*	June 2013
• *Oxygen*	January 2013
• *The Chronically Critically Ill Patient*	June 2012
• *Pulmonary Function Testing*	January 2012
• *Neonatal/Pediatric Respiratory Care*	Aug & Sept 2011
• *Patient-Ventilator Interaction*	Jan & Feb 2011
• *Sleep Disorders: Diagnosis and Treatment*	Sept & Oct 2010
• *Controversies in Respiratory Care II*	Jan & Feb 2010
• *Respiratory Care and Cystic Fibrosis*	May & June 2009
• *Non-Invasive Ventilation in Acute Care: Controversies and Emergency Concepts*	Jan & Feb 2009
• *Meeting the Challenges of Asthma*	May & June 2008
• *Mechanical Ventilation in Mass Casualty Scenarios*	Jan & Feb 2008
• *Airway Clearance: Physiology, Pharmacology, Techniques, and Practice*	Sept & Oct 2007
• *Respiratory Controversies in the Critical Care Setting*	April & May 2007
• *Neuromuscular Disease in Respiratory and Critical Care Medicine*	Aug & Sept 2006
• *Metered Dose Inhalers (MDIs) and Dry Powder Inhalers (DPIs) in*	

Aerosol Therapy	Sept & Oct 2005
• *Ventilator-Associated Pneumonia*	June & July 2005
• *Applied Respiratory Physiology: Use of Ventilator Waveforms and Mechanics in the Management of Critically Ill Patients*	Jan & Feb 2005
• *Computers in Respiratory Care*	April & May 2004
• *COPD: Translating New Understanding into Improved Patient Care*	Dec '03 & Jan '04
• *Current Trends in Neonatal and Pediatric Respiratory Care*	March & April 2003
• *Liquid Nebulization: Emerging Technologies*	Nov & Dec 2002
• *Invasive Mechanical Ventilation in Adults: Implementation, Management, and Follow-Up*	March & April 2002
• *Evidence–Based Medicine in Respiratory Care*	Nov & Dec 2001
• *Tracheal Gas Insufflation (TGI): Current Status and Future Prospects*	February 2001
• *Palliative Respiratory Care*	Nov & Dec 2000
• *Consensus Conference V: Aerosols and Delivery Devices*	June 2000
• *Long-Term Oxygen Therapy*	Jan & Feb 2000
• *Artificial Airways*	June & July 1999
• *Inhaled Nitric Oxide*	Feb & March 1999
• *Sleep-Disordered Breathing*	April & May 1998
• Consensus Conference IV: *Noninvasive Positive-Pressure Ventilation*	April 1997
• *Emerging Health Care Delivery Models and Respiratory Care*	January 1997
• *Mechanical Ventilation: Ventilatory Techniques, Pharmacology and Patient Management Strategies*	April & May 1996
• *Resuscitation in Acute Care Hospitals*	April & May 1995
• Consensus Conference III: *Assessing Innovation on Mechanical Ventilatory Support*	September 1995
• *Controversies in Home Respiratory Care*	April & May 1994
• *Oxygenation in the Critically Ill Patient*	June & July 1993
• *Emergency Respiratory Care*	June & July1992
• Consensus Conference II: *The Essentials of Mechanical Ventilators*	September 1992
• *Respiratory Care of Infants and Children*	June & July 1991
• Consensus Conference I: *Aerosol Delivery*	September 1991
• *Noninvasive Monitoring in Respiratory Care*	June & July 1990
• *Pulmonary Function Testing*	June & July 1989
• *PEEP*	June & July 1988
• *Mechanical Ventilation*	June & July 1987
• *Neonatal Respiratory Care*	June & July 1986
• *Monitoring of Critically Ill Patients*	June & July 1985
• *Perioperative Respiratory Care*	May & June 1984
• *The Management of Acute Respiratory Failure*	May 1983
• *Complications of Respiratory Therapy*	April 1982

Summary

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

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

CoARC Report

Submitted by Tom Smalling – Congress 2017

See Attachment:

"CoARC Update September 2017"

Date: September 5, 2017

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

From: Robert L. Joyner, Jr., PhD, RRT, RRT-ACCS, FAARC
NBRC President

Subject: NBRC Report

I appreciate the opportunity to provide you my final written update as President of the NBRC. In August, the NBRC hosted the 26th Annual State Licensure Liaison Group Meeting in Kansas City and several committees of the Board also met including the Executive Committee, the Investment Advisory Committee, the Clinical Simulation Examination Committee and the Long Range Planning Committee who participated in a day long strategic planning discussion. The following information summarizes the current status of significant changes to several examinations and major initiatives in which the Board and staff are currently involved.

Continuing Competency Program

Recommendations for modifications to the NBRC's Continuing Competency Program (CCP) were considered by the Continuing Competency Committee in November 2016 and they directed the Executive Office staff to create a detailed implementation plan which was reviewed by the Committee and approved by the Board at the April 2017 meeting. Modifications include an assessment of knowledge similar to the physician model being employed by the American Board of Anesthesiology and the American Board of Pediatrics. Details of the program changes will be forthcoming later this year with expected implementation for specialty credentials in 2019 and 2020 for the CRT and RRT credentials.

