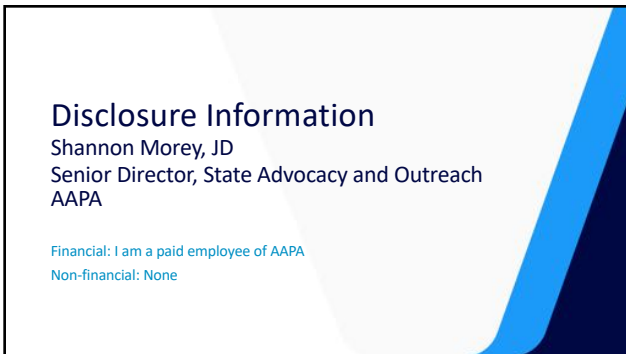
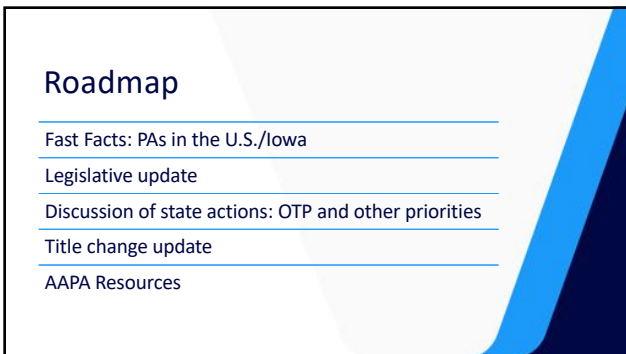


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Fast Facts – PAs in the U.S. AAPA

- More than 159,000 PAs in the U.S.
- More than 500 million patient interactions/year
- #3 – U.S. News Best 100 Jobs List (2022)
- #2 – U.S. News Best Healthcare Jobs List (2022)
- U.S. Bureau of Labor Statistics:
 - Employment expected to grow 31% from 2020-2030
 - "Much faster than the average" across all occupations
 - Median annual wage: \$115,390 (2020)

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Fast Facts – PAs in the U.S. AAPA



PAs practice in every work setting

50.9%	Outpatient Office or Clinic
37.5%	Hospital
5.9%	Urgent Care Center
13.33%	Other

2022 AAPA Salary Survey. All data based on clinically practicing PAs in the U.S. Other areas is a variety of work settings including but not limited to: ambulatory care, endocrinology, oncology, orthopedics, sports medicine, and occupational health.




PAs practice medicine in all specialties

28.0%	Surgical Subspecialties
25.5%	Other*
19.8%	Primary Care Subspecialties
13.3%	Internal Medicine Subspecialties
7.6%	Emergency Medicine
4.0%	No Specialty
1.6%	Pediatric Subspecialties


2022 AAPA Salary Survey. All data based on clinically practicing PAs in the U.S. *Other areas is a variety of health care settings including but not limited to: ambulatory care, behavioral care, dermatology, oral and maxillofacial surgery, obstetrics, pain management, public health and geriatrics.

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Fast Facts – PAs in Iowa AAPA



