

# American Association for Respiratory Care

House of Delegates

Vail, Colorado

July 21-22, 2011

**NCSRC Delegates Report**

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Garry Dukes, RRT, RCP

The AARC House of Delegates convened in Vail, Colorado on July 21<sup>st</sup> thru 22<sup>nd</sup>, 2011. Please contact Garry Dukes and/or Connie Paladenech if additional details are required for any of the items in the report below:

## Summary (HOD Take Home List)

Challenges are in bold letters

### Summer 2011

#### ARCF

- When you renew membership with AARC there will now be a place for individuals to make a donation to the Foundation. Members should think about donating to the ARCF.
- Has given \$3 million in support of respiratory therapy.
- **ARCF challenged each state to hold a fund raiser on behalf of the ARCF.**
- **ARCF challenged all members to donate \$1.00 each. It would make a huge difference.**

#### 2015

- AARC President Karen Stewart addressed recommendations. Appointed an ad-hoc task force for 2015, chairing the committee herself. Attributes developed and compared to 2015 recommendations to see gaps before moving forward with any recommendations.  
This year is for doing more fact finding and contact with stakeholders. Information and questions will be or have been sent out to NBRC, CoARC, BS and AS degree programs, Management Section members, other agencies and organizations, with the intent being to follow this up with a survey.
- Recognized 2 groups from the Education Section: AS degree education and BS/graduate degree education, committee also meeting with NN2 group,

- Goal: No disruption in the workforce.

### Chartered Affiliate

- Summit Award for 2011 to Florida Society. Nebraska 2<sup>nd</sup>.
- Outstanding contributor award winner- Meg Trumpp from KS.
- Life membership award- recommending Suzanne Bollig from KS.

### Drive4COPD

- Over 1 million screens last years.
- Four celebrity sponsors.
- Drive4COPD adopt a Company has been launched. Step by step directions on the AARC website. Additional information coming soon. Get students involved.
- **Goal to partner with 100 companies.**
- **Challenges all states to create a screening contest of their own.**

### Membership

- Membership 51,230 as of June 2011.Up 3000 from June 2010. Growth rate 5-7%.
- Focus on student membership, rebuilding student membership website, student membership video and promotion of the student membership discounts.
- Membership benefits video available. Section Chair videos coming.
- Short term goal of 50% membership—72,500. **North Carolina is currently at 35%.**
- **Goal to increase each state membership by 10%.** North Carolina did not achieve this goal this year.
- North Carolina was ranked in the AARC list of affiliates having the largest increase in membership for this year and has also made the list for the previous two years as well.
- **Each state to recheck the number of licensed RT's to update information.**

### Best Practices

- Presentations posted on web—see HOD AARC Connect documents to find the actual presentations and documents.
  - Strategic Planning – KS
  - Career Pathways - RI
  - Student Case Study Presentation – MI
  - Manager / Educator Meeting – NY/NJ

- Consider your society's Best Practices and report those to the Best Practices Committee- Terri Lesser (KS) or Teri Miller (GA). Look for a survey from committee related to state scholarship practices and please respond.

### **COPD Kit**

- COPD tool kits and Safety Check Lists will be coming soon.
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### **PPUSA**

- Reached 45,000 elementary aged children with asthma. 34 states 821 schools
- Free Peak Flow meters available for use through the AARC
- **Promote [Yourlunghealth.org](http://Yourlunghealth.org) to you patients.**

### **Review Reports**

- Make sure to review the details of the AARC officer reports with your BOD!  
There is a lot of information that needs to be shared in there.

### **Donations**

- Ask BOD to consider donations to ARCF International Fellow; Disaster Relief.

### **Resolutions**

- **07-11-01** AARC to copy delegates routine correspondence to Affiliate BOD members/passed  
AARC BOD discussed and passed this resolution due to the wording "routine correspondence".
- **20-11-02** AARC BOD to re-evaluate the discontinuing of National Sputum Bowl/passed  
AARC BOD discussed. President Stewart state the BOD did not want the sputum bowl to continue in the direction it was headed. Declining participation was key. Took for information only. Waiting on information from the newly formed HOD Ad-Hoc committee.
- **00-11-03** AARC BOD draft a white paper on free standing emergency rooms and the need for respiratory therapists/passed  
AARC BOD sent this to the Position Statement Committee to either draft a position statement or white paper on ambulatory services.
- **05-11-04** AARC strongly consider an executive position of Chartered Affiliate Liaison/failed

### **Additional Information**

- It takes 545 trees 100 feet tall to publish each magazine. Go green opt for the electronic version. E-mail your request to receive the electronic version to. AARC Membership Services.

- Consider separating policy and procedure from Bylaws.
- Consider clothing drive or donating equipment to Africa (Ghana) through Karen Schell
- Home Care Specialty Section is working on the Hospital to Home program.
- Promote joining a specialty section.
- The Education Specialty Section is trying to recruit hospital-based educators to join this section
- There is now a SMART PHONE APP FOR “AARC Connect”.
- HHS acute care strike team—RT will have a slot- dealing with patients in hospitals when a disaster strikes—find a place to take patients with staff and equipment, then they can be then flown out to another facility.
- CRCE is now available monthly through the AARC Journal.
- China and India needing respiratory therapists to teach the profession. You are responsible for getting yourself there and back. China and India will provide housing while you are there teaching. Contact John Hiser at the AARC if interested.
- **AARC Virtual History Museum-Send photos of old/retired equipment, people and anything or anyone.**
- **Challenge-encourage your state to adopt a free healthcare clinic. Help is needed in these times of poor economics.**
- Charity group in Haiti desperate to have individuals understanding ventilator management. You pay your own way there. They can house you once you are there. Contact John Hiser.  
[John.hiser@sbcglobal.net](mailto:John.hiser@sbcglobal.net)
- Promote COPD Educator and Asthma Prep. Courses.
- COPD coalition—Medicare Part B initiative hosting a conference in September will involve RT’s doing hands on things—delivery devices to the pt. , oxygen use putting the pt in charge, pulmonary rehab in Crystal City.
- April 2012- *Respiratory Care Journal* conference dealing with oxygen and all its uses.
- Look for the AARC link to *Dr. Tom Pettys’* book *Adventures of an Oxy-Phile2*
- Look for the AARC VAP workshop on line.

- Webcast program averages 350 participants each. Some up to 1000 participants.
- *AARC benchmarking* information available on AARC website. Good viable data base with 156 active subscribers. Free comparative data on the website. Monthly webcasts for the membership. Renewal price decreased with activity.  
<http://www.aarc.org/resources/grcr/index>
- Professors Rounds, webcasts, Uniform Reporting Manual and Productivity and Time Standards Development Resource Center tools are available for use.
- Uniform Reporting Manual, update coming in 2012, fall 2011 survey to include time standards for expanded areas such as diagnostics, rehab and cardio / asking state societies to promote survey participation by non-member managers, too.
- Disaster Relief
  - Up to \$500 per person can be distributed from this fund when there is a federally declared disaster area. This has now been expanded to include when there is a state declared disaster area.
  - \$3,750 has been distributed this year
  - \$16,125 was collected from affiliate contributions at this meeting to be put into this fund
- ARCF International Fellow Program
  - \$6,259 was donated by affiliates at this meeting to be put into this fund
  - \$584 was collected for this fund by “passing the hat” at the HOD meeting
  - Affiliates wishing to contribute to this fund this year may want to consider “sponsoring” people to attend the International Reception in Tampa on Monday, November 7, associated with the AARC 2011 Congress. Cost is \$100 per person.

**AARC BOD Update**

- Looking at By-Laws in regard to AARC BOD size. BOD is getting large with increasing specialty sections acquiring a seat on the BOD. Looking at configuring a BOD of 16-17 seats.
- With 20 years of consecutive membership a member at age 65 will receive a discount to the membership fee. This member will have full membership benefits. Revenue sharing will be pro-rated to the state affiliate.
- New COPD drug Arcapta LABA, capsule, don't swallow!
- Check website for Bylaws review timeline. Some affiliate Bylaws are currently non-compliant with the AARC bylaws. The AARC does not currently have any language addressing what action will be taken in this case. The AARC BOD has charged the AARC Bylaws Committee to develop recommendations.
- Consider separating policy and procedure from Bylaws.
- Consider clothing drive or donating equipment to Africa (Ghana) through Karen Schell
- NBRC has a new Critical Care Credential with a cost of \$300. This exam will be offered some time during the first half of 2012.
- There have been complaints in regard to the NBRC. Get complaints in writing with details to the AARC executive office.

#### **CoARC**

- New format for RT Program Annual Report to CoARC; evaluating programs based on CRT pass rates rather than RRT pass rates, attrition threshold increased from 30% to 40%.
- Will begin posting CRT and RRT pass rates for each RT program on the CoARC web site for all to view by the end of 2011. (See CoARC report)

#### **Upcoming HOD Meetings**

- Winter: Tampa November 3 & 4, 2011 Marriott Waterside
- Summer: Santa Fe, NM, July 16 & 17<sup>th</sup>, 2012 Santa Fe Golf Resort Buffalo Thunder
- Winter: New Orleans, LA, November 2012

#### **AARC Reports:**

*Sam P. Giordano, MBA, RRT, FAARC  
Executive Director*

The following represents highlights from the Executive Office since the spring meeting in Dallas in April.

**MEMBERSHIP**

Our membership numbers continue to be strong. We continue to promote and grow membership and as happens every year we do see a drop in our numbers in late spring, which is due to student membership adjustments. This tends to reverse itself in August. At June 27, 2011 there are 50,803 members. This compares favorably with our goal for 2011. The membership numbers YTD are three thousand members more than last year at the end of June in 2010.

**Outstanding Affiliate checks**

There are six States that have not been cashed their revenue sharing checks as of June 27, 2011. This amount is \$10,824.

**Issued:**

March	2009	\$107
October	2009	\$13.00
January	2010	\$1,491
March	2010	\$2,276
May	2010	\$795
July	2010	\$132, \$1,219
October	2010	\$50, \$84, \$1,163

**Section Communication Review**

In May we did an analysis of our electronic communications to our section members. We communicate with our section members via the Bulletin, AARConnect, and Enews. This analysis is about the Bulletin only. We will review ENews and AARConnect later this year. A section chair and section membership survey was completed at the same time. Below is a review of how often Specialty Section members accessed the electronic version of the Bulletin over a two-month period.

<b>Section</b>	<b>Number of members</b>	<b>Bulletin Number unique views</b>	<b>%</b>
Transport	369	178	48
Acute Care	1680	469	27%
Cont. Care	423	328	77%
Diagnostics	840	413	49%
Education	1202	504	41%
Home Care	921	201	22%
Long Term	401	150	37%
Management	1776	522	29%
Neo/Peds	1998	523	26%
Sleep	977	407	42%

**The survey to our Specialty Section members noted that:**

84% are aware of the bulletin and E News

90% read it

**When comparing order of importance to the member in order of importance:**

AARConnect

ENews

Bulletin

**EDUCATION**

**Webcasts**

We have 18 web presenters and webcast topics committed for 2011. We continue to attract a large number of participants (now averaging over 350, in 2010 the average number was 300) to our live webcasts. By the date of the BOD meeting we will have completed 10 programs.

**Professors Rounds**

All eight of the 2011 Professor's Rounds have been produced in studio and being released as per schedule.

**COPD Educator and Asthma Prep Course**

Both courses are tracking along as we projected in our 2011 budget. There continues to be a great deal of interest in both. We also offer the affiliates 10% of the registration fee back to the state of the registrant. This is only available for states that sign the revenue sharing and co-marketing agreement sent out earlier in the first quarter of this year.

**EPA Indoor Asthma Trigger Course**

This course is now offered as a member only benefit. Should a non-member wish to view the course they will pay for access. This will then be an additional co-marketing opportunity for the states that sign their revenue agreement and the co-marketing agreement.

**A Guide to Aerosol Delivery Devices for the Physicians, Nurses, and Pharmacists, and Others.**

This third document in this series will be released by the end of summer 2011. As you recall we had previously developed an aerosol guide for Respiratory Therapists and another for patients. After feedback from reviewers it was determined that an executive summary be added to the document. As customary with all Aerosol Guides, this one will be made available for free download from the AARC website.

**MEETINGS AND CONVENTIONS**

**AARC Congress 2011**

- The AARC Congress 2011 meeting is coming together as scheduled.
- All speakers (rejected and accepted) have been communicated with and now know the status of their proposal.
- 174 (+) total speakers
- 293 unique presentations
- 117 confirmed exhibitors as of 6/14/2011
- All specialty sections are well represented with representation from most roundtables.

