American Association for Respiratory Care
House of Delegates Guide

This Guide will assist you in your orientation to the House of Delegates. Information has been consolidated to a format that is easy to read. The Guide is presented as a reference for information only. The AARC Bylaws and the House Rules continue to be the official documents concerning the function of the AARC and the House of Delegates.

Approved on:
12/7/2014
DISCLAIMER

This handbook is created for members of the American Association for Respiratory Care's House of Delegates. The information contained in this document is for the private and confidential use of Delegates who are duly elected by the members of their state society. All information contained herein is for the express purpose of the intended recipient.
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INTRODUCTION

Welcome to the American Association of Respiratory Care (the AARC or Association) House of Delegates (the HOD or House)! You are about to embark on one of the most exciting and challenging tasks of your professional career. The AARC HOD brings together some of the most creative and motivated professionals that the Respiratory Care Profession has to offer. Twice a year the AARC HOD meets to work toward accomplishing its stated mission to... "Serve as a representative body of the general membership and the representative body of the affiliate societies", and to... "Participate in the establishment of the goals and objectives for the Association and participate in the governance of the Association". As you can well imagine, getting approximately 100 professionals together for such purposes poses a tremendous challenge indeed. How do we, as members of the House who have been charged with the above stated mission, accomplish such a task? Prerequisite to even attempting such a task is having a basic working knowledge of "the system". To help acquaint you with the structure of the House and some of the key processes by which the House functions, House members have compiled this guide. It is intended that this guide will be a fluid document, with frequent revisions occurring as we learn what works and what doesn't in helping the House carry out its mission.

The biggest challenge you will encounter as a member of the House is to fully comprehend and execute its mission. As a Delegate you accept that the HOD "participates in the establishment of the goals and objectives" and the "governance of the Association". While pursuing this mission with vigor and enthusiasm, you need to always remember that the fiduciary responsibility of carrying out the goals and objectives of the Association are the responsibility of the at-large elected officers of the Association, the Board of Directors. One of your biggest challenges as a Delegate is to accept that the House can and does participate in the governance of the Association without having ultimate authority to implement all House recommendations. Your real challenge is to ensure that the recommendations of the House are so well thought out, so on target, that the wisdom of their implementation will be self-evident. By passing on of such quality ideas, many actions of the HOD have resulted in improvement and changes in the operation of our Association.

As a starting point, it is essential that you become extremely familiar with the House Rules. This is essential for understanding the operation of the HOD and hence Delegates must be quite familiar with them. This guide is designed to familiarize you with the House structure, resolutions process, AARC budget process, AARC Strategic Plan, HOD orientation process. A glossary of terms you will likely encounter in your tenure in the House completes the book.

Welcome to the AARC House of Delegates. We hope the following guide assists you with carrying out your mission to serve the membership who elected you.
TERMS AND ACRONYMS

This glossary is intended as a reference to members of the House of Delegates (HOD). A number of terms are included for completeness and their inclusion does not imply that a new member of the HOD would not be familiar with them. This glossary is also intended as references for affiliate leaders, members and non-members of the Association and profession. HOD members are encouraged to copy this glossary and share it with the members of their affiliate boards.

Terms

AARC

1. **Board of Directors (BOD):** The executive governance of this Association shall be vested in a board of at least seventeen (17) active members consisting of five officers, at least six Directors-at-Large, and a Section Director from each Specialty Section of at least 1000 active members of the Association. Members of the Board shall not concurrently be members of national respiratory care credentialing or national respiratory care accreditation bodies.

2. **Board of Medical Advisors (BOMA):** A group of no fewer than 12 physicians who have a role in respiratory care. Members of BOMA are appointed by the 3 sponsoring physician organizations of the AARC and other physician professional organizations. They serve a four-year term and elect their own officers. The chair of BOMA attends all meetings of the AARC Board of Directors (BOD) with the privilege of voice but not vote. The BOD may consult with BOMA on any matter, but BOMA must approve all matters regarding medical policy. See Article VIII of the AARC Bylaws for more information.

3. **AARC Sponsoring Organizations:** 3 physician professional organizations are sponsors of the AARC. Each organization appoints 4 members to BOMA. The sponsors are the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS), and the American Society of Anesthesiologists (ASA).

4. **AARC Executive Committee:** The officers of the Association, the Chair of BOMA, and the Immediate Past Speaker of the House of Delegates. The Executive Committee has the power to act for the BOD between meetings subject to ratification by the Board at its next meeting. See Article XII, Section 2 of the AARC Bylaws.

5. **AARC Officers:** The President, Immediate Past President, Vice President for Internal Affairs, Vice President for External Affairs, Secretary-Treasurer, and in alternate years President-Elect. See Article IV of the AARC Bylaws for duties.

6. **Annual Business Meeting:** held during the Annual Convention. The purpose of this meeting is to conduct formal business of the Association, including installation of officers and directors, the Treasurer's report, and other committee reports. See Article VI of the AARC Bylaws. Delegates are responsible for attending the Annual Business Meeting to represent the Active Members of the AARC employed within their state society. See
Article VII, Section 3c2 of the AARC Bylaws.

7. **Executive Director**: a business counsel employed by the BOD to manage the Executive Office and conduct the business of the AARC. The activities of the Executive Director are governed by the BOD. See Article V, Section 3b & 3c of the AARC Bylaws.

8. **Presidents Council**: a committee consisting of all Past Presidents of the AARC. It is responsible for awarding life and honorary memberships.

9. **Specialty Sections**: membership sections representing particular areas of interest within respiratory care. Each specialty section has a chair and chair-elect elected by the Active members of each Specialty Section. See Article III, Section 7 of the AARC Bylaws.

10. **Tripartite**: actually means a three-part consortium; in this case, it is the consortium that is composed of representatives of the AARC, the National Board for Respiratory Care (NBRC), and the Commission on Accreditation for Respiratory Care (CoARC). It usually consists of the Presidents of the AARC and NBRC and the Chair of CoARC and the Executive Directors of each organization. The primary goal of this consortium is to maintain open and effective lines of communication among the three organizations.

**Chartered Affiliate Terms**

1. **Charter**: The document that confers affiliation with the AARC on a state or international respiratory care society.

2. **Chartered Affiliates**: The bylaws designation for a state or international respiratory care society that is affiliated with the AARC. See Article X of the AARC Bylaws.

3. **Chartered Affiliates Committee (CAC)**: The HOD standing committee that confirms and attests chartered affiliate membership requirements and deals with the activities of the chartered affiliates and the Association.

4. **Credentialed Delegate**: Individuals who are seated in the House as Delegates having been appropriately elected by the active AARC members of their society, appropriately designated or credentialed by their society as those individuals whom the society would like to have represent them, and appropriately oriented to the function of the House and the relationship of the House to other organizations within the AARC and related respiratory care organizations.

**House of Delegates**

1. **First Reading (of Resolutions)**: This is the first presentation of resolutions to the HOD at each meeting, by the House Secretary or the Resolutions Committee chair. No action is taken at this juncture. This reading makes these resolutions official and they will be acted upon by the House later during the meeting.

2. **House Rules**: The official rules under which the HOD operates.
3. **Second Reading (of Resolutions)**: The last reading of resolutions, prior to action being taken. In the Agenda Book, the second reading will be listed as “consideration of resolutions.” The maker(s) or author(s) of a resolution bring the resolution in question to the floor of the HOD by making a motion to address the specific resolution, which must be seconded in order for debate to occur and action to be taken.

4. **White Paper**: A study commissioned by an organization to determine the present status of some specific issue related to the organization. Completion of the study (a descriptive research) is accomplished with a drafted document as to the findings.

5. **Executive Session**: Any meeting or part of a meeting where the proceedings are to be kept secret. According to the House Rules, "on motion duly made and carried, the House may go into Executive Session at which only members of the House shall be present with the exception of those persons the House Speaker deems necessary for the conduct of business. All matters discussed shall be held by all as strictly confidential and nothing of the proceedings shall be made known to others."

6. **Open Microphone Format**: A dialogue on issues pertinent to respiratory care during regularly scheduled HOD meetings. This discourse format is used when issues require informal discussion prior to introduction of resolutions or floor motions.

**Acronyms**

**State Societies**

1. ASRC: Alabama, Alaska, and Arkansas Societies for Respiratory Care
2. AzSRC: Arizona Society for Respiratory Care
3. CSRC: California, and Colorado Societies for Respiratory Care
4. CTSRC: Connecticut Society for Respiratory Care
5. DSRC: Delaware Society for Respiratory Care
6. FSRC: Florida Society for Respiratory Care
7. GSRC: Georgia Society for Respiratory Care
8. HSRC: Hawaii Society for Respiratory Care
9. ISRC: Idaho, Illinois, and Indiana, Societies for Respiratory Care
10. IaSRC: Iowa Society for Respiratory Care
11. KRCS: Kansas Respiratory Care Society
12. KSRC: Kentucky Society for Respiratory Care
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<tr>
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<tr>
<td>13.</td>
<td>LSRC: Louisiana Society for Respiratory Care</td>
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<td>14.</td>
<td>MD/DCSRC: Maryland/District of Columbia Society for Respiratory Care</td>
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<tr>
<td>15.</td>
<td>MeSRC: Maine Society for Respiratory Care</td>
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<tr>
<td>16.</td>
<td>MSRC: Massachusetts, Michigan, Minnesota, Mississippi, Missouri, and Montana</td>
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<tr>
<td></td>
<td>Societies for Respiratory Care</td>
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<tr>
<td>17.</td>
<td>NSRC: Nebraska and Nevada Societies for Respiratory Care</td>
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<td>18.</td>
<td>NJSRC: New Jersey Society for Respiratory Care</td>
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<tr>
<td>19.</td>
<td>NMSRC: New Mexico Society for Respiratory Care</td>
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<td>20.</td>
<td>NYSSRC: New York State Society for Respiratory Care</td>
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<td>21.</td>
<td>NCSRC: North Carolina Society for Respiratory Care</td>
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<td>22.</td>
<td>NDSRC: North Dakota Society for Respiratory Care</td>
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<td>23.</td>
<td>OSRC: Ohio, Oklahoma, and Oregon Societies for Respiratory Care</td>
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<td>24.</td>
<td>PRSRC: Puerto Rico Society for Respiratory Care</td>
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<td>25.</td>
<td>PSRC: Pennsylvania Society for Respiratory Care</td>
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<td>26.</td>
<td>RCSW: Respiratory Care Society of Washington</td>
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<td>27.</td>
<td>RISRC: Rhode Island Society for Respiratory Care</td>
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<td>28.</td>
<td>SCSRC: South Carolina Society for Respiratory Care</td>
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<td>29.</td>
<td>SDSRC: South Dakota Society for Respiratory Care</td>
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<td>30.</td>
<td>TSRC: Tennessee and Texas Societies for Respiratory Care</td>
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<td>31.</td>
<td>USRC: Utah Society for Respiratory Care</td>
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<td>32.</td>
<td>VT/NHSRC: Vermont/New Hampshire Society for Respiratory Care</td>
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<td>33.</td>
<td>VSRC: Virginia Society for Respiratory Care</td>
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<td>34.</td>
<td>WSRC: Wisconsin and Wyoming Societies for Respiratory Care</td>
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<td>35.</td>
<td>WVSRC: West Virginia Society for Respiratory Care</td>
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**Related Organizations**

1. **AAAAI**: American Academy of Allergy, Asthma and Immunologists
2. **AACVPR:** American Association of Cardiovascular and Pulmonary Rehabilitation
3. **AAP:** American Academy of Pediatrics
4. **AARCPAC:** American Association for Respiratory Care Political Action Committee
5. **ACCP:** American College of Chest Physicians
6. **AHA:** American Heart Association, American Hospital Association
7. **ALA:** American Lung Association
8. **ARCF:** American Respiratory Care Foundation
9. **ASA:** American Society of Anesthesiologists
10. **ASAHP:** Association of Schools of Allied Health Professions
11. **ASTM:** American Society for Testing and Materials
12. **ATS:** American Thoracic Society
13. **CCI:** Cardiovascular Credentialing Incorporated
14. **COPS:** College of Physicians and Surgeons
15. **CAAMTS:** Commission on the Accreditation of Air Medical Transport Services
16. **CoARC:** Commission on Accreditation for Respiratory Care
17. **TJC:** The Joint Commission
18. **NAEPP:** National Asthma Education & Prevention Program
19. **NAMDRC:** National Association of Medical Directors of Respiratory Care
20. **NBRC:** National Board for Respiratory Care
21. **NCCLS:** National Committee for Clinical Laboratory Standards
22. **PTAC:** Professional Technical Advisory Committee
23. **SCCM:** Society of Critical Care Medicine

**Governmental Terms and Acronyms**

1. **AHRQ:** Agency for Healthcare Research & Quality—An agency within the Department of Health and Human Services (DHHS), AHRQ supports research that helps people make more informed healthcare decisions and improve healthcare quality.

2. **CBO:** Congressional Budget Office – The primary US congressional agency charged with
reviewing legislative initiative with budgetary implications.

3. **CDC**: Centers for Disease Control and Prevention - This is another agency of HHS whose main function is to keep track of communicable diseases like AIDS and TB.

4. **CHEA**: Council for Higher Education Accreditation - Agency of the U.S. Department of Education which regulates the accreditation of educational programs.

5. **CLEAR**: Council on Licensure Enforcement and Regulation - A Lexington, Kentucky based organization that represents the interests of state licensing bodies.

6. **CLIA'88**: Clinical Laboratory Improvement Amendments of 1988 - The law which overhauled the clinical laboratory regulations which include blood gas laboratories.

7. **CMS**: Centers for Medicare and Medicaid Services - An agency that oversees the Medicare, Medicaid and the Children’s Health Insurance Programs.

8. **CSG**: Council of State Governments - A Lexington, Kentucky based organization with a Washington, DC office that represents state governments.

9. **DHHS**: Department of Health and Human Services - The health department of the federal government. The secretary is also a member of the President's cabinet.

10. **LA**: Legislative Assistant - Staff employed by a member of Congress to specialize in a particular area, i.e., Health LA.

11. **NCSL**: National Conference of State Legislatures – An organization that provides research, technical assistance, and opportunities for policy makers to exchange ideas on various issues.

12. **NGA**: National Governors Association - An organization that is the collective voice of governors.

13. **NIOSH**: National Institute for Occupational Safety and Health – The federal agency responsible for scientific research for work related injury and illness.

14. **SNF**: Skilled Nursing Facility - Term used by Medicare and Medicaid to refer to an approved nursing home.
**AARC Mission Statement**

*The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care.*

**AARC Vision Statement**

*The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.*
AARC Strategic Plan – 2015-2020

Objectives and Strategies for Implementation:

Objective 1  Refine and expand the scope of practice for respiratory therapists in all care settings.

Description  Promote advanced practice and practice expansion for respiratory therapists. Assure that the science that demonstrates the value and role of the respiratory therapist is provided to those stakeholders whose decisions and actions need to be guided by that information.

Strategies

1. Continue to promote the development of specialty tracks and/or specialty programs for respiratory therapists (e.g. leadership development, case management, and disease management).
2. Collaborate with NBRC and CoARC to expedite the development of standards for education, credentialing, and avenues for reimbursement for the Advance Practice Respiratory Therapist.
3. Collect and disseminate information that documents the costs in dollars, length of stay, and effect on patient lives when respiratory care is provided by persons other than respiratory therapists.
4. Assist respiratory therapists in the provision of evidence-based respiratory care.
5. Increase the access of underserved populations to the services of respiratory therapists.
6. Promote positive models of excellence in respiratory care.
7. Develop model position descriptions for respiratory therapists in various roles that emphasize quality, access, and cost control.
8. Develop model, evidence-based protocols and respiratory care plans for clinical practice, to include disease management.

Objective 2  Advance the knowledge base and educational preparation of respiratory therapists to ensure competent patient care and to foster patient safety initiatives.

Description  The AARC will promote the continuing development of the respiratory care workforce both nationally and internationally by promoting formal educational
programs and continuing education in order to ensure competent, safe, and effective patient care, and to provide for the transfer of new knowledge to clinical practice.

**Strategies**

1. Support existing educational programs in colleges and universities.
2. Support existing and future articulation agreements between associate and baccalaureate respiratory therapy programs or a health science field.
3. Expedite the continuing development of baccalaureate and graduate degree education in respiratory care with the goal of the baccalaureate degree as entry level.
4. Encourage respiratory therapists to pursue advanced and continuing education.
5. Encourage state licensure acts to include minimal requirements for continuing education.
6. Actively engage and support state affiliates in the movement toward registered respiratory therapist as entry level for licensure.
7. Support the development of new specialty credentials, as appropriate, and encourage current practitioners to seek and obtain credentials for advanced and specialty practice.
8. Assist educational programs in recruitment of quality students by developing materials that will present the profession positively and promote the profession.

**Objective 3** Support research and scientific inquiry to strengthen the scientific foundation and promote best practice for patient care.

**Description** Demonstrate the value of the respiratory therapist in providing respiratory care by supporting, conducting, and publishing research information. Research should compare the value of the respiratory therapist to others who may provide respiratory care services. Information generated should consider the needs of employers, legislators, regulators, other health professionals, and patients. Research efforts will, when appropriate and possible, be conducted in collaboration with other health care stakeholders.

**Strategies**

1. Financially support research that seeks to advance the science and practice of respiratory care provided across all care sites.
2. Publish scientific information that advances the science and practice of respiratory care.
3. Work collaboratively with other health professions to conduct research to demonstrate the value of allied health professionals.
4. Demonstrate the effectiveness of the respiratory therapist in health promotion and disease prevention.
Objective 4  Establish professional standards and outcomes that are supported by scientific evidence.

Description  The AARC will continue to develop and disseminate position statements, issue papers, consensus conference reports, evidence-based Clinical Practice Guidelines and other professional standards that promote safe and effective care, and provide guidance on all aspects of respiratory care.

Strategies

1. Continue to develop and revise evidence-based Clinical Practice Guidelines to reflect the science of respiratory care and the role of the respiratory therapist.
2. Conduct scientific conferences to advance the science and practice of respiratory care.
3. Develop and publish papers and position statements related to respiratory care practice, education, and management.

