



2008-2009 AAPA Policy Manual

HX-4000.00 EXTERNAL POLICY

HX-4100.00 HUMAN RIGHTS

HX-4100.1.0 General

HX-4100.1.1

The American Academy of Physician Assistants believes that patients have the right to be free of all forms of seclusion and physical and chemical restraint that are not medically necessary. Seclusion and restraint should not be used as a means of coercion, discipline, convenience, or retaliation. Seclusion and restraint should only be used according to accepted medical standards for the purpose of protecting the patient or others and to improve a patient's functional well being and only if less intrusive interventions have been determined to be ineffective.

[Adopted 2000 and reaffirmed 2005]

HX-4100.1.2 **Corrections Medicine**

The American Academy of Physician Assistants encourages all of the nations' jails to seek accreditation through on-site evaluation using the National Commission on Correction Health Care's (NCCHC) Standards for Health Services in Jails.

The American Academy of Physician Assistants encourages all state and federal prisons to seek accreditation through on-site evaluation using NCCHC's Standards for Health Services in Prisons.

The American Academy of Physician Assistants encourages all juvenile confinement facilities to seek accreditation using NCCHC's Standards for Health Services in Juvenile Confinement Facilities.

The American Academy of Physician Assistants encourages all correctional health professionals to maintain their professional credentials and seek recognition through NCCHC's Certified Correctional Health Professional Program.

[Adopted 1992, reaffirmed 1997, 2002, and 2007]

HX-4100.1.3

AAPA opposes all forms of sexual harassment and gender discrimination.

[Adopted 2000 and reaffirmed 2005]

HX-4100.1.4

AAPA supports equal rights for all persons and supports policy guaranteeing such rights.

[Adopted 1982, reaffirmed 1990, 1995, 2000, and 2005]

HX-4100.1.5

AAPA is opposed to any legislation that would impose criminal penalties on HIV positive health care workers who know they are seropositive but do not inform their patients of this fact before treating them.

[Adopted 1992, reaffirmed 1997, 2002, and 2007]

HX-4100.1.6

AAPA believes that genetic information should not be used to discriminate against individuals or their families. The AAPA supports state and federal legislation designed to protect the confidentiality of genetic information and to prevent discrimination based on that information.

[Adopted 2001 and reaffirmed 2006]

HX-4100.1.7

AAPA opposes participation of physician assistants in the torture or inhuman treatment or punishment of individuals in relation to detention or imprisonment.

[Adopted 1987, reaffirmed 1992, 1997, 2003, and 2008]

HX-4100.1.8

AAPA endorses the 1975 World Medical Association Declaration of Tokyo which provides guidelines for physicians and, by nature of their dependent relationship, for physician assistants, in cases of torture or other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment.

[Adopted 1987, reaffirmed 1992, 1997, 2003, and 2008]

HX-4100.1.9

A physician assistant, as a member of a health care profession, should not participate in an execution.

Participation in an execution includes, but is not limited to, the following actions: (1) prescribing or administering medications or substances that are part of the execution procedure; (2) monitoring vital signs on site or remotely (including monitoring electrocardiograms); (3) attending or observing an execution as a physician assistant; and (4) rendering technical or professional advice regarding execution.

In a case where the method of execution is lethal injection, the following actions would also constitute participation in the execution: (1) selecting injection sites (2) starting intravenous lines as a port for an injection device (3) prescribing, preparing, administering, or supervising lethal injection drugs or their doses or types (4) inspecting, testing, or maintaining lethal injection devices and (5) consulting with or supervising lethal injection personnel.

The following actions do not constitute participation in an execution: (1) certifying death, provided that the condemned has been declared dead by another person who is legally authorized to declare death in that jurisdiction (2) witnessing an execution in a totally non-professional capacity (3) witnessing an execution at the specific voluntary request of the condemned person, provided that the PA observes the execution in a non-professional capacity (4) relieving the acute suffering of a condemned person who is awaiting execution, including providing medication at the specific voluntary request of the condemned person to help relieve pain or anxiety in anticipation of the execution.

[Adopted 1984, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4100.1.10

AAPA is committed to a policy that respects the ethnic and cultural diversity of all people. The Academy's commitment to diversity is a belief in the value and worth of each individual and a recognition that when differences in cultures and ethnic groups are understood and respected everyone in society benefits. Accepting diversity is not an attempt to eliminate or dilute the rich heritage that exists in all peoples. Accepting diversity does require an understanding and respect for the differences that exist among all physician assistants and the patients they serve.