- As customary with AARC Congress, plans are in place to host 2 separate pre-course offerings

### **2011 Summer Forum:**

- This Summer Forum will host a pre and post course offering; Beyond the Preceptor” and “Competency College”.

- One of the new features for Summer Forum is a mobile application for Smartphone’s. The applications include the schedule, a link to add sessions to your personal calendar, exhibitor links, maps, and a twitter feed. This beta version will include a link to a survey o assess interest and issues. It will be available for attendees to download shortly before Summer Forum begins.

### **2012 Summer Forum:**

The 2012 Summer Forum will be held in Santa Fe, NM at the Buffalo Thunder Hilton Resort & Spa. This is a new site and one that we are very excited about. This is also a reat spot for family vacations for attendees who wish to bring their families.

## **Projects**

### **COPD Toolkit**

Development of COPD Toolkit is near completion Flip charts, and other learning material have been developed and are near ready for editing. Beta test is tentatively scheduled to include 20 hospitals, each using the Toolkit on 150 COPD patients per hospital. Hospitals have been identified and committee is currently confirming interest for those hospitals wishing to participate.

Data will be collected from patients to identify whether or not teaching via the materials provided were effective, and if so, to what degree.

Estimated Completion Date: Fall 2011

### **Office Spirometry Certificate Program**

We are marketing this program to physician practice organizations as well Physician Assistant and Nurse Practitioner groups.

### **Co-Marketing Opportunities with our State Affiliates**

Office Spirometry Certificate, COPD Educator Course, Asthma Prep Course, and now the EPA Asthma Triggers Course, are available to the states for co-marketing. Over the twelve months the sales of the asthma course and COPD courses have resulted in over \$10,000 which is available for co-marketing payments. The executive office have communicated with the HOD as well as Affiliate Presidents about this opportunity for the states to bring in 10% of the registration fees that are collected. As of the end of May 34 states have signed the revenue sharing agreement making them eligible for additional revenue through co-marketing and so far 31 states have joined the AARC in co-marketing these product lines.

### **Peak Performance USA (PPUSA)**

The revised PPUSA now in its second year has reached over 45,000 school children with asthma. It has been implemented in 821 schools in 34 states. We continue to urge other organizations to support this outreach program. We are happy to report that we added another organization to help us promote this program. In August the National Black Nurses Association will be publicizing PPUSA in their August newsletter to its 150,000 members. We will continue to promote this unique role that respiratory therapists can play in the community by partnering with a local elementary school and to promote awareness of the profession.

### **Best Practices in Mechanical Ventilation**

The AARC released *Best Practices in Adjuncts of Mechanical Ventilation* this spring. We encourage our members to consider sharing their protocols with us. This is an exclusive member benefit. We encourage our members to utilize this important tool in their practice.

**Safety Checklist** The Safety Checklist project is in its final stages. Before we release to our members we will beta test it first. It should be available in the fall. Phase one of the Safety Checklist is near completion. This checklist will reinforce the importance of the respiratory therapist as member of the team in promoting patient safety.

### **Uniform Reporting Manual.**

The development of the 2012 URM will focus on acute care hospitals and diagnostic laboratories. It will include therapeutic and diagnostic procedures, which will include PFT, blood gases, non-invasive cardiology, sleep and pulmonary rehabilitation. We plan to conduct the actual survey in September and complete the project in November.

### **Benchmarking**

There are now 161 facilities participating in the Benchmarking program. This is a 41% increase since we reported at the 2010 BOD meeting.

### **PROFESSIONAL ADVOCACY**

Advocacy activities seek to improve lung health of our patients as well as an opportunity to put a face of the Respiratory Therapist to the public.

### **Allergy and Asthma Health**

Our consumer web site and on line magazine (Allergy and Asthma Health)

[http://www.yourlunghealth.org/healthy\\_living/aah/05.11/index.html](http://www.yourlunghealth.org/healthy_living/aah/05.11/index.html)

This on line magazine is a quarterly magazine. The summer issue will be posted in the first week of July and we invite you to peruse this and the other segments of this site. Because this is a patient site we encourage our members to direct their patients to refer to it.

### **YourLungHealth.org**

This website was developed for the public and patients. We continue to update the site with pertinent information that should be of use to the public. Below is an example of posted articles YTD.

Jan-11    Aerosol Drug Recalled  
          COPD Rises to Third Leading Cause of Death  
          Books Just for Supplemental Oxygen Users

- Flu Activity Increasing Around Country
- Patient Education Aerosol Book
- Feb-11 Vitamin D Important for Your Lung Function
- Brain Scan Can Tell if a Smoker will Quit
- Talking with Family at Mealtime May Mean Better Health for Kids with Asthma
  
- Breath Test that Can Predict Asthma Attack Days Before They Happen
- Mild Asthma Might Not Need to be Treated Daily
- Join in Virtual Lobby Week
- Mar-11 Decisions May Take Toll on Healthcare Proxies
- Expensive Hospital Care May Not Save More Lives
- Cigarette Smoke Fuels Mucus Production in People with Bronchitis
- Pharmacies Turn Tamiflu to Liquid
- Greater Germ Exposure Cuts Asthma Risk
- Winter AAH
- Apr-11 Spring AAH
- Guide to CFC-Free Inhalers
- May-11 Rural Kids Have More Asthma, Get Less Medicine
- Everyday Exercise Can Help Kids With Cystic Fibrosis: Study
- Asthma Rates Climb for Children and Adults
- Getting Older, Getting Asthma
- A Vaccine For Allergies Could Reduce Symptoms
  
- US Study Finds Easier Way to Prevent Tuberculosis
- Do you Have Lung Cancer? The Nose Knows....
- CFC-Free Inhalers Are Available: Financial Assistance May be Available
- Jun-11 Weight Loss May Improve Sleep Apnea
- Exercise Helps Men Battling Diabetes and Sleep Apnea

### **Adventures of an Oxy-phile 2**

This is the final book by Dr. Petty. We will be serializing *Adventures of an Oxy-phile 2* on the YLH website in coming months. Beyond that we will be putting together an offer to selected sections as a bonus piece.

### **Drive4COPD**

The Drive4COPD is in its second year after a very successful effort in 2010 where we were responsible for brining in over 50,000 screeners. This year our efforts will be focused on partnering with local businesses. An expanded presentation of this will be presented to the HOD and Summer Forum. This campaign will be available to students as well as working therapists. An additional value of this campaign is that it will allow students as well as practicing RTs to be engaged with the public.

### **Free Clinics**

We are becoming aware of several RTs who are involved with Free Clinics. A webcast will be presented in late summer about this topic. We will also make available to Free Clinics a limited number of peak flowmeters that the AARC has received a limited number as a donation. Contact the Executive Office to request to flowmeters on behalf of a Free Health Care Clinic. Your contact will be Tom Kallstrom [Kallstrom@aarc.org](mailto:Kallstrom@aarc.org)

### **Disaster Response**

As you know there have been a number of weather related emergencies in the United States this spring. President Stewart has activated the disaster response fund. So far \$3,709 has been released. In addition to this we have reached out to our affiliates asking them to consider contributing to this fund. In June, President Stewart authorized \$5,000 donation to the fund from the AARC. We understand that several states have indicated that they will be contributing to this fund and we have received some of these donations already.

### **Joint Commission Reviews**

The AARC continues to participate in the Joint Commission Standards Field Review process. So far this year we responded to these 4 reviews relevant to respiratory therapy:  
 Long term care credentialing and privileging (1-17-11)  
 NPSGs (VAP and CAUTI (01-27-11)  
 Performance Expectations for ORYX Accountability Measures (2-22-11)  
 Influenza Vaccine of Staff and Licensed Independent Practitioners (5-17-11)

### **RTs in the News**

We continue to see an increasing number of stories or quotes from Respiratory Therapists in the media.

The second quarter of respiratory therapist mentioned in the media included:

RTs featured related to the profession – 115

RTs featured not related to the profession – 30

RTs featured in a negative way (includes professionally/unprofessionally related) -13

### **Media**

#### **Interviews**

<b>Date</b>	<b>Publication</b>	<b>Interviewee</b>	<b>Topic</b>
1/26/11	HME News	Greg Spratt	Homecare
2/7/11	Washington Square News	Tom Kallstrom	Ban on E Cigarettes
2/24/11	Bridges.com	Tom Kallstrom	Careers in Respiratory Therapy
3/9/11	Chicago Tribune	Karen Stewart	What RTs do and how the help patients
3/9/11	Curaspan.com	Gene Gantt	Best Practices in Discharge Planning
3/9/11	Lifescrpt.com	Tom Kallstrom	COPD/Caregiver What does it entail?
3/17/11	Omnigraphics	Sherry Milligan	YLH Asthma Resources
3/17/11	Chicago Tribune	Karen Stewart	How to maintain a healthy lung lifestyle
4/19/11	Health Care Traveler Magazine	Sherry Milligan	General Respiratory Care Licensure and Credentials and schools
5/5/11	Allhealthcarejobs.com	Bill Dubbs	How an aspiring RT can find a good

## **Other Activities and Issues**

### **Patient access to albuterol via metered dose inhalers**

As you may recall, the use of CFCs to propel metered dose inhalers to administer albuterol was eliminated at the beginning of this year. We have heard from our colleagues and patients that since the new HFA-driven MDIs are all brand name, there's no generic option, thus, there's no less expensive acquisition option for many patients who do not qualify for Medicaid and are not eligible for pharma company subsidy. The near term solution is to evaluate these patients and, if practicable, encourage the use of small volume nebulizers. Nebulizer use will then permit the use of generic albuterol solution. This will lower the acquisition price for the medication but we remain concerned that many will not be able to acquire a suitable nebulizer. We'll encourage all of you to educate your colleagues about this challenge and to take appropriate steps to assure that our patients continue to have access to albuterol.

Letters have been sent to all major pharma companies describing the problem and encouraging them to revisit their medication acquisition subsidy programs in order to avoid this cost barrier to medication acquisition. AARC has for years maintained that all transitions from CFCs to HFAs include a criterion, which addresses avoidance of a cost barrier to acquisition. Unfortunately, the availability of CFC no longer exists. Simply put, the plants that manufactured CFC no longer do so. This is an opportunity for respiratory therapists to stand up for their patients and demonstrate their expertise with regard to aerosol administration. We will continue to work with Medicare/Medicaid and the pharmaceutical companies to resolve this problem. Your feedback and cooperation is essential to our success.

### **US COPD Coalition**

The AARC remains an active participant of the Coalition and has representation at the leadership level. Currently, the Coalition is planning a special COPD Conference for December of this year in addition to presentations from world-renowned experts. There will also be poster sessions, roundtables, and interactive workshops. The workshops will target pulmonary rehabilitation, aerosol device selection, simple spirometry and long-term oxygen therapy, and equipment matching. This Conference is unique insofar as it includes the multi-disciplinary team, especially respiratory therapists, as well as our patients. This will be the second conference convened since 2003.

We continue to enhance our IT platform in order to take full advantage of its scalability and optimize the use of updated software. We've also undertaken significant measures to assure the security of our membership database and financial transactions such as credit card usage. We will continue to refine our systems in order to fully leverage AARC's ability to reach out to its members and, of equal importance, enable its members to communicate with AARC.

### **Respiratory Care Journal Conferences**

In the spring of this year, the Journal's editorial staff organized and convened a conference focused on pulmonary function testing. Conferees included physicians and respiratory

therapists considered the leaders in pulmonary diagnostics. Plans are to publish the proceedings in the fall of this year.

We are currently planning another Conference, which will be convened in September of this year. This Conference focuses on the “Chronically Critically Ill”. With the advent of long term acute care facilities and increased usage of skilled nursing facilities within the context of supporting ventilator dependent patients, it is a priority to document the value of clinical interventions and support at this level of the healthcare delivery spectrum. We are excited about this Conference since we are bringing together top experts whose manuscripts and presentations will no doubt provide a tremendous clinical resource for our members and, most importantly, our patients. We will publish the proceedings from this Conference in early 2012.

As you know, we’ve developed a sophisticated digital platform for the Journal and AARC Times. We encourage all members to visit our website and sample reading both publications online. Access to these publications for our members will not only offer additional portability and convenience for our subscribers but also, lessen significantly, the associations’ carbon foot print and contribute to a greener planet. Please encourage all our colleagues to sample the publication thru this medium. Several members have already indicated they do not wish to receive the publications thru the print medium anymore. We’re happy to accommodate these requests. In January of 2012 we will provide an opportunity for all new and renewing members to indicate their preference in how they wish to receive AARC Times and the RESPIRATORY CARE JOURNAL. We feel it is important to leave the choice to our members and will honor their preferences.