Objective 5  Advocate for federal and state health care policies that enhance patient care, patients’ access to care, and professional practice.

Description  Advocate at the federal and state level for health care policy that promotes access to appropriate, safe, and effective respiratory care for patients and the public. Develop and implement promotion/marketing of the respiratory therapist targeted to legislators, policy makers, and payers. Messages will emphasize the value of the respiratory therapist in controlling the utilization of services, creating cost savings, improving outcomes and patient safety, and increasing access to respiratory care as provided by a respiratory therapist.

Strategies

1. Legislators: Provide information to assist them to advocate for their constituents with a focus on safety and cost advantages of respiratory care provided by respiratory therapists.
2. Regulators: Emphasize regulatory actions that support the patient with chronic disease and the role of the respiratory therapist with a focus on cost savings, quality of care, and improved patient safety from utilizing respiratory therapists.
3. Payers: Emphasize cost effectiveness due to improved outcomes and lower cost than other providers.
4. Decision Makers: Emphasize provision of high-quality care by respiratory therapists while controlling costs of that care. Focus on the value of respiratory care and the respiratory therapist as the best practitioner to provide that care, control inappropriate utilization of respiratory care, and ensure patient safety.
Objective 6  Partner with governmental agencies, community organizations, third party payers, professional societies and the public to promote healthy behaviors and prevent cardiopulmonary disease.

Description  Promote partnerships with interested stakeholders to improve lung health, prevent cardiopulmonary disease, and identify and maximize the care of patients with chronic disease.

Strategies

1. Participate in consumer, professional, and governmental coalitions to promote lung health.
2. Support efforts to encourage smoking cessation and tobacco control.
3. Partner in public education efforts to advise the public on lung health and cardiorespiratory disease.
4. Participate in efforts to educate patients, their families and the public on the importance of disease management for chronic respiratory disease (e.g. asthma and COPD).

Objective 7  Broaden consumer and health care providers’ knowledge and understanding of the value of respiratory therapists in providing safe, competent, and evidence-based care.

Description  Develop and implement promotion/marketing of the respiratory therapist targeted to health care providers, patients, and the public. Educate respiratory therapists on the importance of health promotion, effective smoking-cessation and tobacco-control programs, pulmonary health screenings, patient education, and disease management.

Strategies

1. Consumers: Provide information on higher mortality and increased costs when respiratory care is not provided and when it is provided by someone other than a respiratory therapist. Promote public awareness of the respiratory therapy profession by focusing on quality, safety, and cost issues.
2. Other Health Professionals: Provide information and assistance to assure that respiratory care is provided by appropriate personnel when such care falls outside of the domain covered by the training and demonstrated competence of those individuals.
3. Respiratory Therapists: Provide information to assist therapists in developing and maintaining their skills as chronic disease educators and experts in tobacco cessation.

Objective 8  Assure the Association has the resources to meet the mission and strategic goals of the organization.
**Description**  
Assure that the AARC has the financial, volunteer, and staff resources needed to accomplish the implementation of the strategic plan of the Association. It is necessary to have sufficient income to support the ongoing and new initiatives of the Association if we are to accomplish the goals of the AARC. In addition to financial resources, it is essential that there be active participation of sufficient numbers of effective leaders and an effective and efficient Executive Office to support the efforts to be a leader in health care.

**Strategies**

1. Increase the national and international membership of the Association.
2. Increase the diversity of the members of the Association by providing information to encourage persons who are members of underrepresented groups to enter the respiratory care profession and actively participate in the AARC.
3. Develop and increase the revenue sources needed to support the activities of the Association.
4. Participate collaboratively with strategic partners for mutual benefit.
5. Provide mechanisms to assure a continuous supply of interested, qualified leaders.
6. Increase the involvement of members in the activities of the Association.
7. Ensure the responsiveness of the leadership to the rapidly changing environment today and in the future.
8. Educate Respiratory Therapists about the benefits of AARC membership.
9. Provide information to educators and managers to encourage active participation of students in the AARC and its chartered affiliates and to assure they are fully informed of the science of respiratory care.
10. Align incentives with state affiliates.

Revised: 7/2014; 9/2014  
Approved: 10/2014

**HOUSE OF DELEGATES ORIENTATION INFORMATION**

Immediately prior to each meeting of the House of Delegates, an orientation session is held for all newly elected Delegates. Seasoned Delegates who are interested in refreshing their memory are also encouraged to attend. According to House Rules, any Delegat-who has not attended
one of the previous two meetings of the House must attend an orientation session in order to be credentialed to sit and function in the House. If you are unable to attend an orientation session, you will be allowed to attend the House meeting, though you will be allowed neither voice (you may not address the House) nor vote and you will not be allowed to attend the executive session with the Board.

The goal of the orientation session is to maximize the function of new Delegates, as this is of utmost importance in maximizing the efficiency of the House as a whole. The topics discussed in the orientation session are determined by the orientation committee and should reflect HOD information, including but not limited to the resolution process, parliamentary procedure, house rules, and duties of the House Officers.

The Orientation Committee sends a packet of information to each new Delegate to assist with preparation for your first House meeting. This orientation packet contains a copy of the AARC Bylaws, minutes of the prior House of Delegates meeting, and how to access information posted online. As a new Delegate, it is extremely important for you to thoroughly read and study the information provided prior to attending the orientation session.

As you become involved in the activities of the House, you will find that the more homework you do...the better you will be able to function during each meeting. Just as preparation for your orientation session is important, preparation for each meeting that you attend is also important. A thorough review of the House agenda book will be essential to your preparation and will help you to represent your Affiliate to the best of your ability.

House of Delegates orientation materials and information are available on the AARC House of Delegates webpage at: http://www.aarc.org/state_society/aarc_hod/.
SPEAKER

The Speaker of the House is the presiding officer at all meetings of the House and the liaison between the House and the Board of Directors. She/he prepares the agenda for each meeting based upon consultation with the President, the committee chairs and the Executive Office. The Speaker appoints the chair and members of all House committees. The Speaker also has the authority to remove chairs and members. She/he is also an ex-officio member of each House committee. It is the Speaker's responsibility to plan and coordinate the yearly activities of the House. It is also his/her responsibility to assure that business is conducted in a professional atmosphere and to guarantee that each member has an equal opportunity to express his or her views. The Speaker appoints a Parliamentarian to assist in ensuring that the activities progress in an orderly fashion.

SPEAKER-ELECT

The Speaker-elect automatically becomes the Speaker at the conclusion of the Speaker's term of office. She/he also becomes the acting Speaker, assuming all of the duties but not the office of the Speaker, in the event of the Speaker's absence, disability or resignation. The Speaker-elect also performs any other duties the Speaker may assign. The major task for the Speaker-elect is to plan the activities for the following year. This includes determining the goals for the year, committee charges and committee members. The Speaker-elect also serves on the Finance Committee and as chair of the Audit Subcommittee of the AARC.

IMMEDIATE PAST SPEAKER

The Immediate Past Speaker serves, in the absence of the Speaker, as the liaison between the House and the AARC Executive Board of Directors (the Board). The Immediate Past Speaker is a member of the Board and a member of the House. She/he is the only person within the organization who serves on both bodies. The Immediate Past Speaker has the responsibility with the Executive Office to assure that those individuals who are seated in the House as Delegates have been appropriately elected by the active AARC members of their society, appropriately designated or credentialed by their society as those individuals whom the society would like to have represent them, and appropriately oriented to the function of the House and the relationship of the House to other organizations within the AARC and related respiratory care organizations. The Immediate Past Speaker is also required to perform any additional duties the Speaker or the AARC President may assign. This could mean that the Immediate Past Speaker may be required to serve on other House or AARC committees if requested. The Immediate Past Speaker attends as much of the House meeting as possible and all of the Board meetings. One very important duty of the Immediate Past Speaker is to report BOD activities to the House. However, this is not his/her sole responsibility. Other individuals, primarily the President and the Speaker, may also report to the House activities that occurred during a particular Board of Directors meeting.

SECRETARY
The Secretary is in charge of keeping the minutes of each House meeting, conducting roll calls, tallying poll or e-votes, circulating pertinent correspondence, forwarding copies of the minutes to House Officers and delegations, forwarding attendance records of the Delegates to State Society presidents, and reporting the results of any mail and/or electronic elections. The Secretary serves as a member of the Resolutions Committee. The Secretary is also required to perform any additional duties the Speaker may assign.

TREASURER

The Treasurer is responsible for monitoring the House of Delegates budget and for preparing the budget for the following year. The Treasurer is a working member of the AARC Finance Committee and the Audit Subcommittee, and, along with the Speaker-elect and Past Speaker, provides input into the AARC budget decisions from a HOD perspective. The Treasurer provides information regarding the status of the HOD accounts to the members of the House. The Treasurer also prepares an analysis of the financial impact of a resolution when requested by its author and/or the Resolutions Committee. The Treasurer serves as either the chair or a member of the Delegate Assistance Committee, participates in HOD orientation, and performs any additional duties assigned by the Speaker.

PARLIAMENTARIAN

The Speaker of the House may appoint a Parliamentarian to serve during the Speaker’s term. The Parliamentarian attends all meetings of the House and the House Officers’ meeting. She/he provides advice on matters of parliamentary procedure. In addition, she/he serves as the House Historian and as a member of the HOD Elections Committee. The Speaker may also assign additional tasks to the Parliamentarian as deemed necessary. The Parliamentarian assists the House Speaker, at the Speaker’s request, to ensure that all personnel providing reports are available when needed so that the House moves in a timely manner through the agenda. The Parliamentarian may also assist members of the House in developing motions or providing information regarding the best way to accomplish the goal at hand.

EXECUTIVE OFFICE LIAISON

The Executive Office Liaison is available to members of the House to answer questions that may arise in preparation of resolutions or in identifying resource people or materials. The Liaison attends each House meeting to respond to questions regarding Executive Office procedures and/or to provide updates on the Association’s projects in the membership and public relations arenas. The Liaison serves as a resource to House officers in completing their charges and activities for the year.

EXECUTIVE OFFICE SUPPORT STAFF

The support staff is usually the first point of contact for questions regarding the House activities. The support staff handles the recording of the House meetings, takes notes, and prepares minutes of the meeting in conjunction with the House Secretary. The staff performs administrative functions necessary to the smooth operation of the House including collecting
information for and assembling the House agenda books and resolutions. The support staff is also a resource for HOD committee chairs to help them organize and perform their functions throughout the year.
The following is a description of the committees that operate as part of the House of Delegates. These are committees that are designated in the House Rules as standing committees. In addition, the Speaker may choose to appoint one or more special or ad hoc committees to deal with issues under discussion.

**AARC COMMITTEES**

The following committees are AARC Committees, that is, they all receive their direction from the AARC President, not the HOD Speaker. Because they have significant representation by members of the House, they are included in this guide.

**AARC FINANCE COMMITTEE**

*The Budget Process:* The AARC Finance Committee is composed of the Executive Committee of the Board of Directors (see the Glossary of Terms for a listing of members), the Treasurer of the HOD, and the Speaker-elect of the HOD. The Finance Committee monitors and reviews the finances of the Association and makes recommendations for action to the Board of Directors. The AARC President chairs this committee.

The guiding philosophy in the preparation of the AARC budget is to balance a conservative projection of revenues against a realistic projection of expenses. This enables the Association to maximize the level of service to the membership and the profession while maintaining sufficient capital reserves to assure a sound financial future. Using the rates and volumes, and with the input of the President-elect, AARC Treasurer, Speaker, Speaker-elect, HOD Treasurer and others, preliminary revenue and expense budgets are developed.

In order to maintain integrity, the revenues and expenses are developed independently, sharing only the approved rates and volumes. Because they are developed independently, and because the preliminary expenses include a wish list, such as new or expanded projects that we believe would enhance our service to the membership and profession, the revenue and expenses are not balanced at that point.

The next step is a close review of all accounts. Priorities are established. Some rates and volumes are revised based on the most recent trends. Justifications for all expense items are reviewed. If the budget is still out of balance after this review, and it usually is, both selective and across-the-board cuts may be necessary to bring the budget into balance. The budget overview is distributed at the fall meeting for review and approval by the Board of Directors and the House of Delegates.

*Relationship of the AARC and Daedalus:* Daedalus is a fully owned subsidiary of the AARC. Its purpose was to isolate publishing activities for tax purposes to separate the entity which incurs taxable income. Daedalus and the AARC operating budgets are separate but the consolidated budget is a balanced budget. The House of Delegates approves the annual budgets.

*Capital Equipment:* Typically the AARC does not require a capital budget; however, each year
4% of the budgeted depreciation is set aside for capital expenditures as needed. Capital equipment is defined as furniture, equipment, building or vehicles with a life of more than one year and which cost more than $500.

**AARC BYLAWS COMMITTEE**

The Bylaws Committee is the reviewing body for proposed changes in the AARC Bylaws. The Bylaws Committee, the House of Delegates, Board of Directors or a chartered affiliate can propose changes. If a proposed change is submitted and not withdrawn, it must be distributed to the HOD and the BOD at least sixty (60) calendar days prior to the meeting at which it will be discussed.

Per AARC Chartered Affiliate policies, each affiliate must submit their bylaws for review every five (5) years. The Bylaws Committee reviews the affiliate bylaws, examines them for conflict with the AARC Bylaws, and recommends either changes to them or approval by the AARC BOD. See the Chartered Affiliates Handbook and the Bylaws tracking sheet under www.aarc.org/state_society/ for more information.

The Bylaws Committee is composed of the immediate Past President and four (4) active members elected by the HOD. Two House members are elected each year to serve a 2-year term. The House member receiving the plurality of votes during this election serves as Chair-elect, then Chair of this committee.

**AARC ELECTIONS COMMITTEE**

The AARC Elections Committee is empowered by the Association Bylaws "to prepare a slate of eligible nominees for the following year’s election." The importance of this task cannot be overly stressed, as it will have an impact on our Association and profession for years to come. During its deliberations the committee must adhere to approved policies, procedures, and processes and the provisions of the Association Bylaws. The committee will assure that all information is appropriately documented and that strict confidentiality is maintained. The committee consists of five members, three elected by the House of Delegates and two elected by the Board of Directors. Each member serves a three-year term. The election of members is staggered so that no more than 50% of the committee changes each year. The first year the House member serves as a member of the committee, the second year as chair-elect of the committee, and the third year as chair of the committee.

**HOUSE OF DELEGATES COMMITTEES**

**AFFILIATE BEST PRACTICES COMMITTEE**

The primary function of the Affiliate Best Practice Committee is to identify State Affiliates that have been recognized for demonstrating best practices in selected areas such as membership, communications, community service, legislative activities, student recruitment or other topics which the committee identifies as worthy of sharing. The committee will solicit information regarding best practices from the Affiliates and have representatives prepare an information-sharing presentation to the HOD, with the number of presentations per meeting set at the
discretion of the Speaker. The committee may also utilize other methods to communicate best practices such as AARConnect.

CHARTERED AFFILIATES COMMITTEE

One of the responsibilities of this committee is to concern itself with the activities of the state societies in their relations with the Association, the public, hospitals, health care institutions, regulatory agencies, and other organizations. The Chartered Affiliates Committee is responsible for confirming and providing necessary formal documentation required for Chartered Affiliate Membership in the AARC from each delegation. The committee has the responsibility for evaluating applications for the Summit Award. The Summit Award is presented to the chartered affiliate that has documented their efforts and diligence toward excellence in promoting professionalism, the importance of the respiratory care profession and all the successes achieved through the hard work of the chartered affiliate.

It is also the responsibility of the Chartered Affiliates/Special Recognition Committee to nominate to the House of Delegates an active member who is not an AARC Board of Directors member, AARC Officer, House of Delegates Officer, or AARC committee chair to receive the Outstanding Affiliate Contributor Award. This individual is someone who has been adjudged by their affiliate President and Delegate as having contributed to their affiliate a measure of labor that is of a high degree of quality and quantity.

The committee reviews the nominations and each committee member has the responsibility for voting for the individual whom they determine is most deserving of the award. If there is not a plurality on the first vote, subsequent votes are generally handled by telephone due to the time constraints of determining a nominee in time to submit a report for the agenda book for the summer House of Delegates meeting.

The committee is responsible for presenting their nominee at the summer House meeting for confirmation by a vote of the full House of Delegates. The award is then presented during the AARC International Respiratory Congress. In addition, the committee will be asked to review submitted applications and select the House of Delegates' nominees for Life and/or Honorary Membership, Hudson Award, etc.

DELEGATE ASSISTANCE COMMITTEE

The primary responsibility of the Delegate Assistance Committee is to review and act on requests from state societies for Delegate travel funds according to HOD policy. The specific policy may be found in the House Policy Manual (HD 010 - Delegate Travel Assistance and Funding). The purpose of these funds is to provide financial assistance for Delegate travel for state societies that have budgetary constraints and/or financial difficulty to ensure that they are represented at each HOD meeting. This committee is chaired by the House Treasurer or a House member with at least one full year of experience on the committee.

ELECTIONS COMMITTEE

The Elections Committee's primary function is to coordinate House elections. Election of
officers and committee members for the Bylaws and AARC Elections Committees are held each winter. Nominations for officers are received at the summer meeting only. Nominations for committee members are accepted at both meetings. Officers are determined by a majority vote and committee members by a plurality vote. Biographical information on the officer candidates is collected and compiled by the committee and included in the Agenda Book for the winter meeting. For a more complete description of the elections process, refer to HD Rule 007.

**ORIENTATION COMMITTEE**

The Orientation Committee of the House of Delegates presents an overview of House and Delegate function to all new Delegates prior each House meeting. The purpose of these activities is to ensure smooth functioning in the House, provide a continuum of information flow within the House, and provide information as to the relationships between the House Delegates and their constituents, and the AARC and its Board of Directors. Finally, this committee evaluates its activities by surveying those completing orientation to ensure that the orientation is effective.