Over 1,300 PAs in Iowa

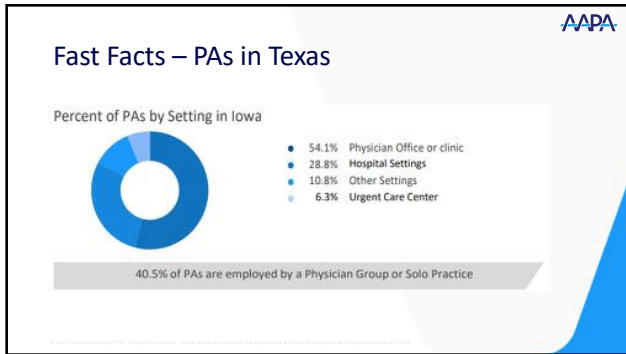


More than 25% specialize in primary care

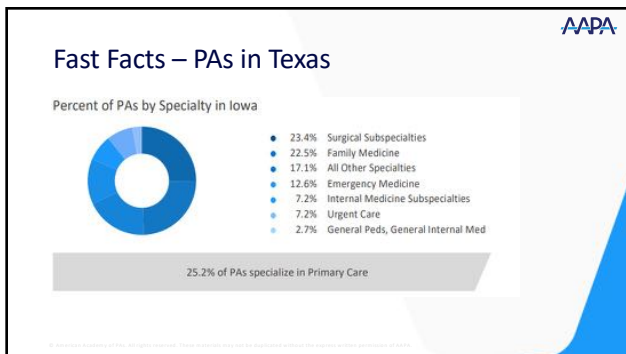


37% practice in rural areas

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State Legislatures

- Every state legislature is made up of varying number of legislators
 - Iowa is a bicameral body composed of a 50 member Senate and 100 member House of Representatives
- Understand the legislative process
 - Iowa Summary – How a Bill Becomes a Law
 - Available on the Iowa legislature website
 - <https://www.legis.iowa.gov/docs/publications/LP/696315.pdf>
- Know your state legislative calendar
 - Texas legislature meets every year, state law provides the start of the regular session to be the second Monday in January of each year
- Elections
 - Iowa General Election is November 8, 2022

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State Legislators

- Who They Are
 - Citizen vs. "professional" legislators
 - Generalists, but usually have priority issues
 - 150,000 state bills introduced each session
 - 30,000 enacted
- What They Focus On
 - Agriculture
 - Criminal Justice
 - Education
 - Health
 - Housing
 - Human Services
 - Labor
 - Elections
 - Transportation
 - And more...

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Strategies for Effective Advocacy

- Establish contact and/or relationship with legislators
 - Identify committees of jurisdiction and committee chairs
 - Introduce and identify yourself as a resource
 - Utilize legislative staff
- Raise awareness for your issue through information and resources
 - Education is fundamental
 - Interaction with legislators
 - Let policymakers know what information you have or let them know you will get more information and get back to them
- Frame your message
 - How does the issue affect a legislator's constituents
 - What is the return on investment?
 - Is this policy successful in other states?

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Iowa Legislative Update

Recent History

- 2020: Passed [S.F. 2357](#), which allowed PAs to prescribe all Schedule II medications; removed chart co-signature requirements; removed the requirement that a physician visit a PA's remote practice site; allowed scope of practice to be determined at the practice site; and authorized PAs to be rendering providers under Medicaid.
- 2021: Introduced [H.F. 803](#), a "harmonization" bill that updated more than 50 sections of statute outside the PA practice act to either reflect changes made by S.F. 2357 in 2020 or to reflect current PA practice. Among other provisions, the bill updated provisions relating to hospice to reflect recent federal changes; fully enumerated PAs in laws related to end-of-life decisions; added PAs with specified experience to certain provisions related to mental health; included PAs among other practitioners for purposes of treating patients within the adult and juvenile justice systems; authorized PAs to perform routine qualification exams (e.g., for childcare providers, school bus drivers, recipients of state benefits, for patients requiring certain devices, and for certain athletes); and ensured PA representation on panels and programs related to public health. The bill passed in the Senate in 2021, but the legislature ran out of time to move it to the Senate. It carried over to 2022 and required only House passage to become law.
- 2022: Passed the carried-over H.F. 803.

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National Legislative Update AAPA

- 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

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Optimal Team Practice AAPA

Occurs when:

- PAs
- Physicians
- Other health care professionals

Work together to provide quality care without burdensome administrative constraints.