### **Summary**

I hope that you find the foregoing information of value. While the previously described activities represent only highlights of the many activities and projects we have underway at the Executive Office level, I encourage you to contact us as soon as possible if there is an item of information or a question you may have, that we have not addressed in the proceeding report. I also want to wish all of you safe travels. We look forward to seeing you in Vail. Thank you.

### **Referrals:**

**11-1-13.1** That the AARC BOD consult with their investment advisors to determine if refining and establishing further investment range categories (e.g. foreign stocks 0-10%, domestic 0-25%, etc.) is prudent within the broad overall ranges currently existing in the AARC Investment Policy.

**Follow up:** The AARC met with our investment advisors on April 24, 2011. They were in agreement and AARC policy was updated to reflect this.

**11-1-56.1** That additional vouchers be available for purchase by affiliate societies for an AARC Specialty Section.

**Follow up:** We intend to have a streamlined payment and voucher redemption process in place after the iMis upgrade is completed later this summer. In the meantime we will continue to handle this process for our voucher purchasers as we do now. Currently we allow each voucher purchaser to set up their own payment process if they wish to offer add-on dues items (such as Sections or Plus upgrades). They can pre-pay or charge for these add-ons and we process accordingly.

## **Government Affairs - State and Federal**

*Reporter: Cheryl West*

### *State Government Affairs*

The majority of legislatures reconvened in January and many now have adjourned for the year. The financial constraints states have had to worked under over the past two years have continued through the first half of 2011. Most economists predict the financial viability of states to provide public services will continue to be sorely tested.

As noted in previous State Update Reports, in order to raise revenues and balance their budgets (which, unlike the federal government, states must do) states will continue to implement a number of budgetary cutback measures. Among the many revenue raising options, including increasing tuitions at state colleges, entrance fees for state funded facilities, such as parks or museums, etc. will more then likely include raising licensing fees. Respiratory therapists will not be immune from this type of fee increases. It is also worth noting that states are transferring funds from the Tobacco Control Accounts and diverting financial support away from tobacco prevention and cessation efforts into either the state general funds or directed to support other state supported health programs.

The Affordable Care Act (ACA) (aka Health Care Reform) law included numerous changes and enhancements to state Medicaid programs, mostly funded by federal tax dollars. These new initiatives are to be phased in over the next two years. Members of Congress who did not support the ACA, primarily those in the House, have launched efforts to prevent these new initiatives from being implemented by targeting the federal funding of these programs. Simply put, no funding, no program. We anticipate the remainder of the year will continue to have Congress embroiled in partisan fighting over spending issues.

### **State Legislation**

As mentioned in every State Update Report, there can be many bills introduced that either specifically address the respiratory therapy profession or include the respiratory profession as part of legislation that impacts numerous licensed health care professions. The majority of legislation often is not enacted. However, reviewing legislation provides insight into the issues and concerns that legislators, special interests and advocates view as important.

### **RT Licensure Legislation**

**Hawaii** – In 2010, Hawaii became the 49<sup>th</sup> state in addition to Puerto Rico and the District of Columbia to gain licensure for the profession of respiratory care. This success culminated years of effort on the part of the Hawaii Society for Respiratory Care (HSRC). Success did not come easily as there continued to be opposition from other occupations and special interests that insisted on including certain provisions as part of the HI licensure legislation. Even the state licensing agency was not fully supportive of the licensure effort. Nevertheless, the HSRC prevailed and now has worked tirelessly with the state regulatory agency in writing the regulations to implement the law. Respiratory therapists were able to begin the licensure application process as of July 1, 2011.

**Virginia**- The Virginia Society for Respiratory Care (VSRC) worked with a number of other professions to support the passage of a bill that permits licensed health professions involved in patient transport to enter Virginia without having to obtain a VA license. This new law covers RTs as well as other licensed professionals. Furthermore, specifically for RTs, the **North Carolina Respiratory Care Board** issued a declaratory ruling that also provided a “transport” exemption for respiratory therapists coming into NC from out of state. The **West Virginia RC Licensure Board** also issued a statement permitting a license exemption for transport RTs entering the state.

**Washington State**- The Respiratory Care Society of Washington supported the passage of legislation that would permit allied health professionals, including RTs to accept orders from other non-physician practitioners (in addition to physicians) including PAs and NPs. The legislation was enacted this spring. The less restrictive language would permit the more efficient carrying out of RT services when physicians are unavailable.

**Maine**- legislation that would decrease the timeframe a temporary RT license is valid from the current one year limit to 90 days.

**Ohio**- a bill that clarifies the term “criminal violation” as it pertains to revoking a RT license. The violation must be substantially related to the provision of respiratory care.

### **Other Legislation of Interest to the Profession of Respiratory Therapy**

**Alabama** a bill that would pay enhanced reimbursement under Medicaid for ventilator units in nursing homes and would require 24/7 staffing by respiratory therapists. **Florida (enacted) & Illinois** bills that would increase payments to nursing homes for patients who are “technologically and respiratory dependent”.

**Connecticut & Illinois** bills that take funding from the Tobacco Control Fund and direct it to asthma prevention programs.

**California, Georgia, Mississippi** -all have bills that address in some manner or other COPD, such as management or tracking.

**Hawaii, Georgia, Kentucky** have bills that list health professions that a person cannot assault, all include RTs.

**Indiana**-a bill that would more formalize the licensure requirement that licensed health care professionals undergo a criminal background check including fingerprinting. **Indiana** also has a bill requiring pulse oximetry for newborns.

**Montana** (enacted) revises out-of-state licensure application requirements, includes RTs.

**Massachusetts & New York** bills prohibiting health professionals, including RTs from participating in the abuse and torture of prisoners. **Minnesota** has a similar bill.

**Michigan** a bill that would define a “in home service agency” (one of those new demo programs created by the ACA) with a list of covered services, including RT.

**New Jersey** a bill that would clarify health care professionals protection from liability when providing volunteer and/or emergency care, includes RTs.

**New York** a bill that would set up asthma management programs in public schools.

**North Dakota** a bill that would permit at its discretion the state licensing agency to require background checks

**Oregon** a bill that revises the licensure renewal requirements for health care professionals, includes RTs. Oregon also has a bill to license DME providers and includes an option to have a respiratory therapist as a member of the licensing board.

**Texas** (enacted) a bill that would include COPD as a condition that could be “treated” via telemedicine.

### **Tobacco Related Bills of Interest**

Too many states to mention are raising tobacco taxes. Many states are supporting legislation that will prohibit smoking in a variety of public sites. Below are a few of the more unique bills under consideration.

**California** a bill that would permit landlords to decree their properties smoke free. **Maine** has a similar bill.

**Florida** a bill that would require Medicaid recipients who smoke to go through a smoking cessation program in order to receive benefits.

**Hawaii** all private health insurance policies must include information on the hazards of smoking. **New York & South Carolina** both have bills would require insurance companies to offer smoking cessation programs.

**Minnesota, Mississippi, New Mexico, Rhode Island, Utah** one cannot smoke in a car with children.

**New York** cannot sell electronic cigarettes to minors.

### **Respiratory Therapy Rules/Regulations**

A change in the rules and regulations for the profession of respiratory therapy may have just as much impact on how respiratory therapists practice as does amending the licensure laws for RT. Thus far this year there have been limited revisions, which of course might change as the year progresses.

**Maryland**- finalized the increase in licensure fees for the RT as proposed in 2010. Also MD has regs that make RT disciplinary provisions more consistent with other professions.

**Alabama**- also has revised its RT disciplinary criteria.

**Nevada**- revises the RT licensure renewal date and application for licensure.

**Maine**- removed for Continuing Education Units as a requirement for RT license renewal. The state's rationale was that the NBRC's requirement for credential renewal would "take care of it". The Maine Society for Respiratory Care strongly protested this flawed rationale, but the rule went forward. I believe this is an example of states looking for ways to reduce licensure staff time and reduce the costs of state government.

### **Challenges from Other Professions, Occupations & Disciplines**

We continue to monitor legislative and regulatory activities by other professions, occupations and disciplines. Seemingly small changes such as who may provide a service, qualifications to provide a service, what is permitted to be provided as a service and where services may be provided, can greatly impact and potentially diminish the respiratory therapy legal scope of practice.

Moreover, state governments are actively supporting legislation that expands the roles of less costly para-professionals or other occupations to provide services that were once the legal domain of more highly educated licensed practitioners.

### **Medication Aides**

**West Virginia** has enacted a bill originally introduced in 2010. The new law expands the venues where an unlicensed medication aide may administer meds. This year's version had more specific provisions on the nurse supervision of these aides than the previous 2010 legislation. **Montana** also passed a law that permits medication aides, meeting qualifications, to provide services to long term care facilities. **Texas and Oklahoma** have passed laws that direct curricula to be developed specifically for medication aides who will work in correctional facilities.

### **Perfusion Licensure**

**Kansas, Maryland (enacted) and New York** all have had legislation that would license perfusionists.

### **Paramedics**

Legislation was introduced in Minnesota that would create and a new iteration of this profession called a "Community Paramedic". Payment for state covered services provided by a community paramedic would be paid directly to these specialized paramedics. A community paramedic would, by the legislative provisions, be able to provide an expansive array of clinical services that are unrelated to anything resembling emergency care or emergent services and procedures. Included in this expansive scope (which could be provided in homes, nursing homes, clinics, etc.) was "monitoring of patients chronic conditions".

When researching the details of the provisions that “addressed” education and testing, we found that there are no standardized curricula for a community paramedic, nor any standardized or accredited exam for a community paramedic. Therefore, training and testing were whatever an institution chose to teach and test. The Minnesota Society for Respiratory Care along with the MN Nurses Association were opposed to the bill and through their efforts were able to insert much more restrictive requirements. However, as noted above state legislatures are seeking ways to utilize less costly personnel to provide state funded health services. Even with significant opposition to this bill, it was passed, albeit with revisions. I would expect to see more legislation in other states specifically aimed at approving Community Paramedics.

### **Sleep Disorder/Polysomnography State Activities**

Earlier this year in an unexpected move the American Academy of Sleep Medicine-AASM- the sleep physicians who most often oversee sleep testing facilities announced that the AASM would soon get into the competency testing arena. This is a move that directly challenges the Board of Polysomnographic Technologists-BRPT- the nationally recognized testing and credentialing arm for polysomnographic personnel.

In a letter to the BRPT the American Board of Sleep Testing (ABST a testing entity executive managed by the AASM) stated that the passing scores for the RPSGT competency exam are set too high; that “sleep physicians who are medical directors of sleep centers have expressed concern that certification by the BRPT does not ensure professional readiness”; and that “the BRPT examination does not test the basic knowledge necessary to perform sleep studies.” The AASM states its new exam will be available November, 2011.

Not surprisingly, the BRPT has sharply responded to this new testing initiative.

The back and forth communications between the AASM/ABST and the BRPT are laid out on the BRPT website <http://www.brpt.org/default.asp?contentID=153>

I speculate the following:

Nearly all polysom state licensure laws have the requirement that sleep personnel must, at some point, take and pass the BRPT exam in order to obtain or maintain their sleep license. The BRPT, Registered Polysomnographic Technologist (RPSGT) exam, like the NBRC exam for RTs becomes the “state licensing test”. (The BRPT’s newly created Certified Polysomnographic Technician (CPSGT) aimed as an “entry level” for technicians not technologists, is not accredited by any testing organization- although we are starting to see this unaccredited exam being inserted into the licensure rules) )The CPSGT exam was created at the behest of the AASM to establish a less rigorous test than the RPSGT test. I surmise that sleep physicians directing and owning sleep entities in the states that require polysomnography licensure are finding that the individuals whom they employ are not able to pass either of the two BRPT exams, and thus, in these licensed states, these individuals cannot get a license and therefore must cease providing sleep services. This creates a business problem for sleep physicians.

I also speculate that by creating what one can assume will be a very simple exam and then inserting it legislation or through regulation in already passed polysom licensure laws as an accepted competency i.e. a state licensure exam, that the AASM will solve the problem of sleep personal not passing the BRPT accredited test in order to obtain a license.

### **Maryland**

Several years ago, when Maryland enacted one of the first polysomnography licensure laws, the law did not have an explicit exemption for respiratory therapists. The mandated deadline for polysom licensure has legislatively been postponed several times as the law requires polysom applicants to be graduates of CAAHEP approved sleep programs, a mandate that evidently most sleep personnel in the state cannot meet. The Polysom Licensure law was enacted prior to the AASM's creation of its 2 week A Step training course.