[Adopted 1995, amended 1997, reaffirmed 2003 and 2008]

HX-4100.1.11

The AAPA believes that physician assistants should provide culturally effective care, which is defined as the delivery of care to a diverse population within the context of appropriate knowledge, understanding, and appreciation of all cultural distinctions leading to optimal health outcomes.

[Adopted 2006]

HX-4100.2.0 Disabilities

HX-4100.2.1

AAPA endorses social programs with goals and objectives of enhancing the quality of life for disabled persons.

[Adopted 1983, reaffirmed 1990, 1995, 2000, and 2005]

HX-4100.2.2

AAPA membership shall be cognizant of the needs of persons with disabilities, calling for their full participation in society through educational, employment, community living, and health opportunities.

[Adopted 1983, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4100.2.3

AAPA supports national, state, and community efforts that enhance the quality of life for persons with disabilities.

[Adopted 1983, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4200.00 HEALTH PROMOTION

HX-4200.1.0 General

HX-4200.1.1

AAPA endorses the use of the U.S. Department of Health and Human Services' report *Healthy People* and its subsequent initiatives which serve as a guide to improve the health of the nation.

All physician assistants should become familiar with the goals and objectives of *Healthy People* initiatives to improve the health of patients and communities and apply them to their practice.

[Adopted 2002 and amended 2007]

HX-4200.1.2

AAPA encourages patient and health care provider awareness and education as to the dangers in the use of anabolic steroids and steroid supplements for body building and sports performance enhancing purposes.

[Adopted 2002 and reaffirmed 2005]

HX-4200.1.3

AAPA supports systems of personal medical identification containing an individual's key medical information, and encourages all physician assistants to promote their use to patients.

[Adopted 1979, reaffirmed 1990 and 1995, amended 2000 and 2007]

HX-4200.1.4

AAPA recognizes the U.S. Preventive Services Task Force recommendations as unique and innovative in the field of preventive medicine and supports their utilization as one resource in the practice of preventive medicine.

[Adopted 1991, reaffirmed 1996, 2001, and 2004]

HX-4200.1.5

AAPA endorses human breastfeeding when possible and when it is the choice of the nursing mothers.

[Adopted 1982, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4200.1.6

AAPA recognizes that substance abuse is a major public health problem and encourages physician assistants (PAs) to take an active role in eliminating substance abuse. The AAPA supports the education of all PAs in the early identification, treatment and prevention of substance abuse.

[Adopted 2005]

HX-4200.1.7

AAPA strongly recommends that physician assistants promote the health benefits of regular physical activity as an important part of health promotion and disease prevention.

[Adopted 2005]

HX-4200.1.8

Physician assistants should educate patients and families about the physiological and psychological benefits of physical activity and encourage everyone to establish a lifetime commitment to a regular physical activity routine."

[Adopted 2005]

HX-4200.1.9

The AAPA believes that timely access to ongoing prenatal care is essential to optimizing pregnancy outcomes. Physician assistants should be aware of programs within their communities that provide access to culturally competent care and promote a full range of preconception and pregnancy support services.

[Adopted 2006]

HX-4200.1.10

[Routine Vaccination for Human Papilloma Virus](#) (PP tab 44)

[Adopted 2008]

HX-4200.2.0 Human Immunodeficiency Virus

HX-4200.2.1

The American Academy of Physician Assistants supports needle/syringe exchange programs as an effective public health practice for reducing the number of HIV transmissions among injection drug users. AAPA also endorses legal access to sterile injection equipment through the amendment of state paraphernalia laws and the amendment of needle/syringe prescription laws. Moreover, given the increasing HIV prevalence in the injecting drug user population and the minimal effect of direct education and disinfection practices, AAPA endorses the following:

1. Establishment of needle/syringe exchange programs administered by local health departments or other groups in communities of known injecting drug users physician assistant involvement in direct patient education and counseling regarding
2. Physician assistant involvement in direct patient education and counseling regarding the attainment of clean needles/syringes either through established exchange programs, or by prescription or over-the-counter in states where allowed
3. Proper disinfection methods for the successful sterilization and use of injection equipment (needle/syringe, cotton filters, and cooker)
4. Safer sexual practices to help patients avoid contracting or spreading the AIDS virus
5. Increased drug rehabilitation programs, including more publicly funded treatment for those who cannot afford to pay.