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Optimal Team Practice AAPA

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

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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

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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
- 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

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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

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OTP Successes 2019

North Dakota	West Virginia	Colorado	Idaho
<ul style="list-style-type: none"> Removed relationship/agreement requirement (most PAs) Direct pay 	<ul style="list-style-type: none"> Removed relationship/agreement requirement (hospital PA) 	<ul style="list-style-type: none"> Added 2+ PA to the medical board 	<ul style="list-style-type: none"> Added PA to the medical board

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OTP Successes 2020

Maine	Oklahoma	Florida	Vermont
<ul style="list-style-type: none"> Direct pay Added second PA seat to medical/osteopathic boards 	<ul style="list-style-type: none"> Direct pay 	<ul style="list-style-type: none"> Majority-PA committee 	<ul style="list-style-type: none"> Direct pay

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OTP Successes 2021

Arkansas	Added one PA to the medical board
Delaware	Added two PAs to the medical board
Florida	Direct pay
Illinois	Added two PAs to the medical board
Tennessee	Created a separate PA board
Utah	Removed relationship/agreement requirement after 10,000 hours; direct pay
Wisconsin	Created a separate PA board
Wyoming	Removed relationship/agreement requirement for all PAs
Federal	Direct pay under Medicare (Effective 1/1/22)

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OTP 2022

- Introduced
 - Arizona: Remove supervision, direct pay,
 - Colorado: Remove supervision
 - Louisiana: Direct pay
 - Massachusetts: Remove Supervision, direct pay
 - New York: Remove Supervision
 - North Carolina: Remove Supervision
 - South Dakota: Remove supervision, direct pay¹⁰.
 - Tennessee: Remove supervision, direct pay
- Enacted
 - New Hampshire: Direct Pay

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The 6 Key Elements of a PA Practice Act

- (1) "Licensure" as the regulatory term (50+D.C.)
- (2) Full Rx authority, including Schedule II-V (46+D.C.)
- (3) Scope of practice determined at the practice site (41+D.C.)
- (4) Adaptable proximity requirements (36+D.C.)
- (5) Co-signature determined at the practice level (39+D.C.)
- (6) No PA-physician ratio limit (19)

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6KE Successes 2019-2022

- Arkansas: Full Rx
- California: Chart co-signature
- Hawaii: Chart co-signature
- Idaho: Adaptable collaboration requirements
- Iowa: Full Rx, scope determined at practice site, adaptable collaboration, chart co-signature
- Nebraska: Chart co-signature, adaptable collaboration
- New Hampshire: Ratio
- Tennessee: Ratio
- Wisconsin: Scope determined at practice site, ratio
- Wyoming: Ratio

Honorable mention for ratio improvements: Arizona, Colorado, Delaware, Florida, Georgia, Idaho, Washington, West Virginia (hospital PAs)

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“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

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“Supervision” vs. “Collaboration”

- 21 states currently use “collaboration” or a similar term rather than “supervision”
 - AK, DC, DE, ID, IL, IN, ME, MI, MN, MO, NH, NM, ND, OR, RI, TN, UT, VA, VT, WI, WV
 - Of these states, 16 made this change in 2019-2022


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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

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Physician Responsibility for PA Care

- 16 states have removed physician responsibility for care provided by PAs:
 - CO, DE, ID, ME, MI, MN, NH, NM, ND, OR, RI, UT, VA, VT, WI, WV
- Most of these changes occurred in 2019-2022

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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

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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 is finalizing 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

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Title Change

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

What is the timeline for changing the title?
 A great deal of planning is now required to implement the title change, as it requires a significant commitment from the profession and its associated entities in terms of financial obligations, resource allocation, and legislative and regulatory efforts. More research and conversations must occur before a timeline can be finalized. More details on a potential 5-year implementation timeline and estimated costs can be found in the November 2020 Final Report to the AAPA HOD (aapa.org/title-change)

Do state chapters need to pursue the title change?
 State chapters may decide whether to pursue the title change. AAPA does not have the authority to force a title change on any organization – including its Constituent Organizations.

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Title Change

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

Does federal law/regulation need to change before state chapters can pursue title change?
 No. PA practice authority is governed by state law, except for PAs who work for federal entities (e.g., VA, IRS). AAPA will pursue conforming changes to federal law as appropriate, including reimbursement language, but we do not anticipate an impact on payment to PAs.

Can I call myself a "physician associate" now?
 No. Your state's laws will need to be changed before you can call yourself a "physician associate." Prematurely using the term "physician associate" in a medical setting could be interpreted as a PA stepping beyond their current license, which could lead to disciplinary action.