**PROGRESS AND TRANSITION COMMITTEE**

The Progress and Transition Committee's primary function, in conjunction with the Orientation Committee, is to evaluate the outcome and effectiveness of House meetings. The committee provides a bridge between the old and the new, often offering recommendations to facilitate that process. This committee has been active in planning cybernetics sessions, assisting committee chairs with the evaluation of their committee members, and updating historical records.

**RESOLUTIONS COMMITTEE**

This committee is chaired by a previous committee member. Its members are appointed by the Speaker for one year terms. The committee's purpose is to review submitted resolutions for compliance with the resolutions guidelines.

It is the committee's responsibility to ensure that resolutions brought to the House floor are clear and contain adequate information for responsible consideration by the body.

**SCRUTINIZING COMMITTEE**

The Scrutinizing Committee is composed of at least three (3) members of the House of Delegates. It is the duty of this committee to critically examine the minutes of the summer and winter House of Delegates meetings as well as the annual AARC Business Meeting. This committee certifies the accuracy of the submitted minutes.

**POLICY AND GUIDE COMMITTEE**

This committee is responsible for the maintaining the integrity and providing consistent review and revision to the House Policy Manual and Delegate Guide. The committee will work with HOD standing committees, the AARC BOD and its committees to incorporate specific policies and delegate information into the Policy Manual and Delegate...
Guide. Any and all revisions must be brought to the House for approval prior to effectiveness and implementation.

STUDENT MENTORSHIP COMMITTEE

The purpose of the committee is to promote the involvement of respiratory students in the business and activities of the House. A formal application process ensures all students receive the same information about the House, its role in the AARC and its affiliates and pairs students with a willing mentor and/or the delegation from their state. Responsibilities of the committee include: assessing the impact of the mentoring program; evaluating / reviewing the applications annually; sending informational e-mail and student applications to the Education Section, the House, the Affiliate President listserv and program coordinators from the host and neighboring states; formulating announcements of the program on Students Connect; corresponding with applicants to ensure they have all necessary information; soliciting mentors; updating the data base of program participants; and, conducting follow up surveys of participants.

PROFESSIONAL VOLUNTEERISM COMMITTEE

The function of this committee is to Identify and promote opportunities for volunteerism and mentorship available for respiratory care professionals. Volunteerism is intended to promote good or improve human quality of life. The committee will examine volunteer opportunities for leveraging the specialized skills and talents of respiratory care professionals in support of the AARC’s mission and goals and improving healthy outcomes in local communities.

HOD BYLAWS COMMITTEE

(Description in development by Speaker)
USING AARConnect

AARConnect is the communications gateway for Association Members and Delegates. This medium is a private social network operated by the AARC. As a delegate you will need to read discussions and access documents that are posted on this site.

There are some short online tutorials to help you become acquainted with AARConnect.

- **How to Use the House of Delegates Community** ([http://youtu.be/kKQRI-zz5KE](http://youtu.be/kKQRI-zz5KE)) - This video will help you find and navigate all of the features of the House of Delegates online community. You will learn how to find the community, post documents in the community and access discussions.

If you would like more detailed instructions on using the following individual features of AARConnect, you may want to watch the following tutorials:

- **Using Discussion Lists** ([http://youtu.be/aRqgPIKmGqY](http://youtu.be/aRqgPIKmGqY))
- **Library** ([http://youtu.be/2ytPLDtgTGk](http://youtu.be/2ytPLDtgTGk))
- **Building your Profile** ([http://youtu.be/SizSD9IguBg](http://youtu.be/SizSD9IguBg))

**Why AARConnect?**

AARConnect allows the House to keep and retain discussions and important documents in a community just for members of the House of Delegates. This is good for tracking and retention of documents and it also allows various committees within the House to have some continuity. Because it is a social network you can "meet" and read about some of your delegate colleagues on their profile pages.

You will receive your communications through emails, but they will always be available to you on the online community.
The resolutions process adopted by the AARC HOD is designed to place before the leadership of the AARC issues and concerns of the membership. As a component of the AARC leadership, the delegates act as representatives of their respective affiliates to convey concerns and make decisions regarding the issues placed before the body. The following guidelines describe the resolutions process, committee composition and purpose.

The following guidelines have been developed to assist members of the House of Delegates (HOD) in the preparation of a resolution for presentation to the House of Delegates. It is an expectation that both the Delegate and Alternate Delegate be familiar with these guidelines. Resolutions accepted for consideration by the HOD must meet standards described in the following guidelines.

**Purpose of Resolutions**

Resolutions approved by the House of Delegates reflect majority opinions of that body and offer direction on issues the HOD considers important to the American Association for Respiratory Care (AARC). The resolution process enables House participation in the governance of the AARC.

**Appropriate Issues as Resolutions**

1. Issues appropriate for consideration as resolutions can pertain directly to the AARC and its affiliates or they may deal with issues external to the Association. Issues covered by resolutions should be compatible with the AARC's Strategic Plan. Exceptions may be made if the intent of the resolution is to change or redirect that Plan.

2. Resolutions that have been considered without approval in an earlier session are not appropriate for reconsideration as resolutions unless events have occurred that are likely to change the disposition of that resolution. Issues that can be dealt with at various levels of the AARC (i.e., BOD, HOD Officers, AARC Executive Office) may not be appropriate for the HOD’s resolution process. If action on an issue can be achieved through a direct approach to the person or committee involved, that method should be tried first.

**The Process of Considering a Resolution**

1. **The Resolution Form (See ATTACHMENT 8 - SAMPLE RESOLUTION FORM).** Resolutions must be submitted to the chairperson of the Resolutions Committee. Access the electronic form via the Internet on the AARC HOD website at: [http://www.aarc.org/state_society/aarc_hod/](http://www.aarc.org/state_society/aarc_hod/). All sections of the resolutions form, with exception of the "Action" Summary, must be completed prior to being accepted for presentation to the HOD. The electronic submission process is outlined below:

   a. 

b. Fill out the information areas on the submission form -

i. **Resolution Number** - Each resolution is assigned a number associated with an indexing system by the HOD Secretary. The number designates the category, year and numerical order of the resolution during the session. Beginning in 1993, resolutions will be put into the AARC’s computer files and can be retrieved according to category and year.

ii. **Resolution Statement** - This statement describes the issue to be considered. It should clearly describe the action(s) sought. The resolution should include who is responsible for carrying out the resolution and under what time lines.

iii. **Executive Summary** - The Executive Summary should be a brief narrative summarizing what you are requesting, emphasizing the primary outcomes and results of implementing your resolution. It should be one paragraph, not exceeding 4-5 sentences. This should be written last after completion of the resolution form. Outcomes: Identify the desired outcome of the resolution in one or two sentences. Strengths: Identify how the positive impact of implementation of this resolution. Include 4-5 objectives that are directly tied to the AARC mission, vision and values. For example, some components of the AARC vision/mission statement that may be utilized are: Professional Excellence; Advocacy for the RT; Advocacy for the patient, their families, and the public regarding RT issues; and Advancing the science and practice of respiratory care. Link each objective, in a sentence or two, how the resolution will address each component of the vision/mission statement. Weaknesses: Discuss problems that may possibly occur because of this resolution. Spend some time thinking this through before it reaches the HOD floor. Consider unintended consequences. For example, in the sample Resolution, an unintended consequence of making RRT the minimum entry level into the profession is a workforce shortage, where there are not enough RRTs to hire and other professions take over RT work..

iv. **Opportunities** - Identify additional and potential benefits from this Resolution

v. **Potential Barriers** - In bullet point form, identify problems that could prevent the success of this Resolution. Provide additional detail if necessary

vi. **Impact of Resolution** - This section identifies any group, office or organization that will be impacted by the resolution. Contact with individuals that would be affected by the resolution may be critical in some cases prior to presentation of the resolution. The Secretary of the House will contact the author of a resolution if discussion with those
affected by the resolution is needed. The resolution’s author is then expected to make this contact prior to the resolution’s consideration in the House.

vii. Financial Impact - Include Total Cost Estimate, 1 Year Cost Estimate, Recurring Expenses and Payback (if resolution has revenue implications, how long (in months/years) it will take for the resolution to pay for itself. Identify any other resources required, including Volunteer time and Executive Office time devoted to the implementation of the Resolution. Include Tracking/Outcomes by identifying how success will be identified and how outcomes will be measured and who will be accountable to measure them.

viii. .

ix. Relationship of Resolution and the AARC’s Strategic Plan - In this section the author is required to associate the resolution with a specific area of the AARC’s Strategic Plan or to deny any association with the Plan. Most resolutions will be able to be assigned to a part of the AARC’s Strategic Plan. A resolution that redirects the AARC’s Strategic Plan should be considered and prepared carefully by the author(s). In general, information about complicated or controversial resolutions should be published in the AARC Record prior to the HOD session during which the resolution would be considered.

x. Resolutions Committee’s Recommendation - This section cites acceptance of the resolution for consideration at a HOD meeting and includes the date of the session at which the resolution will be considered. In the case that critical information is missing from the resolution, this section will note deficiencies that must be corrected prior to consideration of the resolution in a House meeting.

c. Action Regarding Resolution - Space has been provided on this form for notation of the outcome of the resolution’s consideration. The official status of the resolution, however, is recorded in the House minutes.

2. Who May Submit Resolutions? Resolutions may be submitted by a Delegate, Alternate Delegate or an Affiliate. Typically, resolutions are recommended by the Affiliate and authored by its Delegate or Alternate Delegate. Delegates, Alternate Delegates and/or Affiliates may join in any number to sponsor a resolution. A primary author should be identified for communication purposes on every resolution. In the case that no primary author is identified, the first listed name will be considered the primary author.

3. Timelines and Schedule for Processing Resolutions. Deadlines for accepting resolutions will be announced several months prior to the date. The deadline for the next HOD meeting’s resolutions will be communicated in the HOD Secretary’s written and verbal
reports. It will also be published in the Secretary’s report in the AARC Record at least twice prior to the deadline. Resolutions accepted for consideration at a HOD meeting will be mailed to Delegates and Alternate Delegates six weeks (42 days) prior to the HOD meeting during which they will be considered. Deadlines for resolutions have been set at the minimum times needed for each step of the preparatory process. Financial impact information should be completed by the deadline for submitting resolutions. Late resolutions will be accepted only as emergency resolutions (see E., Emergency Resolution Process). A resolution’s author will be notified if the resolution has not been accepted for any reason.

4. **Consideration of a Resolution on the House Floor.** A first reading of the resolutions to be considered during a HOD meeting will be done near the beginning of that session. Reports from the AARC’s executive office staff, AARC officers and committee chairs follow this reading. Those giving reports may be asked by the delegations for information they may need for consideration of the resolutions. At a designated place on the agenda, the House Speaker invites the House to consider the Resolutions. Consideration of the Resolutions follows Robert’s Rules of Order. The author of the resolution then summarizes the resolution, its purpose and supporting information. Delegations may address the issue either pro or con under regular House Rules.

5. **Emergency Resolution Process.** A late resolution may be classified as an emergency resolution by the Executive Committee of the House of Delegates or by a majority vote of the HOD if the subject of the resolution demands immediate attention. The resolution should be submitted to the HOD Speaker or to the HOD Secretary on an official form. If the resolution has a financial impact, it may not be considered without that information.

6. **Completing the Resolutions Process.** Resolutions approved by the HOD which seek action outside of the House of Delegates are forwarded to the Board of Directors by the HOD Speaker. A resolution will not be considered by the BOD until it has been approved by the HOD. The Board of Directors may then act to carry out the resolution, with or without changes, or to postpone, table or deny the resolution. If the resolution is denied, the House may request a representative from the Board to come before the House for the purpose of explaining the decision taken by the Board. It is understood that this session be informational and courteous. To reconsider a resolution that has been denied by the Board, the HOD must reintroduce, then reapprove the resolution at a subsequent meeting. With HOD approval, the resolution will be returned to the BOD. The BOD’s action on the House’s resolutions will be reported in the AARC Record following the BOD meeting at which they were considered. The resolutions and the accompanying BOD decisions will be contained within or attached to House minutes.

7. **Resources.** Resources for developing resolutions include the House Officers, especially current and past HOD Secretaries, and other Delegates and Alternates. AARC Officers and Board Members, Committee Chairs and Executive Office Staff are also sources of information. All are listed in the AARC’s Officiary.
Composition and Role of the Resolutions Committee

The chair and members of this committee are appointed by the HOD Speaker for one year terms. HOD Officers are ex-officio members of the committee and during a HOD meeting, function as the committee.

The committee is charged to review resolutions submitted to the HOD for compliance with these guidelines. It is the committee’s responsibility that resolutions brought to the HOD floor are clear and contains adequate information for responsible consideration by the HOD.

HOD Resolutions History Tracking: 2008 – 2014

Access to the resolutions history is available at: http://www.aarc.org/state_society/aarc_hod/

<table>
<thead>
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<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
<th>BOD ACTION</th>
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<tr>
<td>2014</td>
<td>57-14-1</td>
<td>MO</td>
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<td>Sent back to HOD to develop policy.</td>
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<td>OH</td>
<td>Carried</td>
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Resolved that the AARC create a financial assistance budget of $2000 per year to support Respiratory Care Students attending the House of Delegates meeting.

Resolved that The AARC review and update the Code of Ethics and Professional behavior statement, to include specific language addressing unacceptable conduct related to intimidating and disruptive behaviors.

Be it resolved the AARC Board of Directors and Executive Office continue to collaborate with the Chartered State Affiliates and the NBRC to develop a strategic transitional plan, complete with timetable, to require minimum entry-level for respiratory therapist licensure to be the RRT credential.

Be it resolved the AARC Board of Directors collaborate with the CoARC, the CoBGRTE and the NBRC to develop a strategic transitional plan, complete with timetable, to require the minimum entry-level educational preparation of respiratory therapy program graduates to be the baccalaureate degree level. The strategic plan is to include model curricula to assist existing associate degree programs in formulating articulation strategies with baccalaureate degree granting institutions.
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<td>SD</td>
<td>Carried</td>
<td>Accepted FIO</td>
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<td>Be it resolved the AARC communicate with the CoARC and request the new accreditation Standards require all new programs seeking initial accreditation to grant, at minimum, the baccalaureate degree to its graduates, with the proviso that existing fully accredited associate degree programs may continue to function as long as they meet CoARC accreditation Standards and actively develop articulation mechanisms whereby graduates can pursue baccalaureate degrees relevant to the respiratory care profession.</td>
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<td>2013</td>
<td>77-13-14</td>
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<td>Resolved that the AARC Board of Directors approve an annual recognition award to be entitled, The Bill Lamb Volunteer Award, presented at the national congress which recognizes a respiratory therapist who has demonstrated exemplary service as a volunteer.</td>
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<tr>
<td>2013</td>
<td>62-13-02</td>
<td>CO</td>
<td>Passed</td>
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<td>Be it resolved that the AARC allocate sufficient funds to the Delegate Assistance Committee to allow Affiliates approved for assistance to receive an additional day of lodging and per diem at the winter meeting.</td>
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<td>2013</td>
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<td>PA</td>
<td>Defeated</td>
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<td>Resolve that the AARC contact the NBRC and request a change to the NBRC’s Continuing Competency Program to allow a therapist whose credential has expired to regain active status without re-examination by providing proof of completion of the 30 hour continuing education requirement during the five year active credential period regardless of how long the credential has been expired.</td>
<td></td>
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<tr>
<td>2012</td>
<td>16-12-12</td>
<td>FL</td>
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<td>NA</td>
<td>Closed</td>
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<td>Resolve that any credentialed Registered Respiratory Therapist (RRT) actively enrolled in an AARC recognized and/or accredited advanced level educational program (e.g., Bachelors in Respiratory Therapy) holding Associate Member (Student Member) status be eligible to participate in Continuing Respiratory Care Education programs as a Student Member.</td>
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<tr>
<td>2012</td>
<td>16-12-13</td>
<td>FL</td>
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<td>Resolve that any credentialed Registered Respiratory Therapist (RRT) actively enrolled in an AARC recognized and/or accredited advanced level educational program (e.g., Bachelors in Respiratory Therapy) is eligible to change their membership status to Associate Member (Student Member) with all rights and benefits provided to that level of membership.</td>
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<tr>
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<td>2011</td>
<td>00-11-12</td>
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<td>2011</td>
<td>05-11-04</td>
<td>KS</td>
<td>Defeated</td>
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</table>

Be it resolved that the AARC investigate starting a public membership for patients and other interested parties.

Be it resolved that the AARC investigate the formation of an apprenticeship Program in partnership with the ARCF, for Respiratory Therapists who would like to learn from established researchers.

Be it resolved that the AARC develop a position paper deeming the administration of bronchodilators to hospitalized patients for off-label use as Medicare abuse and waste.

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

Be it resolved that the AARC HOD direct the AARC Bylaws Committee to amend the AARC Bylaws to change the status of the immediate Past Speaker of the AARC HOD to be a voting member of the AARC Board of Directors.

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.

(And furthermore accepted FIO as House carried out their ad hoc committee studying this issue.)

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.

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.
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<th>YEAR</th>
<th>RES#</th>
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<td>2010</td>
<td>94-10-02</td>
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<tr>
<td>2010</td>
<td>87-10-05</td>
<td>LA</td>
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<td>Passed</td>
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<tr>
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It is proposed that additional criteria be added to the Quality Respiratory Care Department recognition. Specifically, the criteria should include criteria for management standards which state that the Respiratory Care Department Director/Manager is a qualified Respiratory Therapist.

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<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
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Be it resolved that the AARC executive office explore and consider implementing a new discounted membership category for members who are over the age of 65.

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<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
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Be it resolved that the AARC will consult with chartered affiliates prior to offering programs that may duplicate or compete with programs offered by the state affiliates in order to support the profession and financial stability of both the AARC and its affiliates.

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<tr>
<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
<th>BOD ACTION</th>
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Resolved that the AARC indicate on the current affiliate membership report whether an individual member has provided an e-mail address, whether they opt to share the address and whether the address is active (no bounce back).

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<tr>
<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
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Resolved that the AARC CRCE application process and member transcript be modified to separately break out the hours devoted to specific course content categories to ensure the usefulness of the transcript in reporting to state licensure boards.

