AAPA Advocacy Update

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Disclosure Information

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Financial: I am a paid employee of AAPA
Non-financial: None

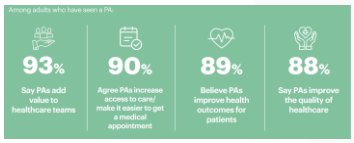
Roadmap

- Fast Facts: PAs in the U.S./Oklahoma
- Legislative Update
- Discussion of State Actions: OTP and Other Priorities
- Title Change Update
- PA Compact
- Advocacy 101
- AAPA Resources

Fast Facts – PAs in the U.S.

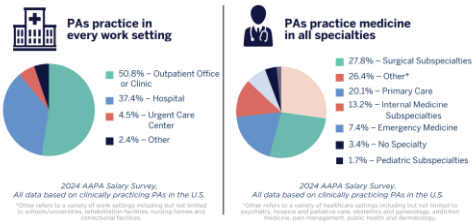
Patient Perspectives on the Healthcare System – Harris Poll

The Harris Poll found that most adults have seen a PA (68%), and nearly 6 in 10 have seen the same PA more than once.



https://www.aapa.org/research/patient-experience/

Fast Facts – PAs in the U.S.



Fast Facts – PAs in Oklahoma

Over 2000 PAs in Oklahoma

Over 20% specialize in primary care

12% serve in rural areas

Fast Facts – PAs in Oklahoma

Percent of PAs by Specialty in Oklahoma

- 25.0% Surgical subspecialties
- 22.2% All other specialties
- 14.8% Family medicine
- 14.8% Internal medicine subspecialties
- 11.1% Urgent care
- 5.6% General peds, general IM
- 5.6% Emergency medicine

Fast Facts – PAs in Oklahoma

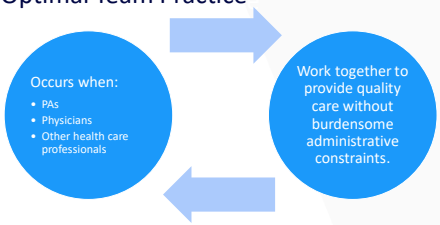
Percent of PAs by Setting in Oklahoma

- 52.4% Physician office or clinic
- 32.4% Hospital settings
- 9.5% Urgent care center
- 5.7% Other settings

National Legislative Update

- Optimal Team Practice (OTP)
- Six Key Elements of a Modern PA Practice Act
- "Collaboration"
- Eliminating physician responsibility for PA care
- Other improvements related to licensure and day-to-day practice
- Title change
- PA Licensure Compact

Optimal Team Practice



Optimal Team Practice

Three tenets:

- Remove the legal requirement for PAs to have a specific relationship with a physician or any other health care provider
- Create a separate, majority-PA board to regulate PAs or add PAs and physicians who work with PAs to the medical (or healing arts) board
- Authorize PAs to be directly paid by public/private insurers

OTP Tenet #1 – The Relationship

- No more "tether" in the law – e.g., practice agreement, physician responsibility, supervision forms filed with regulatory agencies
  - Note: This also means no statements in the law requiring a physician to be available for consultation/review
- Fewer burdens on PAs, employers, physicians =
  - Increased flexibility in allowing practice-level decisions about staffing/care
  - Less liability risk for physicians
  - True "collaborative" practice within the health care team
  - Better patient care

OTP – Removal of the Tether Successes

- North Dakota (2019)
  - Removes the requirement that PAs have a written agreement with a physician if they practice at licensed facilities (eg: hospitals and nursing homes), facilities or clinics with a credentialing and privileging process, or physician owned facilities or practices.
  - Allows PAs to own their own practice with approval of the medical board – PAs with less than 4,000 hours of experience must have a collaborating physician.
- Utah (2021)
  - PA with less than 10,000 hours of practice experience must have a written agreement with a physician (or a PA with more than 10,000 hours, for PAs with more than 4,000 hours).
  - PAs who wish to change specialties to another specialty in which the PA has less than 4,000 hours of experience shall engage in collaboration with a physician who is trained in the specialty.
- Wyoming (2021)
  - PAs may collaborate with or refer to the appropriate member of a health care team as indicated by the patient's condition; the current standard of care; and the PA's education, experience, and competence.