However, the independent MD Board of Polysomnography has been established for several years, and late last year this Board stated on the record that respiratory therapists providing any sleep services set forth in the polysom scope of practice that are not specified in the RT scope of practice will have to obtain a polysom license by October 1, 2011.

Because the Polysomnography Licensure law was enacted with only a general exemption ("nothing in this act will prevent another licensed profession from practicing within their scope of practice") and not an explicit RT exemption, the opinion of the Polysomnography Licensure Board, held.

Only a legislative change inserting an explicit RT exemption will change this interpretation.

During the 2011 legislative session, the sleep interests in the state introduced a bill that would have added the 2 week AASM A-Step training course as an educational pathway to polysom licensure.

The MD/DC Society was proactively involved in this legislation as it opposed the decrease in the education requirements and also saw this as an opportunity to insert the RT exemption.

The final result has been that the key MD legislators did not want to dilute the education requirements by inserting A Step. Therefore, the only provision of the bill to be enacted was to insert yet another delay in implementation until 2013. The MD/DC Society is now working on the strategy to have an RT exemption to the polysom licensure law during the next session of the legislature.

### **Take Home Point**

The key point to this lengthy discussion of the Maryland situation is that as polysomnography licensure bills are introduced it is vital to ensure that an explicit RT exemption is included in the bill's provisions. No other state that licenses polysomnography personnel requires the respiratory therapist to obtain an additional polysomnography license. Maryland would have been the first were it not for the efforts of the state society. And yet, the final chapter in Maryland still has not been written but just delayed.

As licensure efforts continue across the country for the state licensure of polysomnography personnel it is essential that any legislation include an appropriate and explicit exemption for respiratory therapists.

### **Oregon**

A polysomnography licensure law was enacted this spring. The initial provisions of the bill did not contain a RT exemption. Through the Oregon Society's hard work and leadership an exemption was included in the final version of the polysomnography licensure law. The law also combined into one state Licensure Committee the regulation of both the respiratory therapists and polysomnography personnel.

### **New York**

A polysomnography licensure bill has again, been introduced in NY. This is the same bill that has circulated in the NY legislature in the past. Just as in past versions, the bill would exempt RTs. However, at some future and unspecified date the bill would require the polysomnography personnel to be graduates with an associate degree. I believe this education requirement which has been in all previous bills is the chief reason that the bill has not moved forward.

In a late development another bill has been introduced in NY. The legislation appears to be a "work around" for actual full licensure. The bill would permit the Commissioner of Education (the Department where a number of licensed professions, including RT, are regulated) to "authorize" sleep personnel giving the Commissioner authority to establish regulations for training, experience, testing and charging an "authorization" fee to practitioners. This is very similar to the type of bill that the California legislature enacted for its sleep personnel.

### **Conclusion:**

While most state legislatures has adjourned for the year, the regulatory side of the equation never goes out of session. An increased monitoring of what is happening to other professions and para-professionals, be it legislation or regulation is a necessity.

## **Federal Government Affairs Activity Report – July 2011**

*Cheryl A. West, MHA, Director Government Affairs*

*Miriam O'Day, Director Legislative Affairs*

*Anne Marie Hummel, Director Regulatory Affairs*

### **The Congress**

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The 112<sup>th</sup> Congress was convened in January, with the Republicans the majority in the House of Representatives and the Democrats maintaining a slim majority in the Senate. As we are all aware, the focus of Congress is an agenda that is directed at the budget and the ever increasing federal debt. After decades of talk there appears to be a real acknowledgement that in order to address these dire fiscal issues, tackling the heretofore untouchable areas of Defense, Social Security and Medicare/Medicaid will be necessary.

How much real change will actually take place within these three enormously expensive federal programs still remains to be seen. It is clear, however, that cutting funding to discretionary programs is most assuredly occurring. As you will note in the Coalition Section of this report there has been an increased effort from the various Coalition entities to protect the current funding levels of particular programs and stave off any decreases in funding.

## **Legislation**

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### **The Medicare Respiratory Therapy Initiative -- HR 941**

The AARC's advocacy efforts remain focused the Medicare Respiratory Therapy Initiative. Our bill was re-introduced by Congressman Mike Ross (D-AR) as HR 941.

With our primary Senate sponsor, Blanche Lincoln (D-AR), losing her election last November, we continue to look for a Democrat sponsor in the Senate. Our Republican sponsor, Senator Mike Crapo (R-ID) while restating his support for our legislation, is hesitant to move forward to re-introduce the Senate version of our bill until the previous and erroneous Congressional Budget Office (CBO) cost estimate for our bill has been resolved.

AARC continues to face the challenge presented by the CBO and the score that it received in the last session of Congress. We will continue to work with the Members who currently support this Initiative to have the score re-evaluated and seek an explanation from CBO on the assumptions it used to arrive at the unsupported high score. Once we have ascertained the reasons why, we will determine if changes to the bill's language are warranted to reduce the cost.

While we continue to encourage all respiratory therapists to write to their members either asking for co-sponsorship of the House bill or support in the Senate, we have also done targeted activities. We thank the State Societies from Colorado, Michigan, Pennsylvania and Washington State for activating specific letter writing campaigns aimed at key members of Congress from their state.

The following members have lent their support as co-sponsors of HR 941:

Rep Baldwin, Tammy [D-WI];\_Rep Boswell, Leonard L. [D-IA-3]; Rep Critz, Mark S. [D-PA];\_Rep DeFazio, Peter A. [D-OR];\_Rep Grijalva, Raul M. [D-AZ];\_Rep Johnson, Eddie Bernice [D-TX];\_Rep Kildee, Dale E. [D-MI]; Rep Latham, Tom [R-IA]; Rep Loeb sack, David [D-IA];\_Rep Lofgren, Zoe [D-CA]; Rep Lujan, Ben Ray [D-NM]; Rep Michaud, Michael H. [D-ME]; Rep Murphy, Tim [R-PA]; Rep Pingree, Chellie [D-ME]; Rep Rothman, Steven R. [D-NJ].

We continue to meet with the Committees of jurisdiction; Ways and Means and Energy and Commerce. However, the CBO score presents an ongoing problem for Republicans.

### **Virtual Lobby Week**

As you may recall last summer we launched a Virtual Lobby Day asking RTs and patients to email Congress requesting support for our legislation. This was a very successful effort, with several thousand messages going to Capitol Hill. Prior to this year's annual PACT DC Hill Lobby Day, we undertook a Virtual Lobby *Week*. The intent was to flood members of Congress with emails of support for our RT Medicare Initiative right before our PACT reps and patient volunteers went to the Hill.

This "get out the voice of support" was very successful with over 10,000 messages sent to Capitol Hill and our PACT representatives reported back that numerous Hill staff were well aware of our issue and the support from "back home" all due to the effort made via the Virtual Lobby Week.

### **HME Legislation:**

The House has re-introduced legislation (HR 1041) that would repeal the Medicare Competitive Bid Program. (see Regulatory Section below). In the last session of Congress, the repeal bill had strong House support but there was no companion bill in the Senate. This session, there is again strong House support, and the HME Industry continues to seek a Senate sponsor for a companion bill. A key difference from last year is that this year the Competitive Bid Program has actually been implemented in the 9 designated MSA regions of the country. The AARC has sent a letter of support for HR 1041 to the primary sponsors of the legislation.

### **Create a Specific COPD Program within the CDC**

AARC is a long-time partner of the US COPD Coalition. The Coalition developed draft language for a bill that would designate a COPD program at the Centers of Disease Control and Prevention (CDC) in the Chronic Disease Division. The legislative language also includes provisions that address the need for a comprehensive response to COPD across all federal agencies. The Coalition's public policy working group recently convened a teleconference to discuss the CDC strategy. The CDC budget has been significantly reduced, specifically in the Chronic Disease Division, and the American Lung Association reported that the Asthma program has been decimated. The Coalition has decided to target the National Heart, Lung Blood Institute( part of the National Institutes of Health ) as the leading agency to convene a COPD consensus conference to prepare a National Action Plan. The draft legislation will then be adjusted to reflect this change.

The CDC did finally publish the long awaited Public Health Strategic Framework for COPD Prevention at:

[http://www.cdc.gov/copd/pdfs/Framework\\_for\\_COPD\\_Prevention.pdf](http://www.cdc.gov/copd/pdfs/Framework_for_COPD_Prevention.pdf)

This report is the result of a workgroup convened in the Spring of 2010 that identified four goals in the following public health areas: (1) surveillance and evaluation: improve collection, analysis, dissemination, and reporting of COPD-related public health data; (2) public health research and prevention strategies: improve understanding of COPD development, prevention, and treatment; (3) programs and policies: increase effective collaboration among stakeholders with COPD-related interests; and (4) communication: heighten awareness of COPD among a broad spectrum of stakeholders and decision makers.

## **Coalition Activities**

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The AARC continues its practice of participating in a number of Coalitions of like-minded associations and organizations to advance particular legislation and/or regulations. In previous years our participation with certain specific coalitions was focused on urging greater funding for health and/disease research to promoting issues that will enhance the clinical support of patients with particular illnesses.

This year as noted in the Introduction the efforts to reduce the deficit by cutting discretionary spending has refocused the efforts of many of these coalitions to attempt to maintain current funding rather than to seek increases in funding and to of course fight efforts to reduce program funding or even to repeal specific programs.

### **Coalition for Biomedical Research**

The AARC was one of 65 organizations to sign onto a Coalition letter that urged the House and Senate Appropriations Committees to continue to fund the FDA's medical research program under the umbrella of the FDA's Reagan-Udall Foundation.

### **Coalition for Public Health Funding**

AARC joined over 100 organizations urging Congress to continue funding a range of programs including the Health Professions Education and Disease Prevention and Control Programs.

### **Tobacco Partners**

AARC was part of a joint letter to House Members urging them not to vote for H.R. 1217, a bill that would repeal the Prevention and Public Health Fund in the Patient Protection and Affordable Care Act

### **Supporters of Health Care Workforce**

AARC was one of 110 organizations to sign a letter to HHS Secretary Sebelius urging continued funding of the Health Resources and Services Administration (HRSA)'s fiscal year (FY) 2011 spending plan that supports grants and scholarships to health care professions.

### **Friends of the NCHS**

AARC continues our support of this Coalition by signing on to a letter that urged continued funding for the CDC's National Health Statistics Division.

### **Asthma and Allergy Foundation Coalition**

AARC signed onto a letter to Congress urging continued financial support for the National Asthma Control Program at the CDC.

### **Political Advocacy Contact Team (PACT) Representatives**

As noted in every Federal Activity Report, PACT representatives are the cornerstone to our success in both Washington, D.C. and at the state level. PACT representatives are appointed by their state society and have volunteered to lead the grassroots efforts on behalf of the profession. Many PACT reps have for years taken personal time to assist their profession by coming to Washington or making Congressional visits back home to advocate for the profession and the patients we serve. Their efforts and the financial support from their state societies are deeply appreciated by the AARC.

Our 12<sup>th</sup> annual PACT DC Hill Day was again very successful, with 119 respiratory therapists from 46 states and the District of Columbia coming to Washington D.C. to represent the profession on Capitol Hill. As has become standard, we had over 300 scheduled Hill visits and generated support for our Respiratory Therapy Initiative. As we did last year, PACT reps were joined by nearly 20 members of either the Alpha-1 Association or the COPD Foundation. The patients presence put a face to why it is so important for those with pulmonary disease to have better access to respiratory therapists.

### **Regulations and Other Issues of Interest**

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Although several of the prospective payment update regulations have recently been published, the most significant regulatory activity involves CMS regulations that promote quality of care and cost savings and implement certain provisions of the Affordable Care Act (ACA) i.e. health care reform.

#### **New Value-Based Purchasing Hospital Program to Promote High-Quality Care**

CMS has issued final regulations to move forward with a new hospital value-based purchasing program that will become a permanent part of the inpatient prospective payment system affecting more than 3,000 acute care hospitals. Hospitals will receive higher payments if they perform well on certain quality measures based on clinical process and patient experience. Achievement scores will be based on how much an individual hospital's current performance differs from all other hospitals. Improvement scores will compare a hospital's current performance against its baseline period performance. The baseline period runs from July 1 through March 31, 2012. The final rules are not effective until October 1, 2012. The program was established by the ACA.