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<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
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Resolved that the AARC increase membership dues $5 beginning January 1, 2009.

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<th>STATE</th>
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Resolved that the AARC create an ad hoc committee to investigate and recommend the feasibility of creating an AARC student leadership initiative.

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<tr>
<th>YEAR</th>
<th>RES#</th>
<th>STATE</th>
<th>HOD ACTION</th>
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Resolved that the AARC engage the NBRC in discussions aimed at reducing the significant cost barrier to participation in the Registry credentialing program, with the ultimate goal being that the total cost to candidates qualified to participate in the Registry credentialing program not exceed that required of qualified candidates for participation in the Certification Credential Program.

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<th>YEAR</th>
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<th>STATE</th>
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Resolved that the AARC provide the option of direct deposit of state affiliate’s quarterly revenue sharing checks into affiliate’s checking account.

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<th>YEAR</th>
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<th>HOD ACTION</th>
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<td>FL</td>
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<td>NA</td>
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</table>
Resolved that the AARC Chartered Affiliates Handbook (latest edition 1/08) be revised to delete: Officers duties Sections: Treasurer line VII; Secretary, line X, and from the General Information Form, line #6 to no longer require the submission of budget information to the AARC. That the AARC cease requiring such information from the chartered affiliates, effective immediately.
ATTACHMENT 2 – E-VOTE PROCESS

1. Anyone requesting that an issue be voted on through the e-vote process must have approval by the HOD Speaker or designee prior to issue going to the HOD list serve. The e-vote process will be used for bylaws votes only after the chair of the Bylaws committee has consulted with the HOD Executive Committee. E-votes will not normally be used during the months of June, July, and August when many people are on vacation. The HOD Speaker or designee will address the HOD list serve with issue and indicate exactly what will be voted on after the discussion period. All votes must go directly to the Secretary. When the topic is posted on the list serve for discussion, the Speaker will indicate the time sensitivity of the topic (that is, why it can’t wait for the next meeting).

2. The delegates would first be asked to respond that they have received the e-mail and that there is an issue to be discussed on the list serve. No discussion would take place until a majority of the delegations have responded that they have received the e-mail.

3. Correspondence from House members will include their first and last name and affiliation.

4. If the issue is a committee recommendation, the issue will go into discussion. If the issue is other than a committee recommendation, the HOD Speaker or designee will ask that the originator bring forth the item as a motion with a request for a second. Once a second has been received, discussion will begin. If a second is not received, motion will die.

5. The exact dates of the discussion period will be indicated in correspondence to the HOD through the list serve by the HOD Speaker or designee. The Speaker reserves the right to end any e-mail discussion when it becomes apparent that the level of controversy would be better handled in a meeting with the entire body present. The discussion period will take place over three working weeks (15 days) so as to be able to involve everyone. There is no “Calling the question” on the list serve.

6. No delegation shall speak more than twice on the same motion or issue.

7. After the discussion period, the HOD Speaker or designee will announce that voting will commence on recommendation/motion. The HOD Speaker or designee will determine a time frame of a minimum of 5 working days and a maximum of 10 working days for the voting period. The HOD Speaker or designee will indicate the exact dates in correspondence to the HOD through the list serve.

8. The voting will go directly to the HOD Secretary with one vote per delegation. If multiple votes are received from the same delegation and in opposition to one another, the Secretary will contact Delegates for clarification on vote. Votes on the list serve before or after the designated voting time will be disregarded. For votes requiring 2/3, it will be 2/3 of those casting a vote, not 2/3 of the body or 2/3 of those responding that they received the posting for discussion. Votes posted to the list serve and not sent directly to
the secretary will be disregarded.

9. The HOD Secretary and Parliamentarian will track:
   a. Recommendation/motion and its originator;
   b. Time frame of discussion;
   c. Time frame of vote; and,
   d. Listing of affiliates' votes, utilizing the HOD Roll Call / Voting Roster.

10. Two days prior to deadline of vote, the HOD Secretary will attempt to contact (via email or phone) those affiliates that have not submitted their votes. This information is to be shared with the HOD Speaker or designee.

11. Results will be verified and reported to the HOD list serve by the HOD Secretary and/or Parliamentarian. The voting results will be reported on the list serve just as though it were a roll call vote. That will expedite entering the vote into the minutes. Delegations who have not voted will be recorded as abstaining. The voting results are effective on the date of the vote. These actions will be included in the minutes of the next HOD meeting.

12. Changes to this process can be made and voted on by house majority.
Parliamentary Procedure Basics

Introduction

Parliamentary procedure refers to the *rules of democracy*—that is, the commonly accepted way in which a group of people come together, present and discuss possible courses of action, and make decisions.

Parliamentary procedure is used by all types of decision-making bodies on a daily basis: school boards, homeowners' associations, city councils, and non-profit boards of directors, for example. Parliamentary procedure also defines what duties people typically have when they are elected the president, secretary, or treasurer of an organization.

Fundamentally, parliamentary procedure defines how groups of people, no matter how formal or informal, can most effectively meet and make decisions in a fair, consistent manner—and make good use of everyone's time. Even a basic background in parliamentary principles can help you and your organization hold more efficient meetings.

Definition - *Parliamentary procedure*, often used interchangeably with "parliamentary law," is more correctly defined as parliamentary law in combination with the *rules of order* that a given assembly or organization has adopted.

**Parliamentary law** is:

- Rules of the game of democracy.
- Rules that govern procedures by which civil and criminal laws are made and adopted.
- Rules and customs that govern deliberative and decision-making assemblies and organizations.

The term *rules of order* refer to written rules of parliamentary procedure formally adopted by a group of people or by an organization. These rules relate to the orderly transaction of business in meetings and to the duties of officers in facilitating the conduct of business. Written rules of order help ensure that the organization functions smoothly and that questions about procedure can be resolved quickly and fairly. An organization's rules of order may include bylaws, standing rules, policy manuals, and other rules.

Objectives

**Parliamentary procedure:**

- Establishes the purpose and structure of organizations;
• Defines membership classifications, rights, and obligations; and
• Defines rules and procedures for conducting business.

**Principles** - Parliamentary law is based upon:

• The will of the majority;
• The right of the minority to be heard;
• Protection of the rights of absentees;
• Courtesy and justice for all; and
• Consideration of one subject at a time.

**Why use parliamentary procedure?**

Knowledge of basic parliamentary procedure prepares a member of any organization to be more effective when participating in business meetings, and allows the member to understand and support the fundamental principles of parliamentary law.

*Robert’s Rules of Order Newly Revised* provides perhaps the best summary of the broad benefit of parliamentary law to organizations:

"The application of parliamentary law is the best method yet devised to enable assemblies of any size, with due regard for every member's opinion, to arrive at the general will on the maximum number of questions of varying complexity in a minimum time and under all kinds of internal climate ranging from total harmony to hardened or impassioned division of opinion." (RONR, 10th ed., p. xlviii)

In other words, while parliamentary procedure cannot guarantee that every member of an organization is pleased with the outcome of a decision, it aims to ensure that every member is satisfied by the manner in which the decision was made, and that the organization makes decisions efficiently but with consideration for every member's opinion.

**Parliamentary Basics**

While a thorough treatment of parliamentary procedure cannot be condensed onto a few Web pages, there are some basic components of effective meeting procedure that can help anyone improve their participation in or facilitation of business meetings. More information is available through participation in National Association of Parliamentarians (NAP) – sponsored activities, and through the products and services that NAP provides.

**Deliberative Assemblies** - Parliamentary procedure is generally applied to the meetings of *deliberative assemblies*. A deliberative assembly has the following distinguishing characteristics:
• It is an independent or autonomous group of people meeting to determine, in full and free discussion, courses of action to be taken in the name of the entire group.

• The group is large enough—usually more than a dozen people—that a degree of formality is needed to make decisions efficiently.

• People having the right to participate (the members of the assembly) are generally free to act within the assembly according to their own judgment.

• In any decision made, the opinion of each member present has equal weight when voting; when a member votes, he or she joins others in assuming direct personal responsibility for the decision when voting on the prevailing side.

• If a member does not agree with the decision of the body, this does not constitute withdrawal from the body.

• If there are absentee members—as there usually are—the members present at a regular or properly called meeting act on behalf of the entire membership, subject only to whatever limitations are established in the governing rules.

**Types of Deliberative Assembly** - The deliberative assembly may exist in many forms. Among the principal types are:

• Mass meeting
• Local assembly of an organized society
• Convention
• Legislative body
• Board

(For more information on the specific characteristics of each of these assemblies, consult *Robert’s Rules of Order Newly Revised.*

**Rules That Govern an Organization** - An organization is typically governed by several different types of rules. These rules form a hierarchy, with higher-ranking classes of rules superseding those of a lower rank.

Common classes of rules, listed from highest- to lowest-ranking, include:

• Federal, state, and local laws
• Articles of Incorporation
• Bylaws
• Special rules of order
• Standing rules
• Parliamentary authority
• Custom

Consult *Robert’s Rules of Order Newly Revised* for more information on each of these types of rules.

**Motions** - There are several classes of motions you may encounter in meetings, listed below. The most commonly used motions belong to the *thirteen ranking motions*. To review the procedure for handling a motion, see **Presiding** section.

**Classes of Motions** - There are several classes of motions you may encounter in meetings:

The *main motion* is the basis of all parliamentary procedure. All business to be considered by an assembly is introduced by a main motion. This type of motion may only be considered if no other business is pending.

**Subsidiary motions** are those that may be applied to another motion for the purpose of modifying it, delaying action on it, or disposing of it.

**Privileged motions** are motions that are unrelated to the current motion, but are of such urgency or importance that they are considered immediately. These motions are related to members, the organization, and meeting procedure rather than the item of business being considered.

**Incidental motions** are motions that are related to, or incidental to, the business being considered, but do not directly modify the pending motion. Motions that bring a question again before the assembly, or **bring-back** motions, are a special type of main motion that permits the assembly to consider business that was previously disposed of.

**Thirteen ranking motions** - The main motion, subsidiary motions, and privileged motions all have rank relative to one another. Table 1 illustrates the motions’ rank and basic characteristics.

**Presiding** - Two essential components of effectively presiding over a meeting are preparing and following an agenda, and handling motions fairly and consistently.

**Sample Meeting Agenda** - (Excerpted from the NAP publication, *The Chair’s Guide: Order of Business*)

• Call to Order
• Opening Ceremonies (optional)
• Roll Call (if customary)
• Reading and Approval of Minutes
## Thirteen Ranking Motions

<table>
<thead>
<tr>
<th>Name of Motion</th>
<th>Is it in order when another has the floor?</th>
<th>Does it require a second?</th>
<th>Is it debatable?</th>
<th>Is it amendable?</th>
<th>What vote is required for adoption?</th>
<th>May it be reconsidered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fix the Time to Which to Adjourn*</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>M</td>
<td>Yes</td>
</tr>
<tr>
<td>Adjourn**</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>M</td>
<td>No</td>
</tr>
<tr>
<td>Recess*</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>M</td>
<td>No</td>
</tr>
<tr>
<td>Raise a Question of Privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>(1)</td>
<td>No</td>
</tr>
<tr>
<td>Call for the Orders of the Day</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>(2)</td>
<td>No</td>
</tr>
<tr>
<td>Lay on the Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>M</td>
<td>No</td>
</tr>
<tr>
<td>Previous Question</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Yes</td>
</tr>
<tr>
<td>Limit or Extend Limits of Debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>2/3</td>
<td>(3)</td>
</tr>
<tr>
<td>Postpone to a Certain Time (Definitely)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>M(4)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commit (Refer to a Committee)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>M(5)</td>
<td></td>
</tr>
<tr>
<td>Amend</td>
<td>No</td>
<td>Yes</td>
<td>(6)</td>
<td>Yes</td>
<td>M</td>
<td>Yes</td>
</tr>
<tr>
<td>Postpone Indefinitely</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>M</td>
<td>(7)</td>
</tr>
<tr>
<td>Main Motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>M</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Based on *Robert's Rules of Order Newly Revised* (RONR)

* A main motion if made when no business pending

** Check RONR for specific rules

(1) Chair grants
(2) No vote: demand
(3) Yes, the unexecuted part may be reconsidered
(4) 2/3 vote required if made a special order
(5) Yes, if the committee has not started work
(6) Yes, if applied to a debatable motion
(7) Only an affirmative vote may be reconsidered
Sample Meeting Agenda - (Continued)

• Reports of Officers, Boards, and Standing Committees

• Reports of Special Committees (announced only if such committees are prepared or instructed to report)

• Special Orders (announced only if there are special orders)

• Unfinished Business and General Orders

• New Business

• Announcements

• Program (if a program or a speaker is planned for the meeting)

• Adjourn

Procedure for Handling a Main Motion

Obtaining and Assigning the Floor

1. A member rises when no one else has the floor and addresses the chair: "Mr. /Madam President," "Mr. /Madam Chairman," or by other proper title. (In a large assembly, the member gives his name and identification.)

   The member remains standing and awaits recognition by the chair.

2. The chair recognizes the member by announcing his name or title, or, in a small assembly, by nodding to him.

How the Motion is Brought before the Assembly

1. The member makes the motion: "I move that (or 'to')..." and resumes his seat.

2. Another member, without rising, seconds the motion: "I second the motion," or "I second it" or even just "second."

3. The chair states the motion: "It is moved and seconded that .... Are you ready for the question?"

Consideration of the Motion

1. Members debate the motion. (See Discussion and Debate section).

2. The chair puts the motion to a vote.

   The chair asks: "Are you ready for the question?" If no one rises to claim the floor, the chair proceeds to take the vote.
The chair says: "The question is on the adoption of the motion that... As many as are in favor, say 'Aye'. (Pause for response.) Those opposed, say 'No'. (Pause for response.)"

3. The chair announces the result of the vote.

"The ayes have it, the motion is adopted, and .... (indicating the effect of the vote)," or

"The no’s have it, and the motion is lost."

**Discussion and Debate** - Discussion, or debate in parliamentary terms, is how an assembly decides whether a proposed course of action should be followed. Disagreement is healthy, and helps the organization make the best decision if discussion is approached fairly and consistently:

- Before speaking in debate, members obtain the floor as described in presiding section.
- The person who makes a motion may speak on it first, if he expresses the desire to do so.
- All remarks are addressed to the chair, not to other members.
- Debate is confined to the merits of the motion currently under consideration.
- Debate can only be closed by order of the assembly (2/3 vote), or by the chair if no one seeks the floor for further debate.

**Fundamental Rights** - The rules of parliamentary law are constructed upon a careful balance of the rights:

- Of the majority,
- Of the minority, especially a strong minority (greater than one third),
- Of individual members,
- Of absentees, and
- Of all these together.

Fundamentally, under the rules of parliamentary law, a deliberative body is a free agent—free to do what it wants to do with the greatest measure of protection to itself and of consideration for the rights of its members.

**References**


The AARC HOD meets twice a year, once during the summer in conjunction with the Summer Forum and once in the fall in conjunction with the annual International Congress. Meetings run over a two-day period. An agenda book is provided to the HOD containing reports of interest from the HOD, AARC BOD, AARC Executive Office, BOMA, NBRC, CoARC, ARCF, AARC Government Affairs, and other AARC/HOD committees.

During each meeting resolutions are brought before the HOD and acted upon. Resolutions passed by the HOD are sent to the BOD for consideration not later than the next regularly scheduled BOD meeting. Performance of the HOD work is not always done during the HOD meetings. Much time and effort are spent year-round to facilitate accomplishment of House business.

1. HOD officers include the Speaker, Speaker-elect, Past Speaker, Secretary, and Treasurer.

2. HOD standing committees currently include Chartered Affiliates, Credentials, Delegate Assistance, Elections, Executive, Orientation, Progress & Transition, Resolutions, Scrutinizing, and Special Recognition. Access to these committees is through appointment as well as indicated interest by a delegate.

3. Special committees are appointed by the Speaker to perform work outside the purview of the HOD standing committees. These may be referred to by a specific name and/or by the term "ad hoc".
ATTACHMENT 5 – HISTORICAL OVERVIEW

Created – December 1990; Updated May 2012

The AARC HOD grew out of a meeting of state society presidents, which took place in Detroit, Michigan, in 1965. What follows is a very brief overview, listing some of the high points of the House from 1966 to 1980. The historical overview of the HOD during the 1980's and early 1990's follows the first 15-year segment. Bear in mind that what is contained herein reflects only the HOD actions and not those of the Association overall, except where otherwise noted. All issues were passed by the HOD. AARC BOD action was outside the scope of this effort. Care has been taken to be objective and historically accurate.

1966: Boston ... first meeting of the HOD ... 3-day meeting ... time spent on structure and function ... one vote per delegation and poll voting emerges.

1967: Los Angeles ... minutes incomplete.

1968: Houston ... first previous question called ... Scrutinizing Committee begins ... first poll vote ... pursuit of licensure ... two HOD meetings per year (defeated).

1969: Kansas City ... first HOD member sits in on AAIT (American Association of Inhalation Therapy) BOD meeting by invitation ... legislative governance/balance of vote between HOD and BOD raised as question by AAIT President ... first smoking resolutions ... Nominating Committee elected by HOD, BOD to elect own officers ... HOD to approve Association budget ... better communication stressed between HOD and BOD (J. Liverett, Speaker HOD and V.P., AAIT).

1970: New Orleans ... first joint session of HOD and BOD ... AAIT Bylaws fail (less than 50% of active members voted) ... HOD passes budget ... continuing education standards formulated ... National Nominations Committee discussed ... HOD to implement orientation ... BOD Nominations Committee and elections process challenged via withholding of member dues payment until process amended as per member request (referred).

1971: Philadelphia ... first orientation report conveyed success ... geographic representation via elections discussed ... Bylaws fail - HOD proposes change to allow passage when 2/3 of votes are cast in favor ... HOD wants only one Nominations Committee (from HOD) as official source to BOD Nominations Committee ... Life Membership for all past and future Presidents (BOD defeated) ... proposal to move Executive Office (from Riverside, CA).