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Title Change

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

Can my state chapter pursue title change now?
 AAPA is currently working on updating our model state legislation to include provisions related to title change. We encourage state chapters to begin thinking about whether they want to pursue title change and consider how title change will fit in with their other legislative priorities.

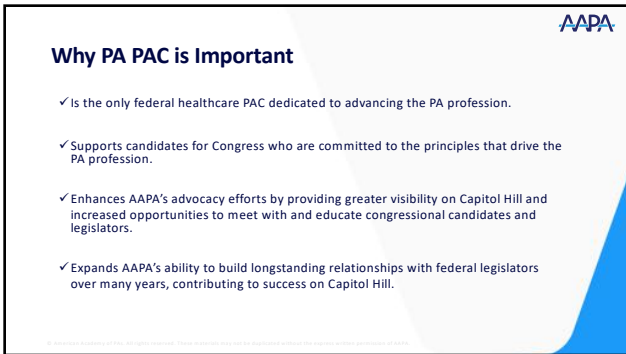
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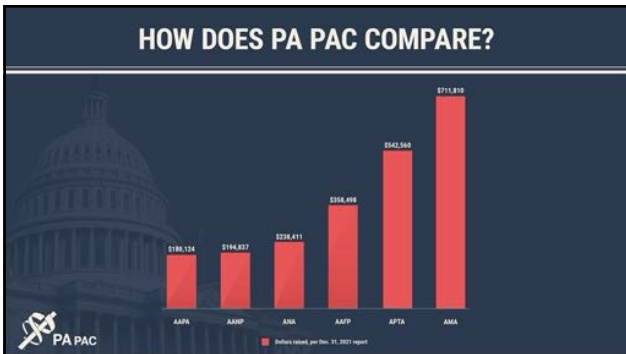
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PA PAC By The Numbers: In 2021...

- ✓ Raised **\$180,124** from 3,132 AAPA members & employees
 - ✓ 23% increase in receipts
 - ✓ 21% increase in number of individual donors
- ✓ Received donations from fewer than 5% of AAPA members (industry average is 20% of members)
- ✓ Contributed \$69,000 to bipartisan champions of the profession in the House and Senate
- ✓ Lagged significantly behind our peers and other similarly-sized healthcare professions

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Legal Disclaimer

Contributions to PA PAC are used for political purposes and subject to the prohibitions and limitations of the Federal Election Campaign Act. Federal law requires PA PAC to use its best efforts to collect and report the name, address, occupation and employer of individuals whose contributions aggregate \$200 or more per calendar year.

Contributions to PA PAC are voluntary, must be paid with personal funds, and may be accepted from current AAPA members and employees only.

You have the right to refuse to contribute without fear of reprisal, and AAPA will not favor or disadvantage anyone by reason of the amount of their contribution or decision not to contribute.

Contributions to PA PAC are not tax deductible as charitable donations.

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Advocacy Resources

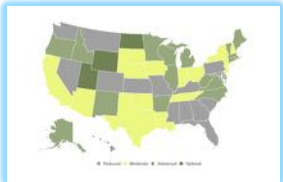
- Infographics and backgrounders
- Grassroots tools
- Communications support
- Huddle & CO leader calls
- AAPA Research

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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 **



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Grassroots tools

- Capitol Canary (formerly Phone2Action)
 - Provides an "action center" for your CO
 - Creates a link (or multiple links) you can disseminate so PAs and supporters can contact their legislators directly via e-mail, phone, or Twitter
 - Offers detailed reporting – and allows specialized control over message senders, recipients, and content
- Aristotle
 - AAPA uses this in partnership with state chapters – leverages our database of PAs and allows us to send an e-mail blast on your behalf
 - Can be used in conjunction with Capitol Canary links

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Communications support

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



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Huddle & CO leader calls

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



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AAPA Research



aapa.org/research/



Bibliography and resources



Grant funding opportunities



Research/SAO partnership

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Questions?

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