#### **Accountable Care Organizations (ACOs)**

The ACA also mandates that Medicare establish a new shared savings program, commonly referred to as "Accountable Care Organizations" (ACOs). This concept would involve teams of doctors, hospitals and other health care providers working together to treat an individual patient across care settings. A 3-year performance benchmark would be established. CMS also proposes two types of savings models, one of which allows for additional shared savings if the ACO is willing to take on more risk. Quality of care will be measured using nationally recognized measures that are part of other CMS quality initiatives.

AARC submitted comments to CMS on the value respiratory therapists can bring to this new program. By law, the program must be in place by January 1, 2012.

## **Telemedicine Services under Medicare**

CMS has covered telemedicine services for at least the past decade. Currently, there are 14 covered telemedicine services, including initial inpatient consultations, follow-up inpatient consultations in hospitals or skilled nursing facilities, and office or other outpatient visits. Until recently, however, telemedicine practitioners had to be granted practice privileges by both their home hospital (i.e., originating site) as well as the remote hospital or Critical Access Hospital (i.e., distant site) where the telemedicine services were being conducted. On May 5, CMS issued final rules to streamline the process used to credential and grant privileges based on new methods and technologies for the delivery of services that may improve Medicare beneficiaries' access to high-quality care.

Although respiratory therapists (RTs) are not eligible Medicare practitioners as defined by the regulations, there may be opportunities for RTs to be involved in follow-up care both in the inpatient hospital and physician office settings since the removal of unnecessary barriers to the current privileging process could enhance patient follow-up in the management of chronic disease conditions.

## **Competitive Bidding**

Round 2 of competitive bidding has been delayed. The expansion to 91 metropolitan statistical areas (MSAs) was to take place later this year but has now been moved back to the summer of 2013. Current plans are to announce the bidding schedule this fall with the registration for prospective bidders ending in the winter of 2012.

As noted above, H.R. 1041, the bill to repeal competitive bidding has strong support in the House. Congressional staff were briefed recently by a noted economist who is also a bidding design expert, several HME providers, and an oxygen patient to highlight different points of view on the effect of competitive bidding so far. CMS staff had briefed the Hill earlier. According to the HME industry, the economist who testified is expected to draft legislation that would replace the current competitive bidding program and "spell out how an efficient and effective DMEPOS bidding program would work."

## **Safe Practices for the Delivery of Medications**

Recently, the Institute for Safe Medication Practices (ISMP) announced its final guidelines for the timely administration of scheduled medications. (We reported earlier when the guidelines were first proposed.) This action was prompted by safety concerns regarding compliance with CMS' surveyor guidelines requiring all medications to be delivered within 30 minutes before or after the scheduled due time. The new guidelines are based on input from a multidisciplinary group of advisors and provide recommendations on time-critical and non-time critical scheduled medications, first doses and medical approval. Issues such as automated dispensing cabinets, medication administration record (MAR) documentation and event reporting are also addressed in the new guidelines.

CMS has been provided a copy of the final guidelines at their request and based on conversations with CMS staff, the ISMP is optimistic that positive changes will be made to the 30-minute rule. If that is the case, AARC's Position Statement may no longer be needed.

## **Proposed Report on Allocation of Scare Resources during Mass Casualty Events**

The Agency for Healthcare Research and Quality (AHRQ) plans to undertake an evidence report to help the United States prepare for large-scale health emergencies in response to the General Accountability Office's concern that our health-care system is overburdened and ill prepared to cope with such a situation. The report is intended to identify the strengths and gaps in existing evidence and come up with a research agenda that will help the country improve the capacity to prepare, respond and recover quickly from such events. There is no timeframe as to when the report is expected to be completed but the public will have an opportunity to comment on its findings. At that time, AARC will address, as appropriate, issues impacting respiratory therapists.

## **New Health Care Quality Report Highlights Respiratory Diseases**

The AHRQ released a new report on June 1 titled "2010 State Snapshots" which provides state-by-state data on improvements or lack of improvement in health care quality. The data is summarized by five categories, including clinical conditions such as respiratory diseases. For example, Texas was one of 5 states with the smallest improvement in quality. Based on 2009 estimated data, the report notes that the total cost of lung disease is \$177.4 billion. The total cost of asthma based on 2007 data is estimated at \$19.7 billion. The report also contains an interactive Web-based tool that features individual state summaries and can be found at <http://statesnapshots.ahrq.gov>.

The snapshot is based on Congressionally mandated annual studies that focus on quality measures as well as disparities in health care. According to the 2010 report, disparities for minority and low-income patients continue to exist. For detailed information on respiratory diseases, the report can be accessed at <http://www.ahrq.gov/qual/qrdr10.htm>.

## **Medicaid Payment Adjustments for Healthcare-Acquired Conditions**

CMS has finalized regulations that would prohibit Medicaid payment for medical assistance for certain healthcare-acquired conditions (HACs) and other provider preventable conditions identified by the State. The rules went into effect July 1, 2011, however, CMS has stated it will delay compliance action for a year due to complaints from the states that they were not given enough time to implement the required changes.

## **Conclusion**

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The AARC will continue our efforts to advance our agenda on Capitol Hill and educate Members and staff about the respiratory therapy profession. We will also maintain our vigilance on the regulatory side responding to both challenges and opportunities.

A verbal update on these or other issues will be provided at the July meeting.

## **State Government Affairs Committee**

Reporter: Thomas McCarthy

## **Recommendations**

None at this time.

## **Report**

Legislative sessions in most States have concluded for 2011. Polysomnography bills before the State legislatures remain as the single most time and resource consuming item on the State Government Affairs agenda.

Of note for this session was legislation that was before the Maryland State Legislature that would have modified the existing Polysomnography Act.

All requirements for individuals who would apply for a license to be a graduate of an accredited educational program would have been deleted from the existing Act.

The Board of Registered Polysomnographic Technologists (BRPT) and the American Academy of Sleep Medicine (AASM) would have been empowered to establish education requirements.

The proposed language would not have required individuals to pass a competency examination in order to be licensed.

Subsequently, individuals who were not graduates of an accredited education program and who had not passed a competency examination would have been allowed to practice with patients.

Essentially, a situation would have ensued where non-qualified non-credentialed persons would be granted a license to practice as within the scopes of other professions.

The Bill was heavily amended in Committee and sent to the floor with the only change in the existing law being:

*14-5C-08.*

*(a) Except as otherwise provided in this subtitle, on or after October 1, [2011] 2013, an individual shall be licensed by the Board before the individual may practice polysomnography in this State.*

The Bill passed both the House and the Senate and was signed by the Governor.

The message was that the Legislature was unwilling to lower standards for patient care, but was willing to give the Polysom community a final two year window within which to comply with those standards.

We will continue to monitor and evaluate these legislative and regulatory initiatives to determine the impact these changes will have on our patients with sleep disorders as well as the profession of respiratory care.

## Federal Government Affairs Committee

*Reporter: Frank Salvatore*

### **Recommendations**

None at this time

### **Charges**

1. Continue implementation of a 435 plan, which identifies a Respiratory Therapist and consumer/patient contacts team in each of the 435 congressional districts. Ongoing
2. Work with PACT coordinators, the HOD and the State Governmental Affairs committee 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

### **Other**

I would like to thank my committee: Carrie Black, Debbie Fox, John Campbell and Jerry Bridgers. I would like to also thank Cheryl West and Miriam O'Day for all their hard work and efforts on behalf of our profession and patients.

## AARC President

*Reporter: Karen Stewart*

### **Report**

The Respiratory Therapy Medicare Initiative was re-introduced by Congressman Mike Ross on March 8, 2011. The House version of the bill is HR941. There continues to be an issue with the CBO scoring and cost. Efforts are underway to obtain a sponsor for a new cost estimate.

Lobby day in Washington was held March 7 – 8, 2011. 120 therapists from 46 states were present as well as 15 patients from the Alpha One Association and the COPD Foundation. A virtual lobby day was held the week prior to the Washington visits and more than 10,000 messages were sent to the House and Senate.

The recommendation from BOMA to support a physician category within the AARC membership was passed. I assigned a task force to address Bylaws issues and the changes will be made with the next Bylaws update.

2015 and Beyond – the publication from the third conference was completed and is in the May issue of *Respiratory Care*. In December the Board passed the attributes that must be considered before any recommendations can be considered. More detail will be in a 2015 report.

The AARC presented the Asthma Certification Program at the Gulf Thoracic Society Meeting in Dubai. The course was very successful.

I traveled to Saudi Arabia May 22, 2011 to present to the Saudi Society for Respiratory Care. The Saudi Society is the newest international affiliate with more than 350 members. While in Saudi I also attended a newly formed group The Guild Counsel for Respiratory Care, made up of several countries in the region: Lebanon, Yemen, Bahrain, UAE and Saudi Arabia. This counsel will work on common problems and issues and has the immediate concern of having a competency examination that would be recognized by all countries in the region.

The BOMA request for names of respiratory therapists to invite to be part of a Palliative Care committee was addressed at the last Board meeting. The following are recommended for the committee: Laura Monroe, Cheryl Heffner, Helen Sorenson and Charity Hani.

Issues continue with the Sleep community. There are pockets of activity that impact the scope of practice of the respiratory therapist through state legislation. In some instances respiratory therapists are being required to attend additional training programs or they must obtain an additional credential to remain in role where they are currently working.

I also attended the BOMA meeting and the ARCF BOD meeting.

## **ARCF**

Reporter: Michael Amato

The ARCF began a concerted effort to inform AARC members about the work of the foundation in 2011 and ask for support. That started with an article in the AARCTimes in January, and continued with a member-wide solicitation on May 27. The letter is attached to this report. So far the member solicitation page has received 85 clicks in 3 weeks. The total amount collected from this campaign was \$260.00

In the last 10 years, the foundation has distributed more than \$3,000,000. This has resulted in almost 70 awards to respiratory therapists.

The ARCF Board of Trustees held its annual meeting on June 11, 2011. The foundation had an external audit and received a clean opinion.

The majority of the discussion focused on revising the strategic plan. All of the various projects were reviewed in light of the foundation's mission statement. One of the results was that the foundation has relinquished its rights to the EPA asthma courses to the AARC and turned over management the management of the website.

In order to help with fundraising for the Vent 5K events, we are investigating using an online donation service provider. For a small percentage, they will manage our various campaigns, as well as providing support to the individual fundraisers. The Vent 5K continues to be a good tool for respiratory therapists to increase public awareness of the profession.

The annual fundraiser will be continued another year, as it appears to be growing in support. I would like to take this opportunity to thank all of the Board members and House members that supported the fundraiser last year in Las Vegas.

The ARCF will continue to support the International Fellows program. This program has brought over 135 participants from 54 countries since 1990.

We funded a RESPIRATORY CARE journal conference in March on Pulmonary Function Testing. The next journal conference on the Chronically Critical Ill will be held in September. We continue to solicit funds and believe that it will also be fully funded. Finally, I would like to thank all of the AARC members that continue to support the foundation with their donations.

## **NBRC**

Reporter: Gregg Ruppel

### **MEMORANDUM**

Date: June 29, 2011

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

From: Gregg L. Ruppel, MEd, RRT, RPFT, FAARC, President

Subject: NBRC Report

I appreciate the opportunity to provide you an update on activities of the NBRC. The Board of Trustees met April 4-9, 2011 to conduct its examination development activities and discuss business related items pertinent to the credentialing system. The following details the current status of examinations and significant activities in which the Board and staff are currently involved.

### ***Sleep Disorders Specialty Examination***

As previously reported, the NBRC has received accreditation of its Specialty Examination for Sleep Disorders Testing and Therapeutic Intervention from the National Commission for Certifying Agencies (NCCA). Recently, the Board submitted a request to AASM to officially recognize the NBRC's Sleep Disorders Specialty Examination in its Standards for Accreditation for Sleep Disorders Centers. The CRT-SDS and RRT-SDS credentials are recognized in the AASM's Standards for Accreditation of Out of Center Sleep Testing (OCST) in Adult Patients. Standard B-8 of the OCST standards does not specify credentials for "Technical Personnel;" however, standard B-9, "Scoring Personnel," does reference respiratory therapists who hold the NBRC's specialty credential.

Specifically, the NBRC requests that the AASM modify the language of Standards B-7 and B-8 of the general accreditation standards to recognize respiratory therapists who have earned the CRT-SDS and/or RRT-SDS credentials as qualified to supervise a sleep testing center in an accredited facility.

### ***Saudi Arabia Request for use of NBRC Examinations***

The Board of Trustees considered and approved entering into discussions with Saudi Arabia for use of the NBRC's CRT and RRT Examinations in that country. Use of the examinations will be the basis for this country to establish its own credentialing system; this will not provide for reciprocity nor will those individuals who pass these examinations in Saudi Arabia be entitled to use the NBRC's federally trademarked credential designations.