1972: Las Vegas ... 25th anniversary of the Association ... Bylaws pass - Association now AART (American Association for Respiratory Therapy) ... do we want a worldwide organization? (HOD Speaker, J. Allen)... AART headquarters moved to Dallas, Texas ... HOD Vice Chair "BOD very much tuned in and sympathetic with activities and interests of the HOD" ... censure letters sent to delegates not attending meetings in Philadelphia ... six geographic districts/meetings proposal discussed ... a voice and then another voice speak to the regional meeting concept ... alternate and delegate terms recommended (2 years) ... ban on smoking in all meetings of the annual meeting.
1973: Atlanta ... membership seals replace certificates ... BOD election returns 23.1% of ballots ... AART opts against National Economic Council as collective agent ... AART officers to be elected by the membership ... delegates can serve up to six years ... poll vote removes grandfather clause (Technician Certification Board).

1974: Dallas ... does President-elect need to continue as Speaker of the HOD? (R. Knosp - HOD Speaker)... legal credentialing groundwork laid ... the number of AART committees cut from 80 to 40 and committee members from 750 to 350 ... NBRT (National Board for Respiratory Therapy) to take over Technician Certification Board on January 1, 1975 ... revenue sharing and member cards begin in 1975 ... past HOD records should be transferred from delegate to alternate ... proposed 50% turnover in HOD withdrawn ... Model Licensure proposal ... BOD limited to one term.

1975: Anaheim ... President-elect H. Anderson points out confusion of HOD speaker and chair of HOD, proposes that BOD elect on a regional basis ... first tripartite meeting held ... Rad techs challenge use of AART logo in court ... Executive Director W. Singletary resigns ... AART plans trip to USSR ... Nominations Committee name changed to Nominating Committee ... establish criteria used in selection of officers and BOD (postponed) ... acquisition of Washington, DC lobbyist legal counsel for BOD ... HOD orientation becomes mandatory ... RT specialization recommended to Long Range Planning Committee ... R. Weilacher named new Executive Director.

1976: Miami ... AART to buy Executive Office building ... single entry level is priority - 14 or 18 BOD members came from the HOD ... continue to strive for meaningful governmental balance (H. Anderson, AART President) ... HOD asks for complete BOD explanation of resolutions that the HOD passes ... dues increase defeated ... HOD to elect Nominating Committee each year - 3 members, one of whom shall be a past AART president (defeated) ... Uniform Reporting Manual begins as RVU system ... litigation considered to gain fee for service reimbursement ... orientation to be separate from HOD meetings ... future dues increases shall originate in HOD ... delegation terms shall be at pleasure of the chartered affiliate ... litigation with Rad techs not recommended because of cost factor ... annual mandatory delegate report of 300 words or less.

1977: New Orleans ... office of past chair established ... Bylaws change adds annual business meeting ... BOD members cannot be delegates or alternate delegates ... Executive Director resigns ... Nominating Committee to use "definitive criteria" in nominee selection ... dues amount to be joint decision of HOD and BOD ... Nominating Committee has 19 candidates ... HOD to meet twice a year.

1978: Atlanta ... first summer meeting of HOD ... AART names Sandra Parkinson as Executive Director... deficit budgeting is no longer acceptable (passed unanimously) ... first clinical simulation. Date set ... AART to establish incoming WATS line.

1978: Las Vegas ... call for poll vote requires one-third of delegates ... chartered affiliate application criteria includes state boundaries and minimum number of members ... Bylaws amendment - Nominating Committee to have three active members elected by HOD and two active members elected by BOD (defeated) ... Nominating Committee procedural manual with
standards containing specific and measurable elements ... $10 dues increase to begin in 1979 ... increase in revenue sharing defeated ... incoming WATS line defeated and then passed ... AART hires a controller ... Progress & Transition Committee created ... HOD Orientation Committee created.

1979: Washington, DC ... past chairman to chair Credentials Committee ... unanimously passed a resolution to continue to meet twice a year ... Association to develop a Standards of Practice document ... HOD to hold a reception at each meeting ... Nominating Committee procedures and policies adopted ... discussed combining respiratory therapy and cardio-pulmonary technology.
The following is offered to the AARC House of Delegates (HOD) as a historical perspective of the decade of the 1980's and 1990's through the present. Due to time and space constraints, what you will read in the following pages is not all inclusive, but rather indicative of the business carried on by this body based on the landmark and recurrent issues and resolutions. Some statistics are absent, but hopefully a sense of purpose is present. The 1990 Progress and Transition Committee's format for presenting landmark/recurrent topics is respectfully maintained as a basis for future historical record keeping of the AARC House of Delegates.

**1980 - Landmark Issues, AART President Sam Giordano**

1. Delegates are to be elected by chartered affiliate members who are also AART members.
2. The International Respiratory Care Committee is created and replaces the Hispanic Affairs Committee.
3. Legislation and legal credentialing workshops.
4. HOD to meet in conjunction with Summer Forum.
5. Affiliates shall require active members to hold concurrent AART memberships.
6. AART Director and Controller resign.
8. Delegate travel to be a line item in 1981 budget.

**1980 - Recurrent Issues/Resolutions**

1. Nominating Committee point system criteria.
2. Special membership approval, life and honorary (seven received life approval during summer meeting).
3. Delegate/Alternate term of office.
4. Increase revenue sharing.
5. Budget, related to the legislative consultant.

**1981 - Landmark Issues, AART President George West**

1. Affiliates require active members to hold concurrent AARC memberships.
2. HOD denies first life membership nominee this honor.
3. Sam Giordano named Associate Executive Director.
4. HOD orientation manual approved.

5. For profit organization (Daedalus) discussed.

6. Handling of emergency resolutions criteria.

1981 - Recurrent Issues/Resolutions

1. Seven individuals receive life memberships.

2. Patron membership/revenue sharing.

3. RT standards and recognition in Veterans Administration system.

4. Reduction of dues for married members.

1982 - Landmark Issues, AART President John Walton

1. HOD not to meet during annual AARC Convention.

2. Past AARC President to be BOD liaison to HOD.

3. California credentialing bill passes.

4. HOD establishes “Delegate of the Year” award.

5. HOD orientation manual replaced by:
   a. Welcome letter from Orientation Committee chair
   b. Copy of AARC Bylaws
   c. Minutes of previous two HOD meetings
   d. Copy of previous HOD newsletter
   e. Copy of Parliamentary Procedure
   f. Copy of HOD Rules

1982 - Recurrent Issues/Resolutions

1. Smoking cessation assistance - patients and RT.

2. Government monitoring to assure RC is correctly identified and represented.

3. Nominating process, CIF (Candidate Information Form) revision.

4. Minimum entry level of Associate Degree.

5. Dues increase/revenue sharing.
6. HOD chair to serve as liaison to BOD.

**1983 - Landmark Issues, AART President Glen Gee**

1. $20,000 budget line item added for state credentialing.
2. HOD and BOD to institute three-year sunset provision to review policies and procedures.
3. Candidates' positions on ballot to be by lot.
4. Credentialing a high priority.

**1983 - Recurrent Issues/Resolutions**

1. Delegate credentialing/voting.
2. HOD newsletter to be published six times per year.

**1984 - Landmark Issues, AART President Julie Ely**

1. American Physical Therapy Association announces a cardio-pulmonary exam for their members.
2. Bylaws changes include HOD past chair as a member of BOD.
3. HOD newsletter subscriptions made available to interested members at a yet undetermined cost.
4. HOD opposes part of resolution 61-84-10, "The HOD may veto actions of BOD by a 2/3 vote of the majority of HOD".
5. Cybernetics session to be a permanent part of HOD meetings annually.

**1984 - Recurrent Issues/Resolutions**

1. Nominating process - HOD to determine final slate of candidates from Nominating Committee list.
2. Insurance package to be a continuing benefit.
3. Nominating Committee - ad hoc committee to be appointed to refine current criteria.
4. Nominating process - point system modification.
5. Credentialing, reimbursement, and member retention identified as priorities.
6. HOD nominating process - officers and committees nominated at summer meeting and elected at winter meeting.
7. HOD and BOD to continue joint meetings.
8. Dues increase/revenue sharing - total of $5.00 with $2.50 shared (defeated).

1985 - Landmark Issues, AART President Richard Beckham

1. HOD liaison resigns - Julie Ely fills vacancy.
2. HOD endorses BOD appointment for President-elect.
3. New JRCRTE essentials implementation discussed.
4. AART's NBRC representatives' "actions questioned to be in AARC's interest" (motion to pursue defeated).
5. Caucus time for HOD and BOD at each meeting.
6. The Social Intercourse Committee (SIC) is born.

1985 - Recurrent Issues/Resolutions

1. All past AART Presidents to be life members.
2. Nominating process - criteria, point, structure, and candidate information form.
3. Increase minimum entry level, referred to Task Force on Professional Direction.
4. Membership dues increases/decreases.
5. Establish AART speaker’s bureau - discussed.
6. HOD nominations/elections amendments.

1986 - Landmark Issues, AARC President Jeri Eiserman

1. Biosystems education program fails.
2. BOMA approves model RC practice act.
3. New legislative consultant hired, Raymond D. Cotton, P.C.
4. Viability study by NBRC to investigate a specialty credential for perinatal/pediatric RCP's.
5. Poll vote to be taken on any matter directly involving AARC membership.
6. AHA agrees to assist with state heart association - not receptive to RT's taking ACLS.
7. Discussion on moving HOD summer session to coincide with BOD spring meeting.
8. Group liability insurance for chartered affiliate officers/directors proposed.
9. President and Executive Director appointed to JCAH advisory panel for development of home care standards.
10. BOD increases AARC per diem from $25 to $30.

11. All AARC position statements must be approved by HOD before adoption.

12. Audit Committee to elect HOD members with staggered terms and HOD has majority of committee members.


14. Funds set aside for literature search of any litigation involving RCP's or RT procedures.

15. Name change to AARC.

**1986 - Recurrent Issues/Resolutions**

1. Affiliates begin name change process.

2. HOD makes name changes in HOD Rules.

3. Nominating Committee criteria changes.

4. Summer Forum proposed for Portland, Maine.

5. Funds for state credentialing to be made available for affiliates regardless of resources.

6. Affiliates asked formally to change "Respiratory Therapy" to "Respiratory Care".

7. Dues increase to $60, $15 revenue sharing, one or two membership sections free (defeated).

8. Member recruitment - three mailings of AARC Times to non-members passed.

9. Legal credentialing - eighteen affiliates successful.

10. BOMA - Medicare reimbursement pursuit continues.

11. Smoking - AARC supports Hatch bill to ban smoking on all public conveyances.

12. 1987 legislative objectives include pursuit of issues in home care and quality of care.

13. HOD chair opposes changing time frame of HOD summer meetings.

14. BOD asked to look into development of an RC archives/museum.

15. BOD asked to charge a committee with review of federal regulations on use of portable oxygen systems on common carriers.

**1987 - Landmark Issues, AARC President Melvin Martin**

1. Legislative representative discusses HCFA authority to administer proficiency tests to allied health professionals.
2. BOD talks of moving Executive Office, as per auditor's suggestion.

3. One chapter affiliate elected not to attend HOD meeting even after an offer of travel funding.

4. BOD considers aid of a PR firm to help conduct a press conference on airline smoking survey.

5. Central America RT Association is represented in the HOD for the first time.

6. Ventilator standards to be developed.

7. Definition of an active member is raised by Rhode Island Society.

8. HOD overrules chair definition of an active member sending request of definition to Membership Services and Public Relations Committee.

9. Pilot project for alternative site reimbursement through Medicaid (California and Texas).

10. Durbin amendment (2-hour flight smoking ban) passes U.S. House of Representatives.

11. Illinois proposes abolishment of nominations point system.

1987 - Recurrent Issues/Resolutions

1. Delegate travel funding increased to $4,000.

2. HOD asks for dialogue seeking cooperative efforts between allied health organizations – referred to Task Force on Professional Direction.

3. Nominations criteria.


5. BOD commends HOD on smoking survey efforts.

6. AARC to purchase building for exclusive occupancy cost not to exceed $1.2 million.

7. Past chair to oversee credentialing of delegations.

8. Liability insurance for chapter affiliate BOD's defeated.

9. 800 line for Q&A on cardio-pulmonary health and disease (defeated).

10. Videotape and telecommunication lectures for RC category I credit.

1988 - Landmark Issues, AARC President Gerald Dolan


2. AMA proposes registered care technologists (RCT).
3. AARC Continuing Education system streamlined.
4. Dakota Society for Respiratory Care splits into North and South chartered affiliates.
5. Funds and guidelines for Executive Office travel to state meetings developed.
6. Revenue sharing to increase to $2 to affiliates when Association membership increases by 5,000.
7. Budget monies set aside for public relations.
8. HCFA seeks input for ventilator dependent patients.

1988 - Recurrent Issues/Resolutions

1. Vento-Durenberger bill passes Congress.
2. Smoking - HOD and BOD officers must be non-smokers (defeated).
3. Leadership workshops to be held at annual meetings.
4. Point system for nominations to be abolished by 1992.
5. Dues increase by $10.00.
6. Delegate travel fund criteria discussed.
7. State credentialing budget amount discussed.
8. Ad hoc committee on nominations process discussed.
10. HOD Election Committee recommends that ballots be held for thirty days and then destroyed.

1989 - Landmark Issues, AARC President Paul Mathews

1. Dialogue with World Health Organization.
2. Mexican Society for Respiratory Care is new international affiliate.
3. AARC name in congressional record as a result of airline smoking survey.
4. NBRC entry level exam scores increase by 15-20%.
5. Clinical practice guidelines to be goal of Association in coming years.

1989 - Recurrent Issues/Resolutions

1. Status of RT’s in the military discussed.
2. Nominations process ad hoc committee gives recommendations.

3. AARC awards to be reviewed as a whole.

4. Marketing workshops discussed.

5. Dues payment proposed via electronic transfer.


7. Summer Forum in Hawaii within the next five years; passed and referred to Program Committee.

8. Nominations Committee process draft.

9. HOD asks Program Committee to seriously consider holding a national meeting in New England.

10. Smoking resolutions X four.

11. RCT proposal discussed at length.

12. Smoke free profession by 2000 passed.

1990 - Landmark Issues, AARC President Jerome Sullivan

1. Employment by the AARC Executive Office of a Director of Education.

2. CLIA '88 threatens to exclude Respiratory Care Practitioners and their medical directors from rendering arterial blood gas services and possibly pulmonary function services.

3. $25,000 allocated to survey number of ventilator-dependent patients.

4. Canadian Immigration Department agrees to a proposal allowing respiratory therapists who have completed a two-year program and have three years experience inclusion in the Schedule 2 list.

5. AMA House of Delegates votes to stop RCT Project.

6. Clinical Practice Guidelines Steering Group meets and identifies five focus groups.

7. The first International Colloquium meets in conjunction with Summer Forum - seven countries represented.

8. Thirty-one states have credentialing bills passed.

9. HOD celebrates its 25th Anniversary.

1990 - Recurrent Issues/Resolutions

1. Revision of the "Active" member definition/classification.
2. Nominating Committee develops revised nominating process and requests input from delegations regarding criteria.

3. Select Committee is appointed to review all aspects of AARC governance.

4. Recognition of RCP's who pass the new NBRC Perinatal/Pediatric exam.

5. Reduction as recognized by the AARC; required CEU contact time from sixty to fifty minutes.

6. Nominating Committee proposes three-year staggered term of office for committee members.

1991 - Landmark Issues, AARC President Patrick Dunne

1. AARC Clinical Practice Guidelines introduced.

2. First Management Training module presented prior to the 1991 Atlanta Convention.

3. Bachelor Degree courses offered at annual meeting by Western Michigan University.


5. Government Affairs: Bills HR1120 and S1120 introduced.

6. First Consensus Conference on Respiratory Care Education to occur.

7. First International Congress for Respiratory Care meets formally at the 1991 annual meeting in

8. Atlanta - approximately twenty countries represented.

9. First joint retreat of the Executive Committee of the AARC and the HOD officers.

10. First draft of a "white paper" to formally establish the role and responsibilities of the RCP in the discharge planning process introduced.

11. Installation of the IBM System 400 Computer completed at the AARC Executive Office.

12. Gender neutral language for HOD officers, i.e., chairman to speaker, etc.

1991 - Recurrent Issues/Resolutions

1. Ad Hoc Committee on Data Collections designed tool for affiliate BOD's to evaluate HOD function.

2. HOD holds focus group sessions to discuss HOD participation in AARC's governance. Areas of participation included: (1) influence in budget and strategic plan; (2) communication between membership/affiliates and BOD; (3) nomination and
appointment process; (4) project and committee functions.


4. Bylaws Committee tables proposal to broaden the Active Membership category by the AARC.

5. Categories for large, small, and most improved Chartered Affiliate of the Year Awards replaced with a single Chartered Affiliate of the Year award and two Honorable Mention Affiliate of the Year designations.

6. Blue Ribbon Panel selected to evaluate the JRCRTE accreditation process.


1992 - Landmark Issues, AARC President Bob Demers

1. Employment by the AARC Executive Office of a Director of State Affairs, working with affiliates on state issues such as state credentialing.

2. Education Consensus Conference was held in October, 1992 to look into designing an education system which would address the future Respiratory Care Practitioner.

3. Establishment of a Home Care Specialty Section was approved.

4. AARC membership surpassed 35,000 which resulted in an increase of 20%. Specialty Section membership grew to 10,000, a 25% increase.

5. The Task Force on Professional Direction, in conjunction with Arthur Anderson and Company, Inc., developed a paper: "Impact of State Regulations on the Respiratory Care Profession".


1992 - Recurrent Issues/Resolutions

1. Ad Hoc Committee on Data Collections becomes a standing HOD committee. The function of this committee is to develop, distribute, gather and synthesize all HOD surveys.

2. The first "Delegates report cards" and the "House performance appraisals" were sent out to serve as evaluations of effectiveness of the HOD.

3. The nominations process for AARC officers and directors was revised, i.e., reduction of paperwork. The new system will be used in 1993.