See: [Needle/Syringe Access for the Prevention of HIV Transmission](#) (PP tab 24)

[Adopted 2003 and reaffirmed 2008]

HX-4200.2.2

[Global Epidemic HIV/AIDS](#) (PP tab 36)

[Adopted 2005]

HX-4200.2.3

The AAPA believes that providing prophylaxis for non-occupational exposures to HIV, in keeping with Centers for Disease Control and Prevention guidelines, should be the standard of care.

[Adopted 2006]

HX-4200.2.4

[HIV Prevention](#) (PP tab 8)

[Adopted 2003 and amended 2008]

HX-4200.3.0 Alcohol

HX-4200.3.1

AAPA advocates responsible behavior concerning alcohol use and encourages public education efforts regarding its potential for abuse.

[Adopted 1985, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4200.3.2

AAPA supports legislation that encourages states to impose minimum mandatory sanctions against convicted drunken drivers and that encourages states to establish comprehensive alcohol-traffic safety programs which would help to assure stronger laws, stringent enforcement, and effective rehabilitation programs.

[Adopted 1982, reaffirmed 1990, 1995, 2000, and 2005]

HX-4200.3.3

AAPA supports the following recommendations to reduce under-age access to alcohol and to save lives:

1. That it be illegal for individuals under the age of 21 to drive with any measurable amount of alcohol in their bodies.
2. That retailers and individuals be held accountable/liable for negligently providing alcohol to a minor.
3. That advertisers promoting alcoholic beverages be required to provide balanced time for the promotion of responsible alcohol use.

[Adopted 1995, reaffirmed 2000 and 2005]

HX-4200.3.4

The AAPA encourages all PAs to support legislative efforts to maintain the legal drinking age at 21 years.

[Adopted 2006]

HX-4200.4.0 Tobacco

HX-4200.4.1

AAPA shall support the position of the Surgeon General and encourage PAs to increase patient awareness as to the dangers in the use of tobacco products. All PAs should strive to eliminate the use of tobacco products from their personal lives and the lives of their colleagues and patients.

[Adopted 1986, amended 2001 and 2005, reaffirmed 1991, 1996, and 2006]

HX-4200.4.2

AAPA recognizes the public health hazards of tobacco as the number one cause of preventable disease and encourages efforts to eliminate tobacco use in this country and around the world.

[Adopted 1982, reaffirmed 1990, 1995, and 2000, amended 2005]

HX-4200.4.3

AAPA encourages physician assistants to work to enact local regulations to: 1) reduce the public's exposure to secondhand smoke in, and at the entrance to, all public places such as taverns, restaurants, museums, libraries, hospitals, clinics, nursing homes, auditoriums, indoor sports arenas, hotels, municipal buildings, public transit facilities, retail stores, and enclosed shopping malls; 2) eliminate minors' access to tobacco products; and 3) prohibit advertising of tobacco products

[Adopted 1991, reaffirmed 1996 and 2001, amended 2005]

HX-4200.4.4

The American Academy of Physician Assistants supports state utilization of tobacco settlement money for prevention and treatment of tobacco use, especially in children. The Academy supports the concept that settlement monies not used for tobacco control be directed to increased patient access to medical care and for programs to improve the health of state residents. The Academy urges its constituent organizations to work with state governments and other health care and advocacy organizations to assure appropriate use of tobacco settlement funds.

[Adopted 2001 and amended 2005]

HX-4200.4.5

AAPA encourages all PAs to be actively involved in community outreach that is directly involved in educating people of all ages about the dangers of smoking with the goal of eliminating tobacco use.

[Adopted 2005]

HX-4200.4.6 Smoking Cessation

HX-4200.4.6.1

The AAPA supports (a) development of an anti-smoking package program for constituent organizations; (b) making patient educational and motivational materials and programs on smoking cessation available to physician assistants; and (c) development and promotion of a consumer health-awareness smoking cessation kit for all segments of society, but especially for youth.

