

AAPA House of Delegates 2019:

May 21, 2019

Reference Committee A:

A01 – Clarification of Student Board of Directors and Assembly of Representative rules - **adopted**

A02- Student Academy Delegate Election - **adopted**

A03 - Board Members as HOD Delegates – all BOD will be voting members of HOD, adding 10 votes- **rejected**

A04 – Secretary/Treasurer Duties – update to what actually happens- **adopted**

A05 – Chair of the Board - updating terminology - **rejected**

A06 – Executive Committee – add CEO as non-voting member of executive committee consisting of President AAPA, VP AAPA, immediate past president AAPA, President elect, Secretary/Treasurer – **amended to add CEO may be excluded if sensitive or confidential matters being discussed**

A07 – Election procedures – updating student academy President on BOD AAPA – **amended by student delegation**

A08 – Nominating Work Groups – update – **divided into 2 sections; A was amendment proposed on house floor defining governance council, etc. This was referred to 2020 House, B which was original resolution passed.**

A09 – Term of Office/Term Limits – proposed HOD term of office be 2 years. It can take 2 years just to get the hang of what is happening in the HOD. This may eliminate well qualified Candidates who succeed at HOD Leadership -**rejected**

A10 – Eligibility and Qualifications of Candidates for House Office + Nominating work group responsibilities – propose that must have been delegate for 2 of the past 5 yrs – **amended deleting that a candidate for House Officer must be a currently seated delegate.**

A11 – Eligible Voters – clarifying who can vote in elections, at HOD, for student AOR positions, etc – **amended to ensure student academy chief delegate is also in AOR as a credentialed delegate**

Reference Committee B:

B01 – PA Impairment – updating old language – **amended to include up to date language.**

B02 – Credentialing of PAs – **adopted**

B03 – Awareness and Prevention of PA Professional Burnout – recommend forming work group – **amended, adopted**

B04 – Human Trafficking – new paper – **amended and adopted**

B05 – Complementary and Alternative Medicine (CAM)- proposed, “AAPA supports the informed and evidence based use of complementary and alternative medicine modalities by pts and PAs for conditions amenable to these therapies.” - **adopted**

B06 – Antimicrobial Stewardship – updating paper- **divided into B06 – adopted, policy paper referred to committee for revision so will be back in 2020, needed many updates**

B07 – Direct to Consumer Interactions – **adopted**

B08 – Safety – Product and Labeling - **adopted**

B09 – Violence – Weapons – on weapons of mass destruction -**adopted**

B10 – System Related Violence – to avoid violence in workplace- **adopted**

B11 – Organizational Approaches to ending Violence – amending paper- **adopted**

B12 – Individual Violence Policy – amending paper –**amended as PAs were concerned that a general statement was too watered down and wanted to see specific portions including media violence and the pediatric population as was in the previous policies being summarized.**

Reference Committee C:

C01 – Recertification – exploring evidence based alternatives to closed book exams for Maintenance of Certification - **adopted**

C02 – PA Program Instruction Standards – Task force recommendations from 2018 B14 HOD – recommends using new technology where applicable – **amended, “ AAPA supports and encourages the inclusion of innovative teaching methods in PA education and believes new technologies should be utilized when appropriate to enhance didactic and supervised clinical practice experience. “**

C03 – ARC PA Adopted Standards Requiring in person instruction – Tennessee Academy wants a certain % of PA instruction to be in person - **rejected**

C04 – Veteran Support – Task force to get Veterans into PA school - **adopted**

C05 – Veteran Recruitment and Support – same as C04 - **adopted**

C06 – Support for Standardizing Degree titles – so the same degree is awarded to every PA in the US upon graduation – **referred to committee based on anticipated title change investigation report**

C07 – Increased CME Credit for Precepting – 20 CME Cat 1 for precepting/year, additional counted as Cat 2. PAs can claim a maximum of 5hrs/week.- **divided into C07 – amended, lots of discussion about PA student vs. PA fellow – the word fellows was removed. In order to claim Category 1 credit, the school must register with AAPA so they can provider certificate to the preceptor. Preceptors should make sure that the school has done this prior to claiming credit in case they are audited, especially to claim Cat. 1 credit.**

C07A – addressing barriers to clinical practice experience, referred to committee to return 2020

C08 – PA Role – refining definition of PA - **adopted**

C09- PAs as Medicaid Managed Care Providers – amend the existing policy - **adopted**

C10- Passing PANCE – Requiring PAs to graduate from an ARC PA accredited program to qualify to sit for PANCE. A Foreign Medical Grad would need to meet these requirements to sit for PANCE. - **amended**

C11 – Non physician Licensure for Medical School Graduates – Several states have either enacted or attempted to enact legislation which would license medical school graduates who have not completed the requirements of physician licensure to become licensed as “assistant physicians,” “graduate registered physicians,” “associate physicians,” or other, similarly-named practitioners. Some of these laws or proposals categorize these licensees as PAs for the purposes of reimbursement. The introduction of a new practitioner with a similar name and often, a similar scope of practice to PAs may cause confusion for patients, health systems, payers, and other providers and lead to errors in medical records and reimbursement for care provided as well as a lack of clarity regarding a practitioner’s qualifications. This is a new position paper- **adopted**

C12 – Support for online/remote access state required CME – to allow PAs working in rural areas or who have limited access to particular classes be allowed to get specific CME required by state online – **amended, “ AAPA recommends all required CME be offered in formats that allow for remote participation, when appropriate, in order to ensure timely and equitable access.”**

C13- Affirmative Action in PA Education – amend current policy – **refer to committee**

C14 – Promoting Safe use Opioid containing medications in Children – rewrite of policy paper, referred from HOD 2018 C16 – **amended to update language specifically to cough syrup with codeine in pediatric population**

Reference Committee D:

D01- No resolution, error

D02 – Medical Standards for Military readiness among Transgender Service Members – there is no medically valid reason to exclude transgender individuals from military service and healthcare. **Amended, adopted**

D03- Genetic and Genomic testing – avoid insurance discrimination and maintain confidentiality - **adopted**

D04 – Support for Development and Maintenance of a Database for referrals between PA Practices - listing PAs in specialty practice to refer to. This is proposed by NY PAs. This could affect VT PAs legislative efforts to get a bill passed updating the laws to reflect the way PAs practice currently. - **rejected**

D05 – Support for PAs role and recognition among Accrediting Agencies – AAAHC, etc - **adopted**

D06 – Dues Collection by AAPA Streamlined – due to change in CME funds and PAs having to choose between local PA societies and national or specialty societies- **rejected**

D07 – Expanding role of PAs in Surgical/Procedural Specialties – form a task force for 2020 – to report on expanding surgical/procedural practice in surgical, interventional and critical care - **adopted**

D08- Addictions – direct referral for pts with Opioid Use Disorder to MAT – **amended, adopted**

D09 – Expansion of hospital to community care of pts with opioid use disorder – short suboxone rx in ED, into MAT care quickly- **adopted**

D10- Reduced barriers to expansion of access to tx for Opioid Use Disorder – Physicians and PAs should be on parity for training to prescribe suboxone/methadone - **adopted**

D11 – Director of PA Services at VA – resolution in support of creating this position at VA- **adopted**

D12 – Federally employed PAs – update from 2018 HOD resolution B06- improved language- **amended, adopted**