4. New criteria and process for selection of Affiliate of the Year presented and approved.
5. Two chartered affiliates on line with token ring computer network with the Executive Office.

6. Eight new Clinical Practice Guidelines were published.

7. Respiratory Care Practitioners 2001 public relations campaign to market the Respiratory Care Practitioner is announced.

8. HOD Rules amended to indicate that failure to attend an orientation session for any delegate/alternate will result in no voice or vote.

9. JRCRTE announced a proposed fee increase for accreditation of programs to begin in 1994.

10. The first AARC regional workshop on licensure was held in October, 1992 in Newark, New Jersey.

11. Formation of an Ad Hoc Committee for Active Membership to review eligibility criteria.


1993 - Landmark Issues, AARC President Dianne Lewis

1. Thirty-eight states and Puerto Rico have some form of legal credentialing and several of these states are attempting to upgrade their practice acts to full licensure if not currently fully licensed.

2. Operational guidelines are being developed for new committee chairs and members to assist them with ongoing functions and timeliness. The principles of Continuous Quality Improvement (CQI) are being incorporated in the revisions.

3. Recommendation from the Ad Hoc Committee on Active Membership to change the criteria for active membership receives a favorable vote in the HOD. The new criteria do not require active employment in traditional definition of "Respiratory Care" or signature on the application of a Medical Director/Sponsor.

1993 - Recurrent Issues/Resolutions

1. Appointment of the Ad Hoc Committee on the Strategic Plan for the HOD to develop the first strategic plan for the HOD.

2. The Model Practice Act is being revised.

3. Committee Accreditation Allied Health Education Programs (CAAHEP) is proposed as an umbrella accreditation agency to replace Committee Allied Health Education Accreditation (CAHEA).

4. Focus group sessions of HOD address "Marketing the RCP" to assist the Executive Office of AARC with input for this strategic project.
5. A general disaster fund was established to aid AARC members involved in national disasters.

6. Each affiliate was invited to voluntarily contribute to the ARCF for the purpose of establishing an endowment fund to support the International Fellowship Program. There were ten International Fellows funded in 1993.

7. A second Consensus Conference on Education was held in October to deal with the implementation of the revised curriculum.

8. Ad Hoc Committee on Accreditation was appointed by President Lewis to study accreditation issues.

9. Therapist Driven Protocols are being promoted as a major method to streamline patient care and contain cost.

10. Joint Review Committee for Respiratory Therapy Education (JRCRTE) changes bylaws, eliminating appointment provision of AARC representatives to the committee by the AARC.

1994 - Landmark Issues, AARC President Deborah Cullen

1. AARC implements Director of Management position at Executive Office. Hires Bill Dubbs, MBA, for this position. Position active during the fourth quarter.

2. AARC Board of Directors votes to cease sponsorship for JRCRTE due to failure of JRCRTE to follow agreed upon actions from February 28, 1994 Sponsors meeting. AARC Board of Directors takes action to form/sponsor new accreditation agency called Respiratory Care Accreditation Board. The vote is unanimous.

3. AARC institutes clearinghouse for Therapist Driven Protocols at Executive Office. All AARC members have access and can obtain protocols for small fee.

4. AARC institutes Spaceworks Computer Network which allows AARC members and affiliates to access “AARC Online”.

5. House of Delegates (HOD) unanimously passes floor motion to support AARC Board of Directors actions with regards to JRCRTE and formation of Respiratory Care Accreditation Board (RCAB).

6. HOD votes not to suspend HOD Rules to revisit BOD actions on JRCRTE and RCAB.

7. AARC forms clearinghouse for information related to restructuring and re-engineering. HOD affiliates encouraged to have their members supply information whenever available on these issues to be shared with members involved with restructuring in their institutions.

8. AARC takes official position on cultural diversity within organization.
9. Data Collections Committee reports that in membership satisfaction survey that 13% of all AARC members are married to another RCP.

10. AARC filed and settled a libel suit against two ASA physicians.

11. Health Care Reform was a significant topic of United States Congressional Debate. Case study source books were mailed to nearly 200 influential members of congress citing examples of economic impact, quality of life and appropriateness of care issues for respiratory patients.

12. Letter writing campaigns to U.S. Senators and Representatives were encouraged to draft language recognizing Respiratory Care Services in the home, sub-acute care facilities, nursing homes and rehabilitation sites.

13. Ad Hoc Committee on Procedure Coding for Respiratory Care proposed new and revised CPT and HCPCS codes to AMA and HCFA. Recommendations were published in the AARC Times magazine.

14. AARC proposed a $5.00 dues increase starting in 1995 to offset decreased advertising revenues and increased costs of Respiratory Care and AARC Times publications.


1994 - Recurrent Issues/Resolutions

1. Dr. Barry Make, Chair of the Board of Medical Advisors (BOMA) states he will express desire of HOD to have next medical advisor present at some time during HOD meetings to answer questions about BOMA report and important issues.

2. Request made for publication in AARC Times of a glossary of terms pertaining to re-engineering and restructuring.

3. Affiliates requested receipt of issues associated with budget in advance of HOD meeting. This will facilitate communications to affiliates.

4. Resolution passed to request AARC research feasibility for creation of position for Director of Research.

5. Resolution passed for AARC to survey affiliates on RCP salaries before and after licensure.

6. RCAB will have tab in agenda book for future HOD meetings to provide communications about actions of this proposed accreditation body.

7. HOD revisited the question of voluntary contributions to the International Fellowship Program. This position was reaffirmed.

8. AARC BOD approves a survey to be conducted on licensure acts for specific statements
about the RCP’s role in home care.

9. Open microphone request to change designation of Delegate and Alternate Delegate to Senior Delegate and Delegate. This was due to concern that Alternate Delegate designation may decrease perceived importance of role.

10. During CQI Focus Group Sessions, all delegations were requested to convey the results and proceedings of all HOD and BOD reports back to their affiliates.

11. Progress and Transition Committee requested through formal charge to develop method of procurement of AARC CRCE credits for attendance at HOD meetings.

12. Resolved that AARC develop outline to guide affiliates in the process of gaining Medicaid reimbursement for RCP services in alternate sites.

13. Resolved that the AARC HOD and BOD establish an ad hoc committee intended to foster shared governance on matters related to mission, bylaws, budget and nominations.

14. AARC Bylaws were changed to make the Chartered Affiliates Committee a HOD committee - no longer an AARC standing committee.

1995 - Landmark Issues, AARC President Trudy Watson

1. CQI session pertains to communications paths and ways to improve the bidirectional flow of information required for the many different groups within our organization.

2. HOD votes to approve Bylaws changes to allow active members who reside in one state, but work in another, the option for membership in the state of their choice.

3. Chartered Affiliates Award system to be suspended for one year.

4. AARC establishes Internet Website.

5. New Ad Hoc Committee for Operational Effectiveness formed to investigate restructuring of the voluntary portion of the AARC.

6. AARC and NBRC develop computer software for the National Respiratory Care Disciplinary Database.

7. First regional meeting held in Chicago in the fall addressing issues on health care reform.

8. AARC changes committee name of Therapist Driven Protocols to Cardiorespiratory Protocols.

9. Respiratory Therapy has been added to the list of providers for some services rendered in Medicare Part A.

10. Implementation of the Rapid Response Calling Tree for House use.
1995 - Recurrent Issues/Resolutions

1. Progress & Transition Committee is charged with the responsibility to arrange the CRCE credits for House meeting.

2. BOMA repeats that they will not supply representative physicians to RCAB.

3. HOD adopts new language in House Rules pertaining to specific qualifications of the HOD-elected representatives to RCAB.

4. House passes motion for the annual fall HOD meeting to remain in the fourth quarter, but earlier if possible.

5. All HOD printed materials are available on computer disk.

6. Resolution made to investigate the feasibility of an investment program for the membership.

7. HOD votes in favor of ninety (90) day notice requirement by any committee to survey or gather information. A standard form will be utilized.

8. HOD votes in favor of developing a mechanism to fund all delegations to House meetings by 1997. Motion referred to an ad hoc committee.

9. HOD votes in favor of the AARC to investigate the feasibility of menu-driven membership packages.

10. The subject of Director of Research is still unfinished business.

11. House unanimously voted to award Pat Lee the title of Honorary Delegate in appreciation of her numerous contributions to the HOD.

1996 - Landmark Issues, AARC President Charlie Brooks

1. Charlie Brooks announced that AARC and JRCRTE have signed an agreement to form a new accrediting agency effective January 1, 1998. The agreement was signed July 11, 1996.

2. Dr. William Bernhard, Chair-elect of BOMA, read a very strong letter of support from the ASA which validated respiratory care practitioners as the most highly qualified health care personnel to deliver respiratory care services.

3. CQI session pertains to managed care and how HOD members can help their affiliate members’ deal with change.

4. HOD passed, and BOD accepted for information only, that the “AARC BOD investigate the feasibility of beginning negotiations with the NBRC in an attempt to change the entrance requirements for the Entry Level Exam and that the minimum entrance requirements be 1) a graduate from an accredited RT training program, and 2) minimum
of an associate degree”.

5. HOD elects eight persons to the Accreditation Transition Committee. Terms will run from two to four years.

6. Each state pledged to increase membership and provided a number which they hope to obtain by June 30, 1997.

7. HOD endorses unanimously the negotiated agreement between AARC, RCAB, and JRCRTE to form a successor accreditation agency with the CAAHEP system.

8. All 50 states were represented.

9. Trudy Watson provided a handout to delegates and reviewed suggested proposals regarding the “Task Force on Organizational Restructuring”. The HOD voted to endorse the concept.

1996 - Recurrent Issues/Resolutions

1. HOD and BOD approved that the review of the affiliate bylaws be transferred from the HOD Chartered Affiliates Committee to the AARC Bylaws Committee.

2. HOD voted to implement a “user friendly” Chartered Affiliates Award Program this fall. Award program will be based on educational activities, public relations activities, legislative affairs, affiliate affairs, and membership recruitment.

3. Chartered Affiliates Award program to start in 1997 from July to July.

4. HOD voted that the AARC develop an audit preparation/financial packet for affiliates. See resolution # 11-96-48 for specific criteria.

5. HOD voted, and BOD referred to Executive Office, that the “AARC develop a media kit concerning restructuring for use by RCPs when responding to the media (newspapers, TV, interviews, etc.).

1997 - Landmark Issues, AARC President Kerry George

1. Trudy Watson gave a verbal update as well as a slide presentation and handouts prior to both the summer and fall House meetings. Following her presentations focus groups were formed.

2. Summer meeting focus groups discussed the following:
   a. Identify all of the potential positive attributes which could be derived by the AARC through use of President, President-elect, and the Past President as the HOD Delegation from each Chartered Affiliate.
b. Identify all of the potential negative attributes which could be derived by the AARC through use of President, President-elect, and the Past President as the HOD Delegation from each Chartered Affiliate.

c. Identify the potential positive attributes for the AARC member which might be derived by selection/election of at-large AARC Board of Directors (BOD) members by the HOD.

d. Identify the potential negative attributes for the AARC member which might be derived by selection/election of at-large AARC Board of Directors (BOD) members by the HOD.

e. Identify the potential positive attributes for the AARC member which might be derived by selection/election of at-large AARC BOD members by the AARC Specialty Sections.

f. Identify the potential negative attributes for the AARC member which might be derived by selection/election of at-large AARC BOD members by the AARC Specialty Sections.

g. Identify the potential positive attributes for the AARC if the AARC BOD officers are nominated and elected by the AARC BOD.

h. Identify the potential negative attributes for the AARC if the AARC BOD officers are nominated and elected by the AARC BOD.

3. Fall meeting focus groups discussed the following:

a. Identify the potential pros and cons for the AARC member who might be derived by the nomination and election of the AARC’s BOD officers by the BOD.

b. Identify the potential pros and cons for the grassroots AARC member which might be derived by enhancement of the AARC Specialty Sections into large mini-associations (at least 1000 members) with appropriate resources to facilitate operations.

c. Identify the action desired by the HOD on the other sections of the Task Force’s proposal which have greater than 65% who agree/strongly agree based on survey.

d. Identify the pros and cons for use of operational policy after bylaws passage of the strategic portions of the plan to solve the concerns for issues for which more than 50% agree/strongly agree.

4. At the fall meeting the House passed two resolutions that allowed the general/active members of the Association to vote for AARC officers and to send the restructuring proposal to the Bylaws Committee. (See Resolutions #34-97-21 and #34-97-37).
1997 - Recurrent Issues/Resolutions

1. The Summit Award, formerly known as the Chartered Affiliate Award, starts July 1, 1997 and runs to June 30, 1998. No monetary value is attached to the prize this year.

1998 - Landmark Issues, AARC President Cynthia Molle

2. Key issue – PPS in skilled nursing facilities affecting RC jobs; many RCPs lose their jobs secondary to implementation of the Balanced Budget Act cost reductions.

3. AARC Strategic Planning Committee combined with the HOD Strategic Planning Committee as part of the ongoing streamlining of the infrastructure of the AARC.

4. Approval for 2 members of the HOD to serve on the AARC Strategic Planning Committee.

5. New AARC Bylaws considered for first reading at the summer 1998 meeting. Much time and effort expended by all concerned, including HOD in trying to fashion Bylaws acceptable to the membership.

6. New AARC Bylaws approved after second reading at the fall 1998 meeting.

7. Transition Committee appointed and directed to plan for implementation of new AARC Bylaws. Many opportunities for improvement and clarification exist as policies and procedures are developed to translate the intent of the Bylaws into daily practice.

8. Focus groups were held at the fall 1998 meeting to provide feedback to Transition Committee regarding new Bylaws and Policy/Procedure Manual. These were very successful and serve to demonstrate how CQI can be utilized to solve problems and refine processes.


10. New computer system was approved for the AARC executive office.

11. Resolution passed directing AARC to establish an educational program leading to certification as an asthma educator.

12. Trish Blakely named Outstanding Affiliate Contributor.

1998 - Recurrent Issues/Resolutions

1. 1998 Summit Award awarded to Ohio; Runner-up given to Pennsylvania.

1999 – Landmark Issues, AARC President Diane Kimball

2. Key issue – Muse study commissioned by the AARC clearly shows the value of Respiratory Therapists in the skilled nursing facility; AARC proposed language, which requires HCFA to study Respiratory Care competency in Skilled Nursing Facilities, is adopted by Senate Finance Committee and placed in BBA Relief Act. Legislation is passed
by Congress and signed into law by President Clinton.

3. Key issue – Declining membership in the AARC. The AARC Membership Committee develops a membership campaign to be initiated in March 2000.

4. ARCF sponsors a Consensus Conference on Aerosols and Delivery Devices in September 1999.

5. AARC implements its grassroots legislative action plan beginning with a training program for affiliate leaders in May of 1999.

6. Professional advocacy to public consumer groups is emphasized for HOD members.

7. Recruitment in Respiratory Care Programs is an important nationwide priority. Applications and enrollment in programs has continued to decline since 1993.

8. The AARC BOD develops a new Strategic Plan, which is presented to the HOD by President-Elect Garry Kaufman.

9. Several AARC affiliates inform the HOD of serious financial difficulties, with the primary reason being reduction in vendor support at affiliate meetings.

10. Licensure/Credentialing of Sleep Lab personnel is a major issue in several affiliates.

11. Initial HOD discussion of NBRC plans for a re-credentialing mechanism, which needs to be implemented in 2000.

12. AARC reports on Human Resource Survey currently being undertaken that will include Respiratory Therapists in all care settings. Initial estimates indicate a total of 120,000 nationwide.

13. A number of affiliates report on involvement at the state level with planning for use of tobacco settlement funds.

14. Resolution to have the AARC develop a “train the trainer” program for Patient Assessment Courses passed and sent to BOD. BOD appoints a task force to examine this proposal.

1999 – Recurrent Issues/Resolutions

1. First draft of BOD Policy/Procedure Manual revisions were distributed at joint session of HOD and BOD.

2. ARCF International Fellowship Program sponsors 6 fellowships to America. Several fellows are introduced on the HOD floor in Las Vegas. Delegates presented donations totaling $950 to this program.

3. AARC affiliates donate over $4,000 to disaster relief fund. Greatest need for funds is expressed by North and South Carolina, as a result of a severe hurricane season in 1999.
4. AARC Transition Committee presents its plan to transition to the new Bylaws by the year 2000. BOD approves the plan.

5. Summit Award winners: Small Affiliate – South Dakota, Medium Affiliate – Virginia, Large Affiliate – Ohio


2000 - Landmark Issues, AARC President, Garry W. Kauffman

1. Key issue – Validating the science of Respiratory Care was accomplished by the acceptance of Respiratory Care by Index Medicus. Blue Ribbon Panel: A new endowment funding mechanism was approved to finance the continuing support of research and investigation regarding the validation of the science.

2. Key Issue – Promote Respiratory Therapists and the AARC with intensive and revitalizing membership recruitment and retention program with focused initiatives on prospective students, current students, new members and lapsed members. The membership committee developed membership recruitment packages along with evaluating the benefits and services of the AARC.

   The AARC BOD and HOD members accepted the challenge to personally connect one on one with new AARC members and lapsed members to discuss membership.

3. The Human Resource Survey was accomplished, with a new goal to identify, for the first time, the care settings that Respiratory Therapist practice in as well as update data on our professionals from that obtained via our initial survey.

4. The AARC establishes the Political Action Contact Team within each state.

5. New collaboration with American Institute of Life Threatening Illnesses.

6. CPG expansion and refinement with evidence-based format and inclusion of outcome metrics.

7. Local Medical Review Policy efforts to rescind those policies involving RTs in SNFs and promotion of those policies that would establish outpatient pulmonary rehabilitation programs.

8. Expanded cultural diversity programming at Summer Forum and International Congress, coupled with additional print and electronic media marketing.

9. Established liaison with American Association of Critical Care Nurses, resulting in increased collaboration and speaker exchange program.

10. Delphi study initiated by Student Subcommittee of the Education Committee with goal to identify the desired role of the Respiratory Therapist in 2010.
11. NBRC’s re-credentialing Commission is continuing its efforts to develop recommendations regarding the development of a mandatory continuing Competency program.