[Adopted 2006]

HX-4200.4.6.2

The AAPA encourages physician assistants to use practice guidelines for the treatment of patients with nicotine dependence and will disseminate evidence-based clinical practice guidelines on smoking cessation, and on other matters related to tobacco and health:

[Adopted 2006]

HX-4200.4.6.3

AAPA encourages physician assistants to model smoking cessation activities in their practices, including (a) quitting smoking and assisting their colleagues to quit; (b) inquiring of all patients at every visit about their use of tobacco in any form; (c) at every visit, counseling those who smoke to quit smoking and eliminate the use of tobacco in all forms; (d) working to prohibit all smoking in the office by patients, clinicians, and office staff; and discouraging smoking in hospitals where they work; (e) providing smoking cessation pamphlets in the waiting room; (f) becoming aware of smoking cessation programs in the community and of their success rates and, where possible, referring patients to those programs.

[Adopted 2006]

HX-4200.4.6.4

AAPA supports national, state, and local efforts to help physician assistants and physician assistant students develop skills necessary to counsel patients to quit smoking identify gaps, including (a) identifying gaps, if any, in existing materials and programs designed to train physician assistants and physician assistant students in the behavior modification skills necessary to successfully counsel patients to stop smoking; (b) supports the production of materials and programs that would fill gaps, if any, in materials and programs to train physician assistants and physician assistant students in the behavior modification skills necessary to successfully counsel patients to stop smoking; (c) encourages constituent organizations to sponsor, support, and promote efforts that will help physician assistants to more effectively counsel patients to stop smoking; and (d) encourages physician assistants to participate in education programs to enhance their ability to help patients quit smoking.

[Adopted 2006]

HX-4200.4.7

The AAPA supports third-party coverage for the treatment of nicotine addiction and the management of behavioral dependence associated with tobacco use.

[Adopted 2006]

HX-4200.5.0 Organ Donation

HX-4200.5.1

AAPA supports multi-organ and tissue donation.

[Adopted 1985, reaffirmed 1990, 1995, and 2000, amended 2005]

HX-4200.5.2

AAPA support the concept that organs and tissue for transplantation should be made available based on need, rather than ability to pay.

[Adopted 1986, reaffirmed 1991, 1996, and 2001, amended 2006]

HX-4200.6.0 “Conversion or Reparative” Therapy

HX-4200.6.1

The American Academy of Physician Assistants opposes any psychiatric treatment directed specifically at changing sexual orientation, such as “conversion” or “reparative” therapy which is based upon the assumption that homosexuality *per se* is a mental disorder or based upon the a *priori* assumption that the patient should change his/her sexual orientation.

[Adopted 2007]

HX-4300.00 SAFETY

HX-4300.1.0 General

HX-4300.1.1

AAPA encourages and supports accurate and appropriate labeling of foods, dietary supplements, herbal preparations over-the-counter and prescription medications, cosmetics, and personal care products that clearly illustrate ingredients, potential health hazards, indications for usage adverse reactions and contraindications.

[Adopted 1982, reaffirmed 1990 and 1995, amended 2000 and 2004]

HX-4300.1.2

AAPA encourages the continued performance of well-designed, evidence-based research on the efficacy and safety of complementary and alternative medicine.

[Adopted 1999 and reaffirmed 2004]

HX-4300.1.3

AAPA strongly supports and endorses the appropriate control of toxic waste.

[Adopted 1982, reaffirmed 1990, 1995, and 2000, amended 2005]

HX-4300.2.0 Motor Vehicles

HX-4300.2.1

AAPA encourages all citizens to follow the manufacturer's guidelines regarding the use of all safety features on motorized vehicles.

[Adopted 1992, amended 1997, reaffirmed 2003 and 2008]

HX-4300.2.2

AAPA shall support state laws requiring helmets for individuals participating in activities that put them at risk of traumatic head injury (recreational/transportation). In addition, the AAPA shall encourage all physician assistants to educate their patients,-parents/guardians and the public on the value of the appropriate head gear/helmets as protection from traumatic head injury. Such education should address activities in which the risk of traumatic head injury is increased, such as motorcycles, ATV's, bicycles, horses, scooters, skateboards, snowboards, skis and inline roller skates.

[Adopted 1986, reaffirmed 1991 and 1996, amended 2001 and 2006]

HX-4300.2.3

AAPA and its constituent chapters actively encourage all states to enact mandatory seat belt legislation.