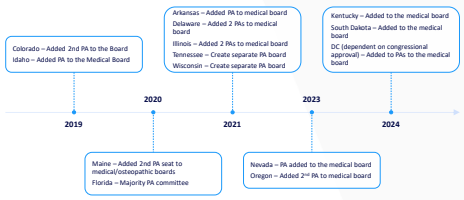
OTP – Removal of the Tether Successes

- Iowa (2023)
  - Removes requirement for PA to be supervised by a physician.
  - For PAs opening a practice with less than 2,000 hours experience required to have relationship with a physician.
- Montana (2023)
  - PAs with more than 8,000 hours are exempt from a collaboration agreement, PAs with less than 8,000 hours may be supervised with a physician or experienced PA
- New Hampshire (2024)
  - Removes the requirement for PAs to have a collaboration agreement with a physician, unless that PA is working in a setting without a physician present and has less than 8,000 hours of practice.
  - After 8,000 hours of practice, a PA may work without a collaboration agreement in a setting without a physician present.

OTP Tenet #2 – PA Boards

- Physicians and nurses are self-regulated, but PAs in most states are not
- Ten states have separate PA boards (AZ, CA, IA, MA, MI, RI, TN, TX, UT, WI) – varying degrees of autonomy
  - UT recently had legislation passed that will consolidate their PA board into the medical board
- Three states have PA committees that do more than simply advise the medical board (FL, IN, NJ)
- 27 medical/osteopathic medical boards have at least one designated PA seat

OTP – Board Successes



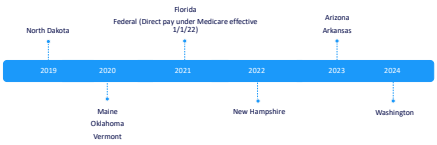
OTP Tenet #3 – Direct Pay

Unlike physicians/NPs, PAs can't be paid directly for the services they provide

This means they can't re-assign benefits to a third party – a requirement of many employers

It also limits PAs who practice at (or own) rural health clinics – meaning the most vulnerable patient populations pay the price

OTP – Direct Pay Successes



The 6 Key Elements of a PA Practice Act

- (1) "Licensure" as the regulatory term
- (2) Full Rx authority, including Schedule II-V
- (3) Scope of practice determined at the practice site
- (4) Adaptable proximity requirements
- (5) Co-signature determined at the practice level
- (6) No PA-physician ratio limit

"Supervision" vs. "Collaboration"

- "Collaboration" is a more accurate description of the PA-physician relationship
- The term sounds more flexible – even if practice standards remain unchanged
- Creates a level playing field and consistent language with other health care providers
- 26 states currently use "collaboration" or a similar term rather than "supervision"
  - AK, AZ, CO, DC, DE, ID, IA, IL, IN, ME, MI, MN, MO, MT, NH, NM, ND, OR, RI, TN, UT, VA, VT, WA, WI, WV, WY

Physician Responsibility for PA Care

Most states require physicians to be legally responsible for care provided by PAs

This results in physicians not wanting to practice with PAs – especially if there is no financial incentive to do so

- 20 states have removed physician responsibility for care provided by PAs:
  - AZ, CO, DE, IA, ID, ME, MI, MN, MT, NH, NM, ND, OR, RI, UT, VA, VT, WI, WV, WY

Other Priorities

- Signature authority for forms (e.g., death certificates, POLST/MOLST, workers' compensation, emergency mental health holds)
- Certification for medical cannabis
- Medication-assisted treatment
- Telemedicine
- Streamlining licensure requirements
- Tax credits for PA preceptors
- "Primary care provider"
- Harmonization