Advanced Practice Respiratory Therapist Ad Hoc Committee

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

Job Analysis Studies

In April, an advisory committee including outside representatives from the AARC, BOMA and CoARC convened to begin the next respiratory therapy job analysis which will result in new test specifications for the Therapist Multiple-Choice (TMC) and Clinical Simulation Examinations (CSE) in 2020. Invitations to participate in this survey were sent to approximately 100,000 individuals in June and we recently closed the survey in mid-August. Survey results will be

reviewed by the committee in December and they will refine the detailed content outlines for both the TMC and CSE to reflect any changes brought about by the survey.

Admission Policy Changes

At its April meeting, the Board approved on first reading the elimination of the provision for CRTs who have held the credential for at least one year to be eligible for the Neonatal/Pediatric Respiratory Care Specialty Examination (NPS). For this change to become effective, the Board must approve the recommendation on second reading at its December 2017 meeting. Assuming the Board approves this recommendation, the policy change will go into effect when test specifications change for the NPS Examination in October 2018.

New Website and Online Services

As previously announced, the NBRC is rebranding in ways that put respiratory care professionals at the center of our thoughts, actions and communications. Over the past several months, you have seen our new brand come to life – and now we are excited to unveil our new website. We will launch our new website which includes access to a new School Portal (formerly referred to as EED) and a new process for graduates to apply for NBRC examinations on Wednesday, September 6!

2017 Examination and Annual Renewal Participation

Through August 15, nearly 20,000 examinations across all programs have been administered. Over 57,000 individuals have renewed their active status for 2017. Many have taken advantage of the $5 discount available to those who renew online. 2018 annual renewal notices will be mailed in early October and credentialed practitioners will once again receive a $5 discount if they renew their active status online at nbrc.org.

Examination Statistics – January 1 –August 15, 2017

Examination	***Pass Rate***
Therapist Multiple-Choice Examination – 9,564 examinations	
• First-time Candidates	Exceed High Cut-Score – 74.8% Exceed Low Cut-Score – 83.6%
• Repeat Candidates	Exceed High Cut-Score – 26.8% Exceed Low Cut-Score – 46.3%
Clinical Simulation Examination – 8,267 examinations	
• First-time Candidates	59.7%
• Repeat Candidates	45.9%
•	
Adult Critical Care Examination – 559 examinations	
• First-time Candidates	74.6%
• Repeat Candidates	52.0%

Neonatal/Pediatric Examination – 550 examinations

- First-time Candidates 80.0%
- Repeat Candidates 52.9%

Sleep Disorders Specialty Examination – 81 examinations

- First-time Candidates 80.9%
- Repeat Candidates 69.2%

PFT Examination – 298 examinations

- First-time Candidates Exceed High Cut-Score – 28.8%
  Exceed Low Cut-Score – 68.1%
- Repeat Candidates Exceed High Cut-Score – 17.8%
  Exceed Low Cut-Score – 53.3%

Your Questions Invited

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

Unfinished Business

- Recommendation 17-2-1.3 "That the AARC Board of Directors establishes an RFP through the Vision Grant in 2018 to determine the impact of previously published AARC Clinical Practice Guidelines on patient care." **Tabled from June 2017 meeting**

- Policy CA.002 – Chartered Affiliates – Chartered Affiliate Requirements and Responsibilities (See below)

- Policy FM.016 – Fiscal Management – Travel Expense Reimbursement (See attachment "Proposed Revisions FM.016 Oct 2017")

American Association for Respiratory Care
Policy Statement

SECTION: Chartered Affiliates

SUBJECT: **Chartered Affiliate Requirements and Responsibilities**

EFFECTIVE DATE: December 14, 1999

DATE REVIEWED: ~~April 2012 (checklist and revisions by HOD Speaker with assistance from BOD Secretary due at Summer Forum 2012)~~ ~~June 2017~~ October 2017

DATE REVISED: ~~April 2012~~ ~~June 2017~~ October 2017

REFERENCES:

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

Policy Amplification:

1. Chartered Affiliates shall be required to provide the following written documentation to the AARC.

    A. Proof of state and federal not–for-profit status.

    B. Proof of Chartered Affiliate Treasurers and other checking account signatories being bonded.

    C. Proof of Chartered Affiliate financial audit completed by an auditor licensed by the state board where the affiliate resides.

2. The Affiliate Charter shall remain the property of the Association, and replacement or additional copies must be purchased at cost plus handling.

3. It shall be the responsibility of the Chartered Affiliates Committee to solicit and maintain documentation.

New Business

2017 Human Resource Survey (see attachment “2017 HRS Board report”)

Policy Review

- FM.021 – Fiscal Management – Outstanding Affiliate Checks
- FM.022 – Fiscal Management – Capital Purchase Approval

American Association for Respiratory Care
Policy Statement

SECTION: **Fiscal Management**

SUBJECT: **Outstanding Affiliate Checks**

EFFECTIVE DATE: July 2007

DATE REVIEWED: April 2013

DATE REVISED: April 2013

REFERENCES:

Policy Statement

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

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

DEFINITIONS

ATTACHMENTS

American Association for Respiratory Care
Policy Statement

SECTION: **Fiscal Management**

SUBJECT: **Capital Purchase Approval**

EFFECTIVE DATE: July 2007

DATE REVIEWED: December 2014

DATE REVISED: December 2014

REFERENCES:

Policy Statement

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

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