12. Achieved grant from the EPA to lead a multi-center asthma trigger study for children.

13. Updated and expanded AARC Website, to include multimedia features. Initiated Website CEU program.

14. Initiated project to attain warrant officer status for RTs in the military.

15. Communication with College Board and ACT to include “RT” on PSAT.

16. Communication with the National Research Council for Colleges & Universities to add RT as a career option on their database.

17. The AARC lead multi-organizational initiative to increase pulmonary-specific RUG’s reimbursement. 24% increase in reimbursement for pulmonary-related RUG’s obtained.

18. Investigated feasibility of program expansion via electronic and/or site-specific provision to increase enrollment and do so in a cost-effective manner.

19. Education continues with Disease Management Courses, the ALA Asthma Educator Certification Project, the Spirometry Course, the Consensus Conferences and the Professors’ Rounds.

2000 – Recurrent Issues/Resolutions

1. ARCF International Fellowship Program continues to host the fellowships to America. Delegates again presented donations to this program.

2. AARC affiliates continue to donate to the disaster relief fund.

3. Support of CO and NC state societies to achieve licensure and support of IN to upgrade certification to licensure.

4. Computer-Based testing was implemented by the NBRC and continues to be monitored carefully by an environmental survey.

5. Complete review and update of all Position Statements.

6. The first installment from the Tobacco Industry financial settlement started to flow into the states.

2001 – Landmark Issues, AARC President, Carl Wiezalis

1. Key issue – Membership is the top priority – make it personal and professional. Professionalism is not an all or nothing concept. Public and community service by RTs is also a priority.
2. Membership being of high priority – The AARC is beginning a series of ads to recruit new members. The hope is that the state societies will also undertake vigorous recruitment efforts as well.

3. Key Issue – COPD awareness and partnering with the National Lung Health Education Program (HLHEP) including primary care physicians is a major focus for all of us this year.

4. Letter was submitted to President Bush to name October as COPD awareness month.

5. COPD awareness needs to go to each state and be presented at each state meeting.

6. Key Focus – Dues increase to meet budgetary and legislative needs was an organizational topic.

7. The AARC Website will be updated with a “Join the AARC” button on the front page.

8. As of 2002, the NBRC states there will be no more admissions to one-year programs. One-year grads will have until 2005 to take the test. Competency changes are ongoing with 1st reading in April and second reading to be in December. Requirements will be 30 hours in 5 years.

9. Initiated project to attain warrant officer status for RTs in the military. Committee assigned to continue these efforts.

10. For both State and Federal legislative and regulatory issues, Pact members continue to be of critical importance in advocacy efforts.

11. Joined EPA in several meetings – current research project on indoor air pollution and its impact on asthma along with a videotape including RTs and a new Asthma Speaker’s Kit.

12. AARC continuing efforts to have respiratory therapists recognized in the Medicare home health services benefit – met with congressional offices and initiated a letter-writing campaign.

13. AARC is preparing comments on the Proposed Rule from The Centers for Medicare and Medicaid Services (CMS) – concerning standard of practice concurrent therapy being done.

14. Unlicensed Assistive personnel issues have developed with physicians wanting to use more of them.

15. BOMA’s activities have centered on guidance and development of Position Statements regarding Respiratory Therapy Protocols, Home Respiratory Care Services and Telehealth and Respiratory Therapy.

2001 – Recurrent Issues/Resolutions

1. ARCF International Fellowship Program continues to host the fellowships to America.
Delegates again presented donations to this program.

2. AARC affiliates continue to donate to the disaster relief fund.

3. Nevada upgraded their certification law to full licensure. Only 6 states are not regulated. Many other states amended their licensure laws with success this year.

**2002- Landmark Issues, AARC President Margaret Traband**

1. AARC released White Paper on the practice of Concurrent Therapy.

2. AARC Political Action Contact Team met in Washington DC for the first time in April 2002.

   PACT members met with Congressman on Capitol Hill to include Respiratory Therapists under the Medicare home health benefit.

3. Sam Giordano receives the Jimmy A Young medal.

4. Indoor Air Quality/ Asthma Initiative workshop sponsored by the Environmental Protection Agency through the ARCF.

5. Sam Giordano is appointed to the Board of the US COPD Coalition.

6. AARC names Bill Dubbs Associate Executive Director for Management and Education and announces the new position of Associate Executive Director for Operations to be filled by Garry Kauffman.

7. National Emphysema COPD Association (NECA) is a patient driven organization for COPD patients.

8. ATS releases statement endorsing the position that acute respiratory care services should be delivered primarily by respiratory care practitioners.

9. AARC launches media campaign on COPD Awareness featuring comedian Robert Klein.

10. AARC offers first Asthma Educator Certification Preparation course in Cleveland, OH.

11. AARC joins coalition with other allied health organizations to allied health staffing shortage issues in Congress.

**2002-Recurrent Issues/Resolutions**

1. HOD participated in two focus group sessions: a) RT student recruitment, b) Best Affiliate Practices, c) transition from revenue sharing to profit sharing, and d) HOD participation with possible term limits.

2. HOD collected $2,350 for the Disaster Relief Fund.

3. Online surveys examined market demand for examination preparation.
Approximately 2,000 members from the Management, Continuing Care/Rehab, Diagnostics and Pediatric sections were surveyed via email and asked to indicate their degree of interest in attending workshops to prepare them to take certification examinations for asthma educator and Polysomnography credentialing.

4. 806 programs have been approved for CRCE so far this year, which is a record number. A significant number of these were internet-based.

5. Retention and recruitment of members continues to be a challenge. New membership ad campaign tag line: “We’re fighting for a Better Profession. Are You With Us?”

6. HOD Chartered Affiliate Summit Award was revised and put on line.

7. Mailing to non-member technical directors resulted in 95 new members.

2003-Landmark Issues, AARC President David Shelledy

1. Emphasis continues on membership. AARC produced recruitment video “The Magic of Membership” and initiated the Membership Ambassador program.

2. The AARC “Webcast Central” developed to provide timely continuing education programs.

3. Public relations efforts include PSAs with Robert Klein and COPD screenings at Yankee Stadium with Roger Clemons.

4. AARC moves to a new office building in November

5. CoARC achieved approval for RC educational programs to add an optional certificate in polysomnography.

6. AARC establishes liaison with American Association of Critical Care Nurses to work on areas of common interest.

7. In July 2003, Rep Rick Renzi (AZ) introduced HR 2905 to recognize RT under the Medicare Home Health benefit. Seventeen Congressmen signed on as co-sponsors.

8. AARC issues white paper on the value of the RRT Credential.

9. AARC initiates program to recognize Centers of Excellence in Respiratory Care.


11. NBRC/AARC/CoARC releases “Respiratory Care: Advancement of the Profession Tripartite Statements of Support”.

12. AARC obtains seat on American Medical Association committee with responsibility for
CPT coding.

13. The first Lung Health Day observed during Respiratory Care Week. A new consumer website is activated YourLungHealth.org.

14. NBRC considering a time limit for graduate eligibility for the Advanced Level Examination (RRT).

15. New online method for inputting CRCE is piloted at International Congress in Las Vegas.

16. AARC part of coalition supporting the Allied Health Reinvestment Act to address personnel shortages.

2003 – Recurrent Issues / Resolutions

1. The proceedings of the HOD meeting made available in CD format including minutes, Delegates Guide, and officer/organization/committee reports.

2. In Orlando, focus sessions on the value of the RRT credential and AARC and affiliates relationships.

3. Discussion of Revenue Sharing Agreement sent to State Society Presidents. After receiving input from HOD and Presidents, a revised Revenue Sharing Agreement to be sent to society Presidents.

4. The first reading of the AARC Bylaws revisions increasing terms for AARC officers to two years is passed by HOD.

5. HOD utilizes the electronic vote process.

6. The Summit Award is presented to the Arkansas Society.

7. Jacque Coons receives Outstanding Affiliate Contributor Award.

8. Claude Dockter is recognized as Delegate of the Year.

9. HOD resolution establishing a revenue sharing model rewarding membership recruitment and retention.

2004 Landmark Issues – AARC President Janet Boehm

1. AARC Membership surpasses 37,000.

2. Electronic dues payment system implemented.

3. HB 2905 gains 37 co-sponsors and SB 2707 introduced by Senator Trent Lott.

4. Revision of AARC Uniform Reporting Manual is completed and available in CD format.

5. AARC challenges revised CDC guidelines related to infection control of nebulizers; as a
result guideline changed back to original wording.

6. The 50th International Respiratory Congress held in New Orleans, Louisiana.

7. Efforts begin to convert AARC CPGs to evidence based.

8. Quality Respiratory Care Recognition program expanded to include home care organizations.

9. Michael Mark appointed Director of Distance Learning.


11. AARC joins US COPD Coalition as only non-physician, non-governmental organization represented on Executive Committee.

12. Congressional COPD Caucus formed focusing on CDC data collection for COPD, FAA regulations on air travel with supplemental oxygen and CMS coverage of Pulmonary Rehab.

13. AARC participates in the NHLBI workshop on COPD.

14. AARC forms Polysomnography section.

15. NBRC changes policies placing time limits on RRT exam eligibility and allowing Entry level exam attempts 30 days prior to graduation.

16. Public Relation efforts include “60 Second Check-up” radio announcements, national AARP meeting exhibits, “Ask Dr. Tom” Petty on Your Lung Health website, and student recruitment.

2004 Recurrent Issues / Resolutions

1. AARC Revenue Sharing Agreement with chartered affiliates initiated.

2. Alabama, Vermont, Michigan all achieve state licensure. 48 states now have legal credentialing. Colorado faces recommendation from Dept. of Regulatory Agencies to rescind licensure.

3. Polysomnography community continues legislative efforts for exemptions from RT licensure laws.

4. HOD Resolutions Tracking System prepared identifying status of past 3 years resolutions.

5. Vail focus groups address streamlining of HOD operations.

6. AARC Bylaws revision passes second reading.

7. Summit Award is presented to the North Carolina Society.
8. Debbie Fox (KS) receives Outstanding Affiliate Contributor award.

9. Jerry Bridgers (MS) is recognized as Delegate of the Year.

**2005 Landmark Issues – AARC President John D. Hiser**

1. The AARC, along with its members and affiliates, responded to the recent natural disasters with record giving to the AARC Disaster Relief Fund

2. AARC conducts Human Resources Survey 2005.

3. AARC PACT launches its 435 Plan – the intent to have 2 therapists and 1 consumer advocate for each of the 435 US congressional districts.

4. AARC engages the services of Miriam O’Day, of Miriam O’Day and Associates, to be the Director of Legislative Affairs, while continuing with the retention of Muse and Associates for CMS related activities.

5. Legislation to recognize the services of respiratory therapists under the Medicare Home Health Services benefit reintroduced as HB 964.

6. S1440 is introduced in the Senate – this is a bill to amend the Social Security Act to provide coverage for cardiac and pulmonary rehabilitation services.


8. Legislation to restrict the use of nebulizers for use in aerosolizing alcohol was introduced as HR613. Numerous states introduced state legislation of similar nature.

9. S.1932, the Deficit Reduction Act, was introduced with language in the bill that would potentially require the patients to become responsible for the maintenance and repair of their home oxygen equipment. The AARC activates its 435 Plan in opposition to this legislation.

10. The CDC agrees, after request from Congressional COPD Caucus, to include a COPD question on its annual National Health and Nutrition Examination Analysis Survey.

11. FAA issues final regulations that will permit airlines to allow portable oxygen concentrators on board flights. The DOT has issued a proposed rule that would require the airlines to allow oxygen dependent passengers on board who use the two approved portable concentrators.

12. Medicare began a program of coverage of a number of smoking cessation sessions to qualified beneficiaries.

13. Quality Respiratory Care Recognition program expanded to include Long Term Care Providers.

14. AARC launches the “I am the AARC” campaign.
15. The Sleep Section became a new specialty section this year, along with three new Roundtables, Disaster Response Roundtable, Neuromuscular Roundtable, and Tobacco-Free Lifestyle Roundtable.

16. US Pharmacopeias requests AARC to identify respiratory therapist to serve on committee reviewing pulmonary disease medications.

17. AARC assists US Department of Human Services in identifying respiratory therapist volunteers to serve as a part of a response team to national emergencies.

18. AARC, with support of National Lung Health Education Program, works on spirometer review program, office spirometry education program, and spirometry certificate of achievement.

19. HOD establishes an Ad Hoc Committee on Affiliate Best Practices

20. The AARC offers a new communication avenue to the affiliate – State affiliates can email their members via the AARC Executive Office

21. The AARC initiates two and three year membership plans.

22. The NBRC approves a $40 discount for AARC members taking the Registry exam

23. The NBRC approves the CRT-to-Registry admission policy change


25. AARC Elections Committee recommends on-line, web-based voting process.

26. AARC Management Section completes Benchmarking Project.

27. AARC announces an on-line RRT Review Course.

28. RRT named to the Medicare Coverage Advisory Committee (MCAC) which determines Medical Necessity guidelines for Medicare Coverage.

29. The ARCF awards the first Hector Leon Garza, MD Achievement for Excellence in International Respiratory Care to Dr. Hector Leon Garza, President of the Asociación Mexicana de Terapia Respiratoria A.C.

2005 Recurrent Issues / Resolutions

1. AARC Revenue Sharing Agreement signed by 40 chartered affiliates.

2. Polysomnography community continues legislative efforts for exemptions from RT licensure laws.

3. Summit Award is presented to the Georgia Society.

4. Jeanette Harvin (MD/DC) receives Outstanding Affiliate Contributor award.
5. Frank Salvatore (Connecticut) is recognized as Delegate of the Year.

2006 Landmark Issues / Recurrent Issues / Resolutions - AARC President Michael Runge

1. The Respiratory Care celebrated 50 consecutive years of publishing the science, technology, ethics and art of Respiratory Care.

2. CMS’ Quality Services for Home Care Standards referenced the AARC Clinical Practice Guidelines.

3. AARC released the document, “The Guidelines for Acquisition of Ventilators to Meet the Demands for Pandemic Flu and Mass Casualty Incidence”.

4. AARC continues to advocate for our patients and our respiratory therapists in Washington, D.C.

5. AARC developed a list of “100 Reasons” to belong to the AARC.

6. AARC received a grant to plan and implement a training program for the respiratory therapists who have been accepted for part-time employment by the department of Health and Human Services.

7. DME Quality Standards: All DMEs participating in Medicare will, at some point in the near future, have to be accredited by a CMS organization. This is the first time an AARC document has been woven into a federal Medicare policy.

8. CMS created two new codes that will provide hospitals treating ventilator patients with septicemia a higher level of reimbursement for those requiring mechanical ventilation for 96 hours or more.

9. The Office of Mass Casualty has been directed by the Department of Human and Health Services to recruit a minimum of 200 respiratory therapists who will agree to become part of the federal government’s emergency medical response team.

10. The 435 Plan worked on getting greater coverage for the 435 congressional districts.

11. HB 964 and S1440 bills will need to be reintroduced in Congress in 2007.

12. AARC continues to work on challenges regarding sleep/polysomnography and EMT/Paramedics.

13. The State Government Affairs Committee was formed to assist State Societies with state legislative and regulatory challenges and opportunities.

14. NBRC mailed invitations to participate in the personnel survey for the development of a specialty examination for respiratory therapists performing sleep disorder testing.

15. NBRC has updated test specifications for the Pulmonary Function Exam.
16. The first E-Vote for the 2006 election process was very successful.

17. The HOD created two new standing committees of the House: Legislative Affairs Committee and Affiliate Best Practices Committee.

18. The Summit Award was presented to the Maryland-DC Society for Respiratory Care.

19. Karen Schell (Kansas) was presented the Outstanding Affiliate Contributor award.

20. Thomas Lamphere (Pennsylvania) was recognized as the Delegate of the Year.

2007 Landmark Issues / Recurrent Issues / Resolutions - AARC President Toni L. Rodriguez

1. The AARC is 60 years old!

2. The Membership Ambassador Program was eliminated.

3. The RT in 2012 Committee was established. Later amended to be The RT in 2015.

4. The AARC Bylaws changes were approved.

5. The 435 Plan continues to gain momentum throughout the U.S.

6. Resolution to develop a list of competencies and equipment as a guideline to prepare for Pandemic or Mass Casualty situations; assigned to an AARC ad hoc committee.

7. Resolution to add a discussion “blog” for HOD discussion of resolutions prior to the Meetings – referred to the Executive Office.

8. Set up a Moderate (Conscious) Roundtable.

9. Ten applicants were accepted for the International Fellowship Program.

10. The Executive Office will survey the state affiliates for interest in online voting.

11. Membership topped 45,000.

12. “60Second Checkup Program” was initiated for radio tips on pulmonary health.

13. High school guidance counselors have made over 50 requests for the High School Project.

14. New version of Life and Breath video was written and produced. 300 copies sold.

15. HR3968 was introduced -- Medicare B reimbursement for RTs with bachelor’s degrees

16. Baccalaureate RTs are eligible to join the Public Health Services Commissioned Officer Corps.

17. HOD adopted changes to the Delegate Guide.
18. NBRC credentialed the 100,000th RRT this year.

19. The state affiliates continue to donate to the Disaster Fund and the ARCF.

20. Roy Wagner (Texas) was recognized as the Delegate of the Year 2007.

21. John Blewett (New Mexico) was awarded the Outstanding Affiliate Contributor for 2007.

22. Doug McIntyre (Louisiana) was nominated for AARC Life Membership.

23. The Summit Award was presented to the North Carolina Society for Respiratory Care.

**2008 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President Tim Myers**

1. 48,536 total membership

2. Sherry Milligan of the Executive Office presented information on Votenet for Affiliates considering electronic voting.

3. The Aerosol Device Book has been downloaded 150,000 times and requests for foreign language translations have been received.