### ***Adult Critical Care Specialty Examination Admissions Policy***

The Board of Trustees approved on second reading the following admissions policy for the Adult Critical Care Specialty Examination:

-Applicants shall be an RRT with at least one year of full-time clinical experience in a critical care setting (i.e. intensive care unit, emergency room, post-anesthesia recovery unit, long-term acute care setting etc.)

Additionally, the Board approved a design for the pin and patch associated with the RRT-ACCS credential and approved examination fees of \$300 for new applicants and \$250 for reapplicants. The examination is planned to be released for administration in the first half of 2012.

### ***Summer Forum Presentations***

The NBRC will present the annual Jimmy A. Young Memorial Lecture on Wednesday, July 20 from 8:00-9:30 AM. During this session, NBRC President Gregg Ruppel, MEd, RRT, RPFT, FAARC, NBRC Trustee Kerry E. George, MEd, RRT, FAARC and NBRC Assistant Executive Director, Robert Shaw, Jr., PhD, RRT, FAARC will present "Ethics in Testing and Candidate Preparation". The program will specifically discuss how the NBRC intends to proactively integrate philosophy about ethics into certification programs for neonatal/pediatric and adult critical care specialists. Items requiring consideration of ethics will be rolled out first when the Neonatal/Pediatric Specialty Certification Examination goes through a major update in mid-2011. Examination items that engage ethics will be included when the Adult Critical Care Specialty Certification Examination launches in 2012. The speakers will detail ways in which these new items will be developed to expand on content that was discussed during the 2010 Jimmy Young presentation. The program will conclude with a discussion about ethics in the areas of test preparation, test taking, and information sharing behaviors among candidates for NBRC examinations and how the NBRC has reacted to unprofessional behaviors among credentialed respiratory therapists through its Judicial and Ethics Committee ever since incorporation in 1960.

Dr. Shaw will also be hosting a free Item Writing Workshop before the Summer Forum gets underway. The workshop will be held on Sunday, July 17, 2011 from 9 AM- 12 PM. This session has been approved for three CRCE's by the AARC and does not require preregistration.

***Examination Statistics – January 1 – June 15, 2011***

The NBRC has administered nearly 18,000 examinations thus far in 2011. Pass/fail statistics for the respective examinations follow:

<u>Examination</u>	<u>Pass Rate</u>	
CRT Examination – 6,433 candidates		
	<u>Entry Level</u>	
<u>Advanced</u>		
First-time Candidates	73.2%	81.2%
Repeat Candidates	21.3%	25.4%
<u>Therapist Written Examination</u> – 5,736 candidates		
First-time Candidates	65.7%	
Repeat Candidates	29.3%	
<u>Clinical Simulation Examination</u> – 4,963 candidates		
First-time Candidates	60.3%	
Repeat Candidates	51.9%	
<u>Neonatal/Pediatric Examination</u> – 504 candidates		
First-time Candidates	77.8%	
Repeat Candidates	48.8%	
<u>Sleep Disorders Specialty Examination</u> – 14 candidates		

First-time Candidates	100%
Repeat Candidates	100%

CPFT Examination – 149 candidates

First-time Candidates	73.2%
Repeat Candidates	40.5%

RPFT Examination – 39 candidates

First-time Candidates	83.3%
Repeat Candidates	69.2%

***Your Questions Invited***

If you have any questions or concerns about any credentialing related matter, the NBRC and I are interested in providing whatever information you need to be fully informed. In addition, the Board of Trustees is committed to maintaining positive relationships with the AARC and all of the sponsoring organizations of the NBRC, as well as the accrediting agency. We 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.

**Commission on Accreditation for Respiratory Care Update**

Tom Smalling, PhD, RRT, RPFT, RPSGT, FAARC  
Executive Director

**Number of Programs as of 6/11**

	100 -level	200-level	PSG add-on
CoARC accredited	11	363	7
Letter of Review	N/A	47	N/A
Approval of Intent	N/A	8	1
Letter of Intent	7- applications in progress		0

There are also a total of 20 Satellite campuses and 1 international satellite (Riyadh, SA).

**Board Member Changes**

- During this past year we regretfully received the resignations of Sherif Afifi, MD (ASA sponsored Board member) and Becki Evans, MS, RRT (At-Large Board member).
- CoARC welcomes its newest Board members, David Shelledy, PhD, RRT, FAARC (ASAHP) and Pat Munzer, DHSc, RRT, FAARC (AARC). Charles Cowles, MD has

been appointed as Dr. Afifi's replacement. Monica Schibig, MA, RRT-NPS, CPFT has been elected as Ms. Evans' replacement.

### **Upcoming Nominations/Elections**

- CoARC will be holding elections at its July Board meeting for new officers as well as two Commissioners.
- Officer elections will be held for Chair-Elect, Secretary, and Treasurer (each are two year terms).
- Elections will be held for one AARC-sponsored Commissioner and one ACCP-sponsored Commissioner (each are four- year terms).
- Those elected will begin their terms at the close of our November Board meeting.

### **CHEA Eligibility**

- The Council on Higher Education Accreditation (CHEA) is a private, non-profit, national organization that coordinates accreditation activity in the United States.
- CHEA is comprised of over 3,000 degree-granting higher education institutions as well as over 60 regional, institutional, and professional accrediting organizations.
- It serves as a national voice for voluntary accreditation and quality assurance to the U.S. Congress, the U.S. Department of Education, and to the general public, opinion leaders, students, and families.

### **CHEA Eligibility**

- CoARC recently submitted its eligibility application – the first step in achieving recognition by CHEA.
- Once we receive CHEA Eligibility status (expected mid June of this year) we will start the recognition portion which will include the submission of a self-study and a site visit. The site visit will probably be November of this year or March of next year.
- Eligibility and Recognition by CHEA is a voluntary process.

### **CHEA Recognition**

- To achieve recognition by CHEA, CoARC must demonstrate compliance with CHEA's Recognition Standards:
- Advancing academic quality;
- Demonstrating accountability;
- Encouraging, where appropriate, self scrutiny and planning for change and needed improvement;
- Employing appropriate and fair procedures in decision making;
- Demonstrating ongoing review of accreditation practice;
- Possessing sufficient resources.

### **Ad-Hoc Committees**

- Recently, the CoARC Board established two Ad-Hoc Committees:

- Ad-Hoc Committee on International Accreditation established to review current policies and procedures related to providing accreditation services to international programs that meet CoARC Accreditation Standards.
- Ad-Hoc Committee on Master's Degree Accreditation established to provide recommendations to the CoARC Board on matters related to the accreditation of master degree programs.

### **Annual Reporting Tool Update**

- CoARC continues to work with Liaison International to develop its new web-based annual reporting tool called "E-Accreditation".
- Beta-testing occurred in early March with a "go live" date of May 19<sup>th</sup>.
- For more information, visit our annual report web page at [www.coarc.com.43.html](http://www.coarc.com.43.html).

### **Annual Reporting Tool Update**

- The 2011 Report of Current Status due date has been changed from April 15, 2011 to July 1, 2011 and the three year averages will use cohorts from 2008, 2009, and 2010 for comparison to the threshold.
- July 1<sup>st</sup> will remain the reporting date for future annual reports.
- For questions regarding Annual Reports, contact Jana Anderson ([jana@coarc.com](mailto:jana@coarc.com) or 817-283-2835 ext. 103).

### **Outcomes Reporting on Web**

- A link to the CoARC website, or published URL, where student/graduate outcomes for all programs can be found must appear on the program's website and be available to the public and to all applicants (Standard 5.03).
- The intent of the reporting is that comparable information be readily available to the public. This policy strengthens the ability of programs and CoARC to fulfill mutual obligations to inform, educate, and to enhance the level of public confidence in higher education institutions in the process of accreditation.

### **Outcomes Reporting on Web**

- Beginning August 1, 2011, the following data will be reported on CoARC's web site ([www.coarc.com/47.html](http://www.coarc.com/47.html)) as an aggregate for the three most recent calendar years:
  - 3-year time period being reported;
  - CRT credentialing success;
  - RRT credentialing success;
  - Attrition
  - Job placement;
  - Total number of program enrollees during that period;

- Total number of program graduates during that period.

### **Upcoming Changes to Accreditation Policies**

- Letter of Review status will be replaced with Provisional Accreditation and will require a site visit prior to conferral;
- Programs with Provisional Accreditation status limited to no more than two (2) cohorts per calendar year;
- Programs are not eligible for more than one (1) approved international satellite;
- Only programs with a status of Initial or Continuing Accreditation without any pending Progress Reports or on Administrative Probation are eligible to request an increase in their annual enrollment.

### **Revisions to 2011 Outcomes Thresholds**

#### **Attrition Threshold Change:**

- As of the next Report of Current Status submission (July 1, 2011), the attrition threshold will change from 30% to 40%. The attrition rate for students as defined by CoARC (students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program with a full tuition refund, and those students transferring to satellites are not included in the program attrition).

### **Revisions to 2011 Outcomes Thresholds**

#### **Job Placement Definition Changes:**

- Defined as a graduate who within ten (10) months after graduation is: a. employed in respiratory care (i.e. full-or part-time, per diem, etc.), or b. enrolled in another degree program, or c. serving in the military, or part-time, per-diem, etc. for graduates of the polysomnography option of programs offering the same).

### **Revisions to 2011 Outcomes Thresholds**

#### **Graduate and Employer Survey Data Changes:**

- Beginning with the 2010 reporting year, CoARC will be collecting graduate and employer survey data on the “overall” satisfaction rating of the program. CoARC will not take accreditation actions on graduate and employer satisfaction outcomes until 2013 when programs have produced three years of reporting data. Graduation Survey Participation is defined as the total number of program graduates employed in respiratory care who return their graduate survey. Satisfaction is defined as at least 80% of returned graduate and employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.

### **Site Visitor Training Program**

- Sixty site visits were completed in 2009.
- Thirty site visits were completed in 2010.
- Fifty site visits have been scheduled as of March 1, 2011 and there are approximately 40-50 more to schedule by the end of the year.
- Approximately 17 applicants have recently completed a web-based training program followed by a probationary period. Additional training periods will be added in the future on an as-needed basis.

### **Webinar Training**

- CoARC continues to invest in professional development and training for new and existing site visitors as well as for key program personnel.
- Since February 2010, CoARC has conducted three more webinars for existing site visitors.
- The NBRC and CoARC also held a combined GoToTraining webinar (Generating and Analyzing NBRC and CoARC Reports) on October 25<sup>th</sup> with 115 people in attendance. Webinars are available to view by the public on our website [www.coarc.com/12.html](http://www.coarc.com/12.html).

### **CoARC Site Visitor of the Year Award**

- CoARC recognizes up to two Site Visitors annually, for dedicated service and outstanding contributors to CoARC.
- Nominations are made by CoARC Commissioners.
- The first Outstanding Site Visitor Award was presented at the AARC International Congress in December 2010 to Dr. Ralph Kendall MD and to Michael W. Prewitt, PhD, RRT. Dr. Kendall became a site visitor for CoARC in 1989 and has performed approximately 26 site visits over the past four years. Dr. Prewitt was named a site visitor for CoARC in 1989 and has performed approximately 15 site visits the past 4 years.

### **CoARC Events at the AARC Summer Forum**

- Meet the Commission and reception
- CoARC Symposium
- What Every RC Educator Should Know...
  - Reviewing and Analyzing Your New Annual Report – Steve Mikles
  - How to Evaluate Students in the Laboratory – Gary White
  - Developing and Evaluating Inter-Rater Reliability Measures – Pat Munzer
  - How to Evaluate Students in Clinical – Gary White

## 13<sup>th</sup> Annual Dr. Fred Helmholtz, MD Education Lecture Series

### **Career Pathways in Respiratory Care**

Career pathways may be used in the health professions to allow individuals who are already working in the healthcare field to move into other areas of practice. Career pathways assist people in making the right career and educational choices so that they can achieve their goals. Career pathways may expand individuals' skills sets, scope of practice, or allow them to move into management, education, research or specialized practice. This presentation will offer the perspectives of a program director from an associate degree respiratory care program and a program director from bachelor's and graduate degree respiratory care program on how graduates can advance their educational and career goals.

### **Lambda Beta Scholarship**

- CoARC will be providing \$2,000 for up to two (2) scholarships for students who qualify under the scholarship guidelines established by the Lambda Beta Society.
- CoARC will be presenting the award(s) to the recipients at the Lambda Beta Reception during the International Congress.

### **Future CoARC Board Meetings**

- July 16-18, 2011  
Vail, CO
- November 17-19, 2011  
Bedford, TX
  
- March 22-24, 2012  
Bedford, TX

## **AARC Committees**

### **Bylaws**

Reporter: Gary Wickman

### **Recommendations**

The committee has reviewed the Bylaws submission for Delaware and recommends that the AARC Board of Directors approves them as submitted. (see below)

The committee has reviewed the Bylaws submission for Kansas and recommends that the AARC Board of Directors approves them as submitted. (attachment to BOD book)

The committee has reviewed the Bylaws submission for Kentucky and recommends that the AARC Board of Directors approves them as submitted. (attachment to BOD book)

The committee has reviewed the Bylaws submission for South Dakota and recommends that the AARC Board of Directors approves them as submitted. (attachment to BOD book)

## **Report**

The committee has reviewed 10 Bylaws submissions from Affiliates so far this year and has recommended 9 of them be approved by the AARC Board of Directors.

We have also assigned the committee members to specific Affiliates to help communicate the need for their reviews this year and to help them with the process.

The committee also communicated the AARC Board actions of approving Bylaws for Montana, Ohio, North Dakota, Colorado and New Mexico to the Affiliates respective Presidents and Delegates.

## **Elections**

Reporter: Suzanne Bollig

### **Recommendations**

1. That the AARC BOD revise Policy CT.003 to reflect current practice. Please refer to attached PDF for suggested revisions.
2. That the AARC BOD revise the Elections Committee Handbook to reflect current practice. Please refer to attached document for suggested revisions. To see comments regarding changes please view document in "print view".

### **Report**

On behalf of the Elections Committee I am pleased to present you with the slate of candidates for the AARC elections ballot.

### **Slate of Candidates for 2011 Ballot**

Transport Section Chair-elect - Billy Hutchison and Nicole Dunn

Continuing Care Section Chair-elect- Gerilynn Connors and Robert Krach

Long Term Care Section Chair-elect- Gene Gantt and Lorraine Bertuola

President-elect - George Gaebler and Colleen Schabacker

Directors-at-Large - Claire Aloan, Lynda Goodfellow, Thomas Malinowski, and Doug McIntyre

### **Other**

It has been a privilege to serve the AARC on this Committee and I would like to commend all Committee Members for the due diligence and time they devoted to the task at hand.

Committee members include Jim Lanoha, Ross Haven, Debbie Fox, and Toni Rodriguez and I would recommend them for future projects requiring teamwork, thoughtful consideration, and hard decision making.

## International Committee

Reporter: John Hiser

### Recommendations

None at this time.

### Report

1. Administer the International Fellowship Program.  
As of today June 12, 2011 we have 26 applicants for International Fellows and 14 applicants for City Hosts. The deadline for applications to be received was June 1<sup>st</sup>. We are in the process of pulling all of the applicant information together and will be ready to send it to the committee for review by June 21<sup>st</sup>. The committee will meet on Wednesday, July 20<sup>th</sup> during the Summer Forum. I'll be sharing the final selection of fellows and hosts with BOD and HOD at your July meetings.  
We surveyed the Fellows and Hosts again this year. All of the comments were positive. The results of the surveys are being used to further improve the operations of the committee.  
26 applicants 18 different countries 8 applicants from countries without past fellows (Croatia, Czech Republic, Ecuador, Egypt, Iran, Kosovo, New Zealand) 16 MD 7 RT 1 PT/RT 1 Pharmacist 1 Other
  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 presentations given by the fellows to the council.
  3. Strengthen AARC Fellow Alumni connections through communications and targeted activities.  
Past fellow Mohammed Al Ahmari has completed the translation of the Guide to PAP Adherence to Arabic. Past fellows Chia - Chen Chu, Chuen-Ming Shih, Chin-Jung Liu of Taiwan and past fellow Yuan Yueh-Hua of China completed translation of the 2<sup>nd</sup> Edition of the Guide to Aerosol Delivery Devices. Yi-Hao Peng, Wan-Yun Hsiao and Tzu-Ching Ni of Taiwan also assisted in the translations. Committee member and international council member Arzu Ari headed a team which also completed the Guide's translation to Turkish. Work by past fellows continues on translations to Italian, French and Turkish. Translations of AARC CPG's continues.  
We continue to be on the look-out for other educational materials that may be translated in the future.  
The International Fellows List serve continues to show a considerable amount of activity and continues to be valued by our past fellows.
  4. Coordinate and serve as clearinghouse for all international activities and requests.  
We continue to receive requests for assistance with educational programs, seminars, educational materials, requests for information and help with promoting respiratory care in other areas of the world.
  5. Continue collegial interaction with existing International Affiliates to increase our international visibility and partnerships.
- Respectfully submitted,  
John D. Hiser, MEd, RRT, FAARC  
Chair International Committee

I want to thank Kris Kuykendall and Stately Hayes for all of their hard work. I also want to thank the members of the committee.

Vice Chairs:

Debra Lierl, MEd, RRT, FAARC, Vice Chair for International Fellows

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

Committee members:

Michael Amato, BA, Chair ARCF

Arzu Ari, PhD, MS, MPH

Ivan Bustamante, RRT

John Davies, MA RRT FAARC

ViJay Desphande, MS, RRT, FAARC

Hector Leon Garza, MD, FAARC

Yvonne Lamme, MEd, RRT

Dan Rowley, BS, RRT-NPS, RPFT

Bruce Rubin, MD, FAARC

Michael Runge, BS, RRT

Jerome Sullivan, PhD, RRT, FAARC, President ICRC

Theodore J. Witek, Jr., Dr.PH, FAARC

## Membership

**Reporter:** Thomas Lamphere

### Recommendations

None at this time.

### Report

The Membership Committee has been working with the Executive Office on a seven step action plan to boost membership since mid-January. The plan is listed below along with a status update:

1. Video messages will be created to go to our students and practitioner members, reinforcing the value of the AARC for renewal and new member greetings.  
To date, multiple video messages have been created including:
  - a) Welcome to the AARC (President Karen Stewart)
  - b) AARC Member Benefits (President Karen Stewart)
  - c) AARC Student Membership (Louisiana member Shantelle Graves)
  - d) Thanks for Renewing (Tom Lamphere)
  - e) Multiple videos have also been created for the specialty sections.
2. A bigger and better student presence will be created on AARConnect, to allow students to become more involved with the AARC and develop a better affinity with the organization through social networking.

Work is underway on a complete renovation of the student webpage. The basic plan for redesign has been completed and we are currently working on adding content to what is now three distinct sections that will each be a distinct web page. The sections include:

a. The first section will include information we believe is valuable to a NEW respiratory care student. The main idea of this page will be to introduce the student to the profession and much of this page will focus on understanding professional organizations including the AARC, NBRC, CoARC and Joint Commission.

b. The second section will include information we believe is valuable to CURRENT respiratory care students. The main idea of this page will be to provide the students will links to resources they'll find valuable in their studies. This will include links to the AARC Clinical Practice Guidelines and RC Journal as well as many other valuable internet resources.

c. The third section will include information we believe is valuable to GRADUATING respiratory care students. The main idea of this page will be to prepare them for entering the profession. Information on taking the NBRC examinations, job searching, interview techniques and, most importantly, the value of ACTIVE AARC membership will be highlighted.

3. A toolkit will be developed for program directors & educators that will provide ways for educators to actively involve their students in the AARC. The Education Section and Membership Committee will be jointly working on this part of the action plan. The chairs of these committees hope to meet with the Executive Office staff at the Summer Forum.

4. More emails will be sent specifically to program directors with information they can use for the students.

**Completed by the Executive Office.**

5. More emails will be sent specifically targeted to students to remind them of the benefits, services, and resources available to them. This part of the plan will be executed once the new student webpage(s) have been finalized.

6. The Membership Committee will gather information from the state societies about their practices in member recruitment. These will be catalogued in a document that will be made accessible to all states.

The information gathering part of this plan has been completed. The information is now being catalogued.

7. The Membership Committee will research and identify tools, other websites, information, etc. that will be helpful to students in their school and as they begin studying for their boards. This information will then be used to guide the upgrade of the student section on the AARC website.

This part of the plan will be completed as part of the overall student webpage renovation.

*Committee Members:*

Thomas Lamphere (Chair)

Hassan Alorainy

Suzanne Bollig

Joe Horn

Garry Kauffman

Debra Markese

John Priest

Nicholas Widder

Emily Zyla

Asha Desai

## HOUSE OF DELEGATES COMMITTEES

### Orientation Committee

**Reporter: Bob Donnelly / Tom Cahill**

#### Recommendations

None.

#### Charges

1. Prior to HOD meetings, review and revise the new member welcome letter and packet to be sent to each new Delegate. **Completed**
2. Ensure the new Delegate is aware and comprehends the orientation requirement for credentialing and seating at the HOD meeting. **Completed**
3. Plan and conduct the HOD orientation session for all new members prior to each HOD meeting. **Pending**
4. Involve the House Parliamentarian in the new Delegate Orientation process. **Completed**
5. Evaluate the effectiveness of each orientation session and discuss opportunities for improvement. **Pending**
6. Report to Speaker and Past Speaker the names of any new HOD members that were not in attendance for their scheduled orientation. **Pending**
7. Provide the AARC home office staff with signature list of orientees and forward a copy of both lists to the next committee chair after each HOD meeting. **Pending**
8. Complete all general HOD Committee Charges. **Pending**
9. Perform other duties as requested by the speaker. **Pending**

#### Other

I would like to thank my Co-Chair Tom Cahill(SD) and all the Orientation Committee members for their help in making the orientation process run as smooth as it has. Tammy Jarnagin(IA), Michael Jackson(MA), John Jarosz(NE), Curt Merriman(MN), Dan Rowley(VA), Emily Zyla (MI), Randy Solly(PA) and Tina Sawyer

### Progress and Transition Committee

**Reporter: Susan Parsons / Marie Fenske**

#### Recommendations

There are no recommendations.

## **Charges**

1. Update the historical overview of the HOD. **Completed for 2010 in January 2011.**
2. Evaluate the effectiveness of each HOD meeting and place the results in the AARC Record. **Because the AARC Record is no longer being published, the results of the Effectiveness Surveys will be available online after each HOD meeting.**
3. Review and revise, as necessary, the HOD Survey. **Ongoing.**
4. Assist other committees with any benchmarking surveys to monitor effectiveness of changes in committee practices. **No requests.**
5. Complete all general HOD committee charges. **Ongoing.**

## **Other**

Thank you to the Committee Members for quick responses to email messages! Greg Paulauskis - MT Kelly Crawford-Jones - IL Karen Schell - HOD Liaison Susan Parsons - TN Co-chair

## **Summit Award/Special Recognition Committee**

**Reporter: Jakki Grimball & Heather Neal-Rice**

### **Recommendations:**

Recommendation #1: Meg Trumpp (Kansas) be the recipient of the Outstanding Affiliate Contributor Award for 2011

Justification: Meg received the highest recommendation by scoring of her peers.

Recommendation #2: Suzanne Bollig (Kansas) is nominated for Life Membership into the AARC.

Justification: Suzanne has made outstanding and longstanding contributions to the AARC and the respiratory care profession.

Recommendation #3: Foster M. (Duke) Johns III (Louisiana) is nominated for Honorary Membership in the AARC; and nomination be forwarded to the President's Council for consideration.

Justification: Mr. Johns received the recommendation of the committee based on his dedication and service to the respiratory care profession.

Recommendation #4: Florida Society for Respiratory Care be the recipient of the Summit Award for 2011

Justification: FSRC received the highest score on the award application. Nebraska had the second highest score.

## **Charges**

1. Nominate to the House of Delegates a candidate for the Outstanding Affiliate Contributor of the Year Award.

Status: The committee is responsible for presenting their nominee at the Summer HOD meeting at Vail, Colorado for confirmation by a vote of the full House of Delegates. The award will be presented during the AARC International Respiratory Congress.

2. Select one candidate each for AARC Life and Honorary Membership. The committee will present their choice to the HOD at the summer meeting for confirmation by a vote of the full House of Delegates.

Status: The candidates selected for these awards will be presented to the HOD at the summer meeting. The final selection of recipients for these awards will be made by the President's Council and presented at the AARC International Congress.

3. Report and promote the accomplishments of Chartered Affiliate's pursuit of the Summit Award.

Status: The committee collected and scored the award application using the new Summit Award Score sheet. The award will be presented during the AARC International Respiratory Congress.