[Adopted 1985, reaffirmed 1990, 1995, 2000, and 2005]

HX-4300.2.4

AAPA supports effective motor vehicle passenger safety programs for children including enforcement of child restraint laws and enactment of belt-positioning booster seat laws in all states. The AAPA also supports booster seat loaner programs and encourages PAs to discuss motor vehicle passenger safety with their patients.

[Adopted 1984, reaffirmed 1990, 1995, and 2000, amended 2005]

HX-4300.2.5

AAPA supports national and state legislative initiatives to require mandatory drug and alcohol screening by law enforcement officials of all drivers in fatal and serious injury motor vehicular crashes.

[Adopted 2003 and reaffirmed 2008]

HX-4400.00 VIOLENCE

HX-4400.1.0 General

HX-4400.1.1

AAPA believes that physician assistants should be familiar with social and cognitive skills that foster nonviolent conflict resolution. In addition, physician assistants should support the incorporation of age-appropriate school and community-based curricula that recognize racial, ethnic, and cultural diversity and that teach the skills of non-violent conflict resolution.

[Adopted 1992, reaffirmed 1997, 2003, and 2008]

HX-4400.1.2

AAPA encourages physician assistants to learn skills to defuse situations that may escalate into violence.

[Adopted 1995, reaffirmed 2000 and 2005]

HX-4400.1.3

Physician assistants are encouraged to address bullying as a component of violence prevention. The American Academy of Physician Assistants encourages appropriate public and private funding agencies to support research on bullying behavior and anti-bullying intervention.

[Adopted 2002 and reaffirmed 2007]

HX-4400.1.4

AAPA will seek to develop pro-active, collaborative working relationships with groups committed to preventing pediatric and adolescent violence by utilizing programs that reflect multifaceted, multidisciplinary approaches to effectively address the problem of children's violence in our communities.

[Adopted 2000 and amended 2005]

HX-4400.1.5

AAPA supports the right of access to medical care and opposes all acts of violence and intimidation and reprisal directed against physician assistants, other health care providers, patients and their respective families. The AAPA opposes violence directed against medical facilities as an infringement of the individual's right of access to medical care.

[Adopted 1996, amended 2001, reaffirmed 2006]

HX-4400.1.6

Physician assistants support missing children awareness activities for parents and children alike. AAPA supports the promotion of patient education and prevention on issues dealing with missing children such as abuse, runaways, and kidnapping.

[Adopted 1985, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4400.1.7

AAPA supports the development of educational programs concerning early prevention, recognition, reporting, and treatment of children who are victims of deprivation, neglect or abuse. Physician Assistants should be familiar with the signs and symptoms related to deprivation, neglect or abuse of children, as well as the appropriate local and state laws for reporting children who have been abused, deprived or neglected.

[Adopted 1985, reaffirmed 1990, 1995, 2000, and 2005, amended 1991 and 2006]

HX-4400.1.8

AAPA recognizes that family violence is a public health epidemic in the United States.

AAPA supports medical care of abused and battered individuals which emphasizes linkages with community-based family violence programs and referral agreements whenever possible.

AAPA encourages its members to participate in community-based efforts to increase the awareness of the epidemic of family violence.

AAPA encourages its members to recognize the association between substance abuse and family violence. PAs should be educated in the appropriate screening methods to identify families at risk.

[Adopted 1994, reaffirmed 2000, amended 2006]

HX-4400.1.9

Physician assistants are encouraged to be familiar with multi-disciplinary educational resources and public health & safety efforts directed at pediatric and adolescent violence prevention. AAPA believes that access and availability of reliable information in these areas can enhance the efforts of PAs to address the problem of violence as it relates to the pediatric and adolescent population.

[Adopted 2000 and reaffirmed 2005]

HX-4400.1.10

AAPA supports a national commitment, including legislative and other local, state, and national efforts that have the expressed purpose of reducing the risk of violence by and against children and improving the physical, psychological, socioeconomic and cultural status of children.

[Adopted 2000 and reaffirmed 2005]

HX-4400.1.11

AAPA supports public and private efforts that strive to decrease the incidence and effect of family violence.

[Adopted 1994, reaffirmed 1999, amended 2004]

HX-4400.1.12

The AAPA believes that all physician assistants should be knowledgