

**House of Delegates Report**  
**Winter HOD Meeting, Tampa Florida**  
**November 3<sup>rd</sup> and 4<sup>th</sup>, 2011**

What's the AARC doing for you (Highlights of the reports at the HOD)?

Membership is over 52,800 with a goal of 55,000 by years end. We typically grow at a rate of 5 to 7% per year. 2012 efforts will focus on student based membership and retention of these folks as members. There will also be some focus in 2012 on manager members.

Tom Lamphere: Active/Life Members are at 42,018 up from 41,039 from December of 2010. There are approximately 161,000 practitioners which puts the 50% mark at 80,500 members. Top 5 states are Washington at 61%, New Jersey at 57%, South Dakota at 56%, Pennsylvania at 52% and Wyoming at 50%.

Co-Marketing opportunities to qualified state affiliates will include:

Office Spirometry Certificate  
COPD Educator Course  
Asthma Prep Course  
Asthma Triggers  
Alpha 1 workshop  
VAP workshop

Sam reported that the US COPD Coalition's 2<sup>nd</sup> conference will be December 2<sup>nd</sup> and 3<sup>rd</sup> in the Washington DC area. All state coalitions will be invited. Target audience includes Patients, Primary Care Physicians, Nurse Practitioners, Physician Assistants, Respiratory Therapists, and Physical Therapists etc. Multiple workshops will be presented including appropriate titration techniques for Long Term Oxygen Therapy. Any questions regarding this may be directed to Sam at the AARC Executive Office. He also stated that we remain active in pushing for our Medicare Part B legislation to allow RTs to be reimbursed for services provided in Physician Clinics, Skilled Nursing Facilities etc.

Clinical Practice Guidelines: The AARC is changing its method of developing CPG's by using some funds that have been restricted for use in developing CPG's to have an Evidence Based Research team to sift thru the research and provide this research to an Expert Panel that will ultimately then review this data and put together the CPG. This will save voluntary man hours doing the research and allow the volunteers of our organization to focus on then end product.

Development of a COPD Protocol is being formed with the American College of Chest Physicians, Society of Hospital Medicine, American College of Emergency Physicians and the Joint Commission. The protocol will focus on early recognition and diagnosis of COPD; the development of Performance Respiratory Care Teams; recognition and management of co-

morbid conditions; and enhancement of patient education including smoking cessation.

Tom Kallstrom spoke briefly on the Mobil Spirometry Unit, although they are not actively doing the MSU at this time; however they have some left over supplies that can be sent to the states who want to use them for public relations activities. The AARC will turn 65 years old; they are planning to have a virtual museum available.

Bill Dubbs reported that they are continuing to develop a Uniform Reporting Manual for Acute Care Hospitals that will include time standards and data for Pulmonary Function Labs, Blood Gas Labs, Sleep Labs etc. Bill also reported that "Free State Society CRCE Accreditation is open to all members of the AARC who reside in that state. All financial risk is assumed by the state society (no partners such as a hospital and society jointly sponsoring a CEU program). The program must be promoted on the state society's website. This change has come about because of what is felt to be an abuse of a free service where hospital departments are using a free service to provide CEU's only to their staff.

AARC President Karen Stewart reported that the AARC Disaster Relief fund has made numerous awards to Respiratory Therapists in disaster areas. These awards include a monetary award and a year's AARC membership paid for as part of this award. Work continues on the 2015 project with a gap analysis being performed on attributes and competencies before any recommendations are put out. She feels we need to be proactive in the changes coming in health care and not re-active. Work continues on reviewing clinical practice guidelines and making them reflect evidence based clinical practice guidelines.

The BOD has passed a policy to give a free section membership to all active duty military members.

**Legislation:**

HR 941: Medicare Respiratory Therapy Initiative will revise the Medicare Part B statute that regulates the "medical and other health services" benefit. This revision will permit Respiratory Therapists with the RRT Credential and a bachelors degree to deliver respiratory care services without the physician being physically present when the services are being furnished (that is under "general" physician supervision rather than "direct" physician supervision which requires the physician to be on site at the time of service.

*Update: While congress may not be moving legislation forward, that does not mean members of Congress or their staffs are not meeting with advocacy groups about legislation of concern. It is disappointing that our primary champion Mike Ross (D-AR) has announced he will retire at the end of the 112<sup>th</sup> congress (January 2013).*

*Call to Action: What can you do?*

- *Participate in our Virtual Lobby Day in 2012*
- *Build support within your business setting; hospitals etc.*
- *Recruit Patients to get involved in talking to legislators.*
- *Continue to communicate with Congress.*

*Frank Salvatore - Chair, Federal Government Affairs - AARC*

*Virtual Lobby week 2012: 435 plan*

- *PACT meetings March 5<sup>th</sup> and 6<sup>th</sup>*
- *Last year for this congress!*
- *Need to push our agenda like it's 4<sup>th</sup> and inches, 4<sup>th</sup> quarter and the Rams are about to win their 2<sup>nd</sup> game of the year!*
- *We don't need Debbie Downers*
- *We need a better communication chain within each state*
- *Put on the website*
- *Be ready for activation of the 435 plan as early as December.*

You may contact our Congressional delegation about any of these issues and others as they arise through the AARC website link Capitol connection under the Government Affairs page.

<http://www.aarc.org/advocacy/>

Frank Salvatore reported that the Virtual Lobby weak was very successful in reaching congressional delegations during the PACT visit, there may be another virtual lobby day this year, and will certainly be another lobby day / week to coincide with next year's PACT visit.