4. Recognize specific accomplishments of Chartered affiliates non winners of the Summit Award.

Status: See attached for recognition of accomplishments of Chartered Affiliate Applicants.

5. Complete all general HOD committee charges.

Status: Ongoing

Thank you to committee members: Debbie Hendrickson (WI), Tom Cahill (SD), Chuck Menders (WV), Connie Paladenech (NC)

Special Thanks: Sheri Tooley-Peters (NY), Bill Lamb (MO), Karen Schell (KS), Tom Lamphere (PA), William Pupanek (WI), Sherry Milligan and Tina Sawyer

## **HOD Elections Committee**

**Reporter: Ross Havens**

### **Recommendations**

None

### **Charges**

1. Coordinate the nominations process at the Summer meeting in Vail (HOD Officers and Committees) and the Fall meeting in Tampa (Committees only).
2. Distribute Candidate Information forms to all officer nominees, to be completed by specified deadline.
3. Verify eligibility for office for all HOD Officer and Committee nominees (current active AARC membership).
4. Publish HOD Officer Candidate profiles to all members via AARC Connect prior to the Fall meeting.
5. Conduct HOD elections for Officers and Committees at Fall meeting in Tampa, and report results to HOD.

6. Complete any other elections related duties as may be assigned by HOD Speaker.
7. Conduct Committee Conference calls as necessary.
8. Perform other duties as requested by the Speaker.

### **Other**

I would like to thank the members of the Committee for their work:

Marie Fenske (AZ), John Steinmetz (NV), John Lindsey (AR), Ray Braxton (NC, Suzi Westmoreland (SC), our liaison Bill Pupanek and Tina Sawyer from the Executive Office.

### **Delegate Assistance Committee**

**Reporter: James Lanoha**

### **Recommendations**

None at this time.

### **Charges**

1. Review and act on requests from state societies for delegate travel funds according to HOD policy HD010, Delegate Travel Assistance and Funding.

**The committee received seven applications, based on the funds available the committee was able to grant funding at 80% to three states.**

2. Assess the need and make recommendations for implementing a standardized format for reporting financial needs.

**Ongoing. The committee is working on a fully electronic application process.**

3. Assess the need and make recommendations for establishing a system that would provide a feedback loop to prevent lost applications.

**Applications are now posted on AARConnect.**

4. Review current policy and recommend updates to the Speaker-Elect for consideration.

### **Ongoing**

5. Complete all general HOD committee charges. **Ongoing**

### **Other**

I wish to thank all the committee members for the time and work spent on the committee activity, John Jarosz (NE), Steven McGrath (ME), Daniel Rowley (VA), Romona Sailor (ID), William Pupanek (HOD Treasurer), Tina Sawyer and Sherry Milligan

### **Affiliate Best Practices**

**Reporter: Teri Miller / Teresa Lesser**

### **Recommendations**

None at this time.

### **Charges**

1. Coordinate activities with the Chartered Affiliates; Special Recognition Committee to determine affiliates that have been recognized for demonstrating best practices.

### **Ongoing**

2. Solicit information from the state affiliates on the selected topics and share information with the HOD.

**Ongoing**

3. Prepare at least three (3) presentations on “Affiliate Best Practices” to present at the HOD Summer & Winter Meetings.

**Completed for summer; Ongoing for winter**

4. Hold a committee conference call to plan and organize before the summer meeting and before the fall meeting.

**Completed for summer; Ongoing for winter**

5. Provide a summary report to the HOD officers and the House of Delegates at each meeting.

**Completed**

6. Perform other duties as assigned by the Speaker

**Ongoing**

7. Survey society presidents regarding current practices of awarding scholarships to students.

**Completed; see attached results**

8. Complete all general HOD committee charges.

**Completed**

**Report**

The Committee will be presenting (15 minutes) presentations on the following topics when called upon at the meetings:

1. Meg Trump for Kansas Society presenting on the Kansas Society Restructure
2. Rose Shafer for Missouri Society presenting on Specialty Symposiums
3. Angela Gasparri for RI presenting their “Step Up” program and mentoring towards the profession within their state.
4. Emily Zyla for Michigan to present on student case study presentations
5. Claire Aloan for NY-NJ to present on their manager-educator meeting
6. Jon Jahns for Washington to present on their manager-leadership meeting and mentoring program for their society

**Other**

Thank you to the following committee members:

Carole Crawford-Jones (IL), Claire Aloan (NY), Eric Anderson (WA), Terri Lesser (KS), Mike Ortiz (WV), Kerry McNiven (CT), Rose Shafer (MS); Karen Schell (KS), Emily Zyla (MI), Dorothy Lunnin (RI), William Pupanek (WI)

\*A special thank you to all who are presenting at the Summer Meeting, to Tina Sawyer for all her help and Terri Lesser for coordinating the scholarship survey!

**HOD State Society Student Scholarship Survey Results**

There were 8 responses to this survey.

**1. Does your state society award student scholarships?**

No---2 Yes---6

**2. How many student scholarships are awarded and does that number vary?**

Wisconsin---7- \$1000 scholarships. One to each of the 7 RT programs in that state. The schools are responsible for disbursement of the funds.

Massachusetts---9 total scholarships. 8 -\$1000 scholarships to the AS RT programs and 1-\$2000 scholarship to the BS RT program in that state.

All other states have awards of \$200 to \$500 varying from 1 to 5 scholarships awarded to 1<sup>st</sup> and 2<sup>nd</sup> year students.

**3. What mechanism is used to communicate the availability of the scholarships?**

Letters are sent to the RT program directors and information is placed on state websites.

**4. What are the application requirements and process?**

Michigan---Case study competition. 9 case studies presented orally at the state conference. Judged on skills, knowledge and presentation.

Other states include essay questions, clinical preceptor evaluations, current enrollment, teacher recommendations, financial needs, work history academic performance, respiratory related community activities and GPA's.

**5. What is the process for review of the applicants and who is on the committee?**

Michigan—3 competition judges that have no school affiliations.

State Board of Directors.

Scholarship Chair, treasurer, medical director, and others interested in participating that have been appointed by the state president.

**6. How does your state society raise funds for the scholarships?**

Annual state meeting revenues, smaller education meeting revenue, donations, raffles, golf tournaments, silent auctions.

**7. Presentation of scholarships?**

Annual State Education Meetings

Schools responsible for disbursing funds.

Thank-you for the opportunity to ask these questions and for sharing your ideas and practices.

Respectfully,

Best Practices Committee

**Resolutions Committee**

**Reporter: Howard Derrick**

**Recommendations**

None at this time.

## **Charges**

1. Monitor the resolutions process and recommend opportunities for improvement. **Done**
2. Evaluate the resolutions submitted for validity, clarity and completeness. Consult authors of resolutions and offer suggestions to assure well-written and thoroughly researched resolutions. **Done**
3. Submit resolutions to the HOD according to the HOD Rules. **Done**
4. Complete all general HOD committee charges. **Done**
5. Conduct Committee Conference calls as necessary.
6. Perform other duties as requested by the Speaker. **Done**

## **Report**

We have completed our charges and have four resolutions that have been processed and approved for the summer HOD meeting.

## **Other**

I want to thank all the members of the Resolution Committee for all of their hard work.

## **Resolution 07-11-01--- APPROVED**

**Resolution Author:** Jim Lanoha

**E-mail:** lsrcdelegate@gmail.com

**Phone Number:** 225-931-8448

**Author's State:** Louisiana

**Co-Sponsors and Their States:**

"Resolve that the AARC copy the States Delegates on all routine correspondences to Affiliate Board members including but not limited to follow up on revenue sharing checks which have not been cashed."

### **Rationale:**

To improve communication. Delegates can assist in ensuring that state President's and BOD's get all information in a timely manner. State society addresses often change more frequently then that of most delegates.

### **Impact of Resolution:**

HOD, Affiliates, Executive Office

### **Implementation Cost:**

\$100

### **Ongoing Cost:**

\$0

### **Relationship to AARC Strategic Plan:**

Increase organizational effectiveness

## **Resolution 20-11-02 --- APPROVED**

**Resolution Author:** William R. Solly, MS,RRT,CPFT

**E-mail:** randy.solly@uphs.upenn.edu

**Phone Number:** 215-615-8756

**Author's State:** Pennsylvania

**Co-Sponsors and Their States:**

Deb Hendrickson (WI), Jim Lanoha (La), Rick Weaver (Co), Barry Westling (Ca), Bob Delorme (Ga), Jakki Grimball (SC), Susan Parsons (TN), Ed Conway (OH), Tammy Jarnagin (IA), Sheila Guidry (LA), Curt Merriman (MN), Ross Havens (IN), Rose Shaefer (MO).

**Resolution:** "Resolve that the AARC BOD re-evaluate the decision to discontinue the National Sputum Bowl. Furthermore this evaluation should include but not be limited to, exploring a change in program format along with all logistical and financial avenues in order to allow continuation of this honored tradition."

**Rationale:** The National Sputum Bowl has been an annual tradition at the AARC 's International Congress since 1981. Since its inception over 30 years ago, the Sputum Bowl has been an institution in the AARC and continues to be an excellent way for both students and practitioners to not only actively participate in the Congress, but to learn and retain valuable respiratory knowledge. AARC members have developed new friendships and collaborations by participating in the Sputum Bowl and it would truly be a travesty to the membership by discontinuing it.

**Impact of Resolution** General Membership, HOD, AARC Officers, and HOD

**Implementation Cost** 0

**Ongoing Cost:** Equal to or less than current expense in AARC budget

**Relationship to AARC Strategic Plan:** Develop Art and Science of RC

## **Resolution 00-11-03 --- APPROVED**

**Resolution Author:**

Terry Gilmore MA, RRT-NPS, RCP

**E-mail:** terrygilmore@mac.com

**Phone Number:** 469-363-9145

**Author's State:** Texas

**Co-Sponsors and Their States:** None at this time

**Resolution:**

"Be it Resolved that the AARC formulate and distribute a position statement regarding the rising of free standing emergency rooms (FSER) and the need for Respiratory Therapist to be an integral part of the ER Team."

**Rationale:**

In Texas there are a number of free standing emergency rooms (FSER) that have opted to open their doors without any RTs on the staff. The fact that the FSERs are full service ERs that will accept critical patients with the distinct possibility that they will need to be intubated and ventilated. The TSRC BOD feels that RTs need to be part of the staff for patient safety reasons. We understand that nurses and physicians can legally be trained to take care of these patients, however RTs are the experts in this area of patient care. The TSRC recently sent a letter to outlining our concerns to the CEO of one of the hospitals in Austin, Texas.

**Impact of Resolution:** General Membership

**Implementation Cost:** 0

**Relationship to AARC Strategic Plan:** Develop Art and Science of RC

### **Resolution 05-11-04 --- FAILED**

**Resolution Author:** Karen Schell Delegate Kansas, Meg Trumpp, President KRCS, Suzanne Bollig, Delegate Kansas

**E-mail:** ksschell@newanrh.org

**Phone Number:** 620-757-6401

**Author's State:** Kansas

**Co-Sponsors and Their States:** None at this time

**Resolution:** "Be it Resolved that the AARC strongly consider a full time executive office position to act as the Chartered Affiliate Liaison dedicated to working on a daily basis to support all chartered affiliates with strategic planning, business plan development, contract assistance training/development of board members, website assistance, and committee mentorship to improve efficiency and effectiveness, financial management/monitoring, and membership recruitment/retention."

**Rationale:** The position would enhance collaboration between the AARC and the state affiliates resulting in higher performance of both the AARC and state affiliates with improved society operations as measured by financial performance, membership recruitment/retention, society satisfaction, and increased utilization of AARC resources by the affiliates. Although the KRCS has consistently participated in the annual Leadership Workshop, consultation with a strategic planner was a necessity for continued success. The KRCS is now a better functioning affiliate with renewed energy, defined goals, and detailed action plans through the use of a strategic planner and continued availability of a said planner, as a consultant, as the KRCS moves forward in a recommitment to its members and mission. Knowing that a dedicated expert is available to provide consistent guidance, help develop processes, and address concerns has made the restructuring process possible and the continued operational success of the KRCS probable.

Position-Associate Executive Director for Affiliate Relations-\* Note Draft of proposed job description available.

Functional areas of responsibilities include:

Business Operations

Marketing and Public Relations

Education

Member Recruitment/Retention

**Impact of Resolution:** General Membership, Affiliates, Executive Office

**Ongoing Cost:** \$125,000

**Relationship to AARC Strategic Plan:** Develop the Art and Science of RC,  
Develop Human Resources, Increase membership, Increase financial resources,  
Increase organizational effectiveness