4. The Connecticut Society was awarded the Outstanding Affiliate Award.

5. Susan Rinaldo-Gallo was nominated for Life Membership.

6. Dr. Russell Acevedo was nominated for Honorary Membership.

7. Suzanne Bollig (KS) received the Outstanding Affiliate Contributor Award.

8. The Orientation Committee recommended that the orientation video and parliamentary role-playing video be updated.

9. CMS will start rating skilled nursing facilities.

10. Speaker Salvatore and State Government Affairs lobbyist challenged affiliates to change just one thing in their state to improve patient advocacy.

11. Six International Fellows have been selected.

12. Resolution #44-08-02 requested the AARC modify the CRCE process so that credential-specific content can be identified.

13. Resolution #22-08-04 asked the AARC to create an ad hoc committee to investigate the feasibility of creating a student leadership initiative.

14. Cheryl West reported that the VA will not consider amending its qualification standards to require RTs be licensed in the states in which they practice until all states have licensure.
15. A resolution that the AARC provide a blog on the website for resolution discussion was closed. However, the AARC will continue to explore the use of blogs. (This led to the creation of AARConnect).

2009 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President Tim Myers

1. 49,516 total membership

2. For the first time, the HOD used e-vote to approve committee chairs, co-chairs, and committee charges. These were ratified at the summer meeting.

3. Bob Milish (WI) was awarded the Outstanding Affiliate Contributor Award.

4. Dr. Russell Acevedo was nominated for Honorary Membership.

5. Debbie Fox was nominated for Life Membership.

6. Issues of scope of practice in sleep labs were raised. The polysomnography (PSG) community and the American Academy of Sleep Medicine (AASM) are, in some states, attempting to require additional credentialing of RTs who work in sleep labs.

7. The Department of Health and Human Services has asked the AARC to assist with a national ventilator survey. (This was later recognized as an outstanding job by the AARC and Affiliates).

8. CMS continues to evaluate the RT’s role in Medicare Part B and has published rules to define respiratory therapists in the CORF setting.

9. The second of three conferences on the RT of 2015 and Beyond, Educating the Respiratory Care Workforce, was held.

10. 6 IRCF Fellowships will be awarded.

11. The AARC EO determined that it is not financially feasible to directly deposit Affiliates’ revenue-sharing funds.

12. The Summit Award application and evaluation process were updated.

13. The COPD Educator course will soon be online. The Asthma Educator course has been very successful.

14. Karen Stewart is elected AARC President-Elect. Frank Salvatore is elected Director at Large.

15. The Congressional Budget Office’s score on the Medicare Part B initiative is prohibitively high, killing the hope that RTs will be able to provide independent care in the outpatient setting.

16. Billy Lamb (MO) is elected Speaker-Elect.
17. The HOD will now require a Conflict of Interest statement.

18. Jim Lanoha (LA) is chosen Delegate of the Year.

2010 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President Karen Stewart

1. 51344 total membership
2. AARC Disaster Relief Funds were disbursed as a result of flooding in Nashville.
3. Michigan received the Summit Award.
4. Donald Carden (KS) is awarded the Outstanding Affiliate Contributor Award.
5. Sukdev Grover, MD is nominated for Honorary AARC membership.
6. Patricia Munzer is nominated for AARC Life membership.
7. Speaker Lamphere convenes a group to evaluate the work and effectiveness of HOD committees. He charges all committees to evaluate their purpose.
8. Hawai’i achieves state licensure!
9. The AARC develops a Virtual Lobby Day to coincide with the PACT trip to Washington. Members may log on to Capitol Connection to send emails to their legislators.
10. HR 3790 comes before the House of Representatives. This bill is about competitive bidding for DME services.
11. The AARC partners with the Drive4COPD program to perform COPD screening. The goal is to screen 1 million people. Affiliates competed with one another in the following areas (winners in parentheses): Highest ratio of screens to members (WV); highest ratio of screens to people over 35 to members (WV); most screenings completed (PA).
12. The AARC will form a committee to examine offering a reduced membership rate for our aging/retired members.
13. The HOD requests the AARC develop a policy to address actions to be taken if an Affiliate’s bylaws are out of compliance with the AARC bylaws.
14. AARC BOD agrees to allow AARC President to consider activating the Disaster Relief fund upon request of an Affiliate President.
15. Karen Schell (KS) is chosen as the Delegate of the Year.

2011 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President Karen Stewart

1. 52,800 total membership – active and student.
2. Delegate Handbook was revised and approved.

3. Ad hoc committee formed to explore changes to the Sputum Bowl format to allow its continuation. (Response to a Resolution)

4. AARC developing white paper regarding the free-standing ERs. (Response to a Resolution)

5. AARC-BOD voted to create discounted membership for those over age 65 with 20 years of continued AARC membership. (Response to a Resolution)

6. HOD continues to provide support to the International Fellowship Program.

7. 5 International Fellows here this year.

8. HOD continues to provide support to the Disaster relief Fund.

9. Increased number of Disaster Relief requests because of the increased disasters throughout the U.S.

10. AARC BOD passes Chartered Affiliate Policy CA.003 in Nov. This policy defines the consequences if Affiliate Bylaws have not been submitted for review within 5 years and/or if the two litmus tests are not met: AARC Active Members must automatically be Active members of the Society; non-AARC members are not allowed to vote for the Society’s BOD.

11. Delegate of the Year – John Steinmetz (NV)

12. 2011 Summit Award – Florida Society

13. Outstanding Affiliate Contributor Award – Meg Trump (KS)

14. Life AARC Membership – Suzanne Bollig (KS)

15. Honorary AARC Membership – M. (Duke) Johns III

2012 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President George W. Gaebler

1. Total AARC membership is at a plateau of 52,000 this year.

2. 2012 Membership Drive targeted 759 non-member department managers.
   Active membership campaign will continue through 2013

3. Medicare Part B initiative is being reworked to focus on COPD and disease management.

4. $100,000 has been released by the Disaster Relief Fund since its inception.
   HOD continues to provide strong support for the Disaster Relief Fund.

5. International Fellowship Program is now administered by the ARCF instead of AARC.

7. De-licensing issues have come up in Michigan and Indiana.

8. Revision of the HOD Guide Book and Policy Manual was completed.

9. HOD and AARC Board meetings are now electronic. Progress and Transition efficiency surveys were completed on Survey Monkey.


11. Outstanding Affiliate Contributor Award – Deborah Linhart (IL)

12. HOD Delegate of the Year – John Wilgis (FL)

2013 – Landmark Issues/ Recurrent Issues/ Resolutions ----AARC President George W. Gaebler

2014- Landmark Issues/ Recurrent Issues/ Resolutions- ---- AARC President George W. Gaebler
ATTACHMENT 7 – HOD STATISTICS

The total number of HOD meetings, location and year(s) are as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaheim, CA</td>
<td>‘75, ‘81, ‘89, ‘08, ‘13</td>
</tr>
<tr>
<td>Atlanta, GA</td>
<td>‘73, ‘78, ‘85, ‘91, ‘98</td>
</tr>
<tr>
<td>Boston, MA</td>
<td>‘66</td>
</tr>
<tr>
<td>Cincinnati, OH</td>
<td>‘00</td>
</tr>
<tr>
<td>Dallas, TX</td>
<td>‘74, ‘80, ‘86</td>
</tr>
<tr>
<td>Dearborn, MI</td>
<td>‘81</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>‘68</td>
</tr>
<tr>
<td>Kansas City, KS</td>
<td>‘69, ‘80, ‘83</td>
</tr>
<tr>
<td>Keystone, FL</td>
<td>‘02</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td>‘67</td>
</tr>
<tr>
<td>Marco Island, FL</td>
<td>‘09, ‘10</td>
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<tr>
<td>Miami, FL</td>
<td>‘76</td>
</tr>
<tr>
<td>Nashville, TN</td>
<td>‘93</td>
</tr>
<tr>
<td>Niagara Falls, NY</td>
<td>‘83</td>
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<tr>
<td>Philadelphia, PA</td>
<td>‘71</td>
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<tr>
<td>Reno/Sparks, NV</td>
<td>‘85, ‘07</td>
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<tr>
<td>San Antonio, TX</td>
<td>‘92, ‘01, ‘05, ‘09</td>
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<tr>
<td>San Diego, CA</td>
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<td>San Francisco, CA</td>
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<td>Sante Fe, NM</td>
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<td>Scottsdale, AZ</td>
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<td>Tampa, FL</td>
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<tr>
<td>Vail, CO</td>
<td>‘91, ‘93, ‘95, ‘00, ‘04, ‘11</td>
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<tr>
<td>Washington, DC</td>
<td>‘79</td>
</tr>
</tbody>
</table>

Total Number = 84

The House has convened nine (9) times in June, twenty-six (26) times in July, one (1) time in August, seven (7) times in October, twenty-two (22) times in November, and thirteen (13) times in December.

Average attendance from 1966 through 1989 was 43 delegations. Average attendance from 1980 through 1989 was 45 delegations. Average attendance from 1990 through 2007 was 49 delegations. Average attendance from 2007 through 2014 was 48 delegations.
## Membership

<table>
<thead>
<tr>
<th>Year</th>
<th>Total AARC Members</th>
<th>Chair Person</th>
<th>Speaker</th>
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<td>1947</td>
<td>59</td>
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<tr>
<td>1955</td>
<td>177</td>
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<td>1958</td>
<td>600</td>
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<td>930</td>
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<tr>
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<tr>
<td>1966</td>
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<td>F. B. Hertenstein</td>
<td>Robert H. Miller</td>
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<tr>
<td>1967</td>
<td>3,209</td>
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<td>Robert H. Miller</td>
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<tr>
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<td>F. B. Hertenstein</td>
<td>Robert A. Ditmar</td>
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<tr>
<td>1969</td>
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<td>Robert R. Weilacher</td>
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<td>9,098</td>
<td>Thomas A. Barnes</td>
<td>Francis Bryant</td>
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<td>23,448</td>
<td>John D. Robbins</td>
<td>Houston R. Anderson</td>
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<td>1976</td>
<td>20,005</td>
<td>Cortez Bundley</td>
<td>Thomas A. Barnes</td>
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Beginning in 1977, the HOD no longer had Speakers

<table>
<thead>
<tr>
<th>Year</th>
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<th>Chair Person</th>
<th>Delegate of the Year</th>
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<td>18,796</td>
<td>Allen B. Saposnick</td>
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<td>1980</td>
<td>18,664</td>
<td>William Givens</td>
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<tr>
<td>1981</td>
<td>21,619</td>
<td>Kanute Parker Rarey</td>
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<tr>
<td>1982</td>
<td>24,162</td>
<td>Melvin G. Martin</td>
<td>Merl Wallace</td>
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<td>25,621</td>
<td>Douglas Jon McDaniel</td>
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<td>24,786</td>
<td>Michael Lee Mark</td>
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<td>25,233</td>
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<td>29,190</td>
<td>Ross L. Bowers</td>
<td>W. Terry LeCroy</td>
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Beginning in 1991, the HOD changed the title of "Chairman" to "Speaker"

<table>
<thead>
<tr>
<th>Year</th>
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<th>Speaker</th>
<th>Delegate of the Year</th>
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<tr>
<td>1991</td>
<td>32,637</td>
<td>Paul R. Massengill</td>
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<td>35,930</td>
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<td>Year</td>
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<td>Speaker</td>
<td>Delegate of the Year</td>
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<td>-------</td>
<td>--------------------</td>
<td>--------------------------</td>
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<tr>
<td>1994</td>
<td>36,580</td>
<td>Beth Green-Eide</td>
<td>Patricia A. Doorley</td>
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<td>35,871</td>
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<td>George W. Gaebler</td>
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<td>1996</td>
<td>35,785</td>
<td>Terrance Gilmore</td>
<td>Patricia K. Blakely</td>
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<td>1997</td>
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<td>Michael W. Runge</td>
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<tr>
<td>1998</td>
<td>36,708</td>
<td>H. Fred Hill</td>
<td>Kenneth E. Thigpen</td>
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<tr>
<td>1999</td>
<td>30,512</td>
<td>Pat Munzer</td>
<td>Toni L. Rodriguez</td>
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<tr>
<td>2000</td>
<td>30,110</td>
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<td>Deanna Webster</td>
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<td>2001</td>
<td>29,974</td>
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<td>Janyth Bolden</td>
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<td>33,093</td>
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<td>Claude Dockter</td>
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<td>Jerry Bridgers</td>
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<td>36,977</td>
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<td>42,439</td>
<td>Denise Johnson</td>
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<td>2007</td>
<td>44,666</td>
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<td>Roy Wagner</td>
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<td>2009</td>
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<td>Jim Lanoha</td>
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<td>51,344</td>
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<td>52,800</td>
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<td>50,861</td>
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<td>John Wilgis</td>
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<td>Dan Rowley</td>
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<tr>
<td>2014</td>
<td>Enter #</td>
<td>Debra Skees</td>
<td>TBD</td>
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</tbody>
</table>
Resolution # ______ - ______ - ______

Resolved that________________________________________________________________________

The resolution shall be one clear statement, as simple as possible

Executive Summary

Outcome
Strengths
Weaknesses
Opportunities
Potential Barriers
Financial Impact
Cost estimate
Resources Required
AARC Resource in time, dollars (if applicable)
Volunteer Resources in time

This resolution will impact the following (check all that pertain):

    _____ AARC Bylaws    Section________        _____ Executive Office    _____ AARC Officers & BOD
### Relationship to AARC’s Strategic Plan:

- [ ] Develop Art & Science of RC
- [ ] Develop Human Resources
- [ ] Increase Membership
- [ ] Increase Financial Resource
- [ ] Increase Organizational Effectiveness
- [ ] Not Related

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<table>
<thead>
<tr>
<th>Action</th>
<th>HOD</th>
<th>Date</th>
<th>BOD</th>
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<td>Passed</td>
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<tr>
<td>Referred to</td>
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<tr>
<td>Report back due</td>
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<td>Postponed until</td>
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<thead>
<tr>
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<table>
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<tr>
<th>Co-Author</th>
<th>State</th>
<th>Phone</th>
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<table>
<thead>
<tr>
<th>Co-Sponsors</th>
<th>Date Submitted</th>
<th>Date Received</th>
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</thead>
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## AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Application for Delegate Funds to Attend House of Delegates Meeting

Please enter numerical data into the YELLOW highlighted cells below.

### Lodging

<table>
<thead>
<tr>
<th>Price per night</th>
<th>Days</th>
<th>$ Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Deim</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Price per night = AARC rate plus taxes (1 Delegate only)

### Transportation

<table>
<thead>
<tr>
<th>Air fare (round trip)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground transportation</td>
<td></td>
<td></td>
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</tbody>
</table>

### Total Expenses

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</table>

### SOCIETY FUNDS

<table>
<thead>
<tr>
<th>Savings account</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Checking account</td>
<td></td>
</tr>
<tr>
<td>Scholarship(s)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### FUND BALANCE

<p>| | |</p>
<table>
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<tr>
<th></th>
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</table>

### FUNDS APPLYING FOR:

<p>| | |</p>
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<tr>
<th></th>
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</thead>
</table>

This application form is based on information obtained from Society records, and to the best of our knowledge, the data contained in this document is accurate as of the date above.

Treasurer contact:  
E-mail:  
Phone:  

Treasurer Name:  
Electronic Signature / Date

Delegate Name:  
Electronic Signature / Date

President Name:  
Electronic Signature / Date

**DEADLINE FOR RECEIPT OF APPLICATION IS ______________________**

**PLEASE E-MAIL THIS FORM AND ANY NECESSARY DOCUMENTATION TO:**
Tina Sawyer – Sawyer@aarc.org
AARC DELEGATE ASSISTANCE COMMITTEE  
Affiliate Budget Summary  
Please enter financial data into the YELLOW highlighted cells below.

<table>
<thead>
<tr>
<th>SOCIETY:</th>
<th>Date: mm/dd/yy</th>
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</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Treasurer E-mail:</td>
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</tbody>
</table>

**CURRENT BUDGET**

<table>
<thead>
<tr>
<th>Starting Balance</th>
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</thead>
</table>

**REVENUE**

| AARC Revenue Sharing | |
| Educational Programs | |
| Other Income | |

**TOTAL BUDGETED REVENUE**

<table>
<thead>
<tr>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Expenses</td>
</tr>
<tr>
<td>Educational Programs</td>
</tr>
<tr>
<td>Legislative Activities</td>
</tr>
<tr>
<td>Delegate Expense</td>
</tr>
<tr>
<td>Publications</td>
</tr>
<tr>
<td>Membership</td>
</tr>
<tr>
<td>Scholarships</td>
</tr>
<tr>
<td>Other Expenses</td>
</tr>
</tbody>
</table>

**TOTAL BUDGETED EXPENSES**

**PROJECTED GAIN (LOSS) FOR YEAR**

**BUDGET HISTORY**

<table>
<thead>
<tr>
<th>Previous Year (Actual)</th>
<th>Current Year (Projected)</th>
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</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>Gain (Loss)</td>
<td></td>
</tr>
<tr>
<td>ENDING BALANCE</td>
<td></td>
</tr>
</tbody>
</table>
<INSERT COMMITTEE NAME> REPORT

Reporter: <INSERT NAME OF COMMITTEE CHAIR OR DESIGNEE>

Date: <INSERT DATE OF REPORT>

Resolutions List any resolutions from the committee in numbered format. Begin each resolution as "Resolved, that [insert text of recommendation]."

If there are no resolutions, indicate by “None” or “NA – Not Applicable”

Charges:
List the committee charges in bulleted or numbered format.

Report:
List the activities and actions of the committee is brief, summary format. Bullet or number each activity. Include any outcomes, conclusions, action items and/or pending items of business.

If there is no report, indicate by “None” or “NA – Not Applicable”

Committee Members:
Reference a general appreciation for the committee’s work.

List each Committee Member. Consider indicating which state they represent.
Financial statements are an important management tool. When correctly prepared and properly interpreted, they contribute to an understanding of the current financial condition, problems and possibilities of the Association.

Financial overview information in the format of an electronic presentation and brochure is available on the House of Delegates webpage at: http://www.aarc.org/state_society/aarc_hod/. This information is designed to help financial and nonfinancial persons make better use of the information in financial statements.
END OF DOCUMENT – BACK COVER