2012 Pulmonary Rehab reimbursement rates have been marked for a decrease from \$68 to \$38 per visit. This is occurring because of a difference in how reimbursement rates are calculated for Pulmonary Rehab vs Cardiac Rehab. A multi society work group is working on developing an argument against the disparity in how these rates are calculated.

#### **International Fellowship Committee report:**

John Hiser reported that donations from the affiliates thru the House of Delegates have allowed the International Fellowship Committee to bring a 5<sup>th</sup> International Fellow to this year's International Congress. These fellows are chosen by their interest in promoting Respiratory Care back in their home countries.

John also reported that the International Fellowship program is starting to work in reverse direction where Respiratory Therapists from the United States are going to other countries for short periods of time to share their expertise in Respiratory Care. If you would be interested in exploring this opportunity you can contact John Hiser (get Johns e-mail from home.)

**ARCF report:**

Donations presented at the HOD meeting totaled \$8,100 for the AARC disaster relief fund and \$8,200 to the ARCF.

**NBRC report:**

The NBRC submitted a letter to the AASM asking them to accept the CRT-SDS / RRT-SDS credential as equal to the RPGST. The AASM as of August 31<sup>st</sup> responded to that letter and has accepted that as an equivalent credential. This specifically is reflected in the B-8 standard.

**New Resolutions:**

Resolution: 07-11-05

Author: Jim Lanoha

Be it resolved that the AARC establish a limit to the amount funded to members applying for disaster relief.

Rationale:

1. Policy currently has no limit.
2. The AARC President has the authority to approve funding criteria under current policy.
3. It standardizes the amount of funds provided eliminating any disparity from one requesting member to another.
4. This would allow the president to refer to the policy and continue to use the sliding scale provided.

This motion passed the HOD. President Karen Stewart is going to further develop this fund and policy. Her goal is to get this fund up to \$100,000 which will allow them to increase the awards to affected individuals.

Resolution: 05-11-06

Resolution Author: Debra Hendrickson

Be it resolved that the AARC BOD strongly consider the addition of the Past Speaker of the House of Delegates as a voting member of the "Board of Directors."

Rationale:

1. The Past Speaker of the House of Delegates now acts in an advisory capacity to the AARC BOD during official meetings.
2. The Past Speaker of the House of Delegates has been elected to this position by the HOD and the HOD represents the members of the AARC affiliates.

3. The addition of voting privileges to the Past Speaker would represent the opinion of elected representatives of the AARC affiliates.

This resolution was amended to: "Be it resolved that the AARC HOD direct the AARC Bylaws Committee to amend the bylaws to change the status of the immediate Past Speaker to a voting member of the AARC BOD."

The amended resolution was passed by the HOD and is being sent to the bylaws committee and was accepted for information by the Board of Directors.

### **Old Resolutions:**

Resolution 20-11-02

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

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

This resolution was passed by the HOD and sent on to the Board of Directors along with a recommendation from the Speaker of the HOD that supports setting up an Ad Hoc committee to review this topic.

The Board of Directors has accepted the resolution for information only, and is waiting to hear more from the Ad Hoc committee.

Update: 2 committees are addressing this, one committee is developing a transitional program for 2012 and the other committee is addressing this issues regarding going forward from 2013. This is going to become an AARC committee to redesign the sputum bowl.

**Best Practices:**

Sheri Milligan and Karen Shell presented a best practice on using AARC connect. We have the ability to set up our own community thru AARC connect and there currently is a Student Community; however, Sheri stated that it hasn't been nurtured well as of this time.

Heather Neal-Rice and Jakki Grimball presented a best practice on the On-line Summit award application. These will be available in the HOD library.

**Section chairs:**

Bill Cohagen Management Section Chair is looking for topics for summer forum with a deadline with submissions of December 14<sup>th</sup> for the summer forum.

Greg Spratt Home Care Section Chair Working on the Hospital to Home project. This is looking at issues regarding new regulations tied to reimbursement rates based on readmission rates. An exploratory committee is looking at designing a pilot project to gather data on what works and what doesn't work. Competitive

bidding continues to be a hot topic in the Home Care market.

Keith Lamb Adult Acute Section Chair reported a membership of 1843 members; there is a journal club thru the Adult Acute Care Section. They are involved with Home Care on the Hospital to Home project and will be working with the Transport Section on a joint project.

Cyndi White Neo / Peds Section Chair current reported membership is 2020 members in the section. Matt McNalley is the specialty Practitioner of the year from Dartmouth. They are looking to move forward with a journal club to stimulate some evidence based conversations.

Lynda Goodfellow, Education Chair reported a membership of just over 1,000 members. They are looking at student engagement and how to retain students as AARC active members after graduation.

Mike Runge Sleep Section Chair reported that the sleep section still has over 1,000 but has been asleep for the last couple years. His hope is to revive the section and focus on patient care aspects.

Steven Sittig Surface to Air Transport Chair reported that there is an opportunity for RT's to help educate Respiratory Therapists in Costa Rica and South America on transport issues related to Respiratory Care. If you want to know more you can contact Steve thru AARC connect?

The 2012 AARC International Congress will be held in New Orleans and the Program Committee has its first meeting in January 2012. If you have any ideas for speakers please contact the AARC.

As always these are highlights of things presented at the House of Delegates meeting. If you have questions about these or other issues please feel free to contact us.

Respectfully Submitted,

Tom Cahill

Lora Bornhoft