Other PA Practice Modernization & PA Positive Legislation

- Maryland: SB 0167 changes delegation agreement to collaboration agreement, expands PA scope of practice, and changes education required for PA licensure.
- Tennessee: HB 2318/SB2136 authorizes a PA with an endorsement from the board to have a collaborative agreement with a physician after 6,000 hours of postgraduate clinical experience.
- Virginia: SB 133 allows PAs employed by a hospital to practice without a separate practice agreement if the credentialing and privileging requirements of the facility include a practice arrangement.
- Georgia: HB 557 provides schedule II Rx authority.
- Florida: HB 935 allows PAs to order certain services in Medicaid, including home health.
- Utah: PA Harmonization Act
- Minnesota: HF 4247 removes additional collaborative requirements for PAs offering mental health services.
- New York: A7725/S2124 eligible for governor's action. Allows PAs to serve as PCP in Medicaid in managed care.

Title Change

- What's happening now?
  - AAPA has changed its name to "American Academy of Physician Associates" with the state of North Carolina, the Virginia State Corporation Commission, and the City of Alexandria, Virginia
  - AAPA's state advocacy team has finalized model title change legislation with AAPA outside counsel
  - Outreach is continuing with external stakeholders and partner organizations
  - AAPA's marketing team is continuing to work with an outside marketing group on a branding campaign
  - The official title of the PA profession is "physician associate." As the organization representing the PA profession, AAPA has transitioned to the American Academy of Physician Associates.
  - PAs should continue to use "physician assistant" or "PA" as their official legal title in a professional capacity, particularly in clinical settings and with patients. AAPA is transitioning to the use of "physician associate" when possible and when it does not present a legal or regulatory conflict.

Title Change Status

CO Name Changes	Statutory Changes	Regulatory Changes
• 8 Specialty's and SIGs • 10 States	• Oregon	• Connecticut • Wisconsin

FAQs: www.aapa.org/title-change/general-faqs/

PA Licensure Compact

- The PA Compact is an interstate occupational licensure compact for PAs, and it is activated when 7 states successfully pass model legislation.
  - This threshold was met in April of 2024 and the activation process has begun.
- States joining the compact agree to recognize a valid license issued by another compact member state via a compact privilege.
- Licensed PAs utilizing the compact can obtain a privilege in each compact member state where they want to practice.
- PAs using a compact privilege to practice in another state must adhere to laws and regulations of practice in that state and are under the jurisdiction of the state's regulatory board in which they are practicing.

For more information, visit https://www.pacompact.org/

PA Licensure Compact

- Now that the compact has been activated, the process to operationalize the compact has begun and will take anywhere from 18 to 24 months.
- The first meeting of the PA Compact Commission is scheduled for September 24-26, 2024.

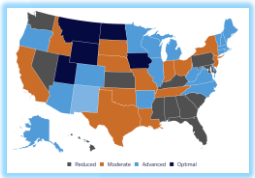
12 states have now adopted the PA Licensure Compact:	
2023 – • Delaware • Utah • Wisconsin	2024 – • Colorado • Maine • Nebraska • Ohio • Oklahoma • Tennessee • Virginia • Washington • West Virginia
There are still bill active for the 2024 session in the following states: Michigan, New Hampshire, New York, and Rhode Island.	

Advocacy Resources

- Infographics and backgrounders
- Grassroots tools
- Communications support
- Huddle & CO leader calls
- AAPA Research

Infographics & Backgrounders

- aapa.org/advocacy-central/
- Issue briefs
- OTP resources
- PA practice maps
- Model state legislation
- State laws books
- Articles and reports
- aapa.org/what-is-a-pa
- ** Customized resources **



Communications support

- Op-eds/letters to the editor
- Earned media
- Beekeeper Group/Care2
  - Advertising
  - Connect with local advocates

Huddle & CO leader calls

- AAPA Huddle message board
  - huddle.aapa.org/home
- CO leader roundtable calls
  - Quarterly
  - Various topics – often related to advocacy/comms

Huddle
Where PAs Team Up

AAPA Research

aapa.org/research/

Bibliography and resources

Grant funding opportunities

Research/SAO partnership

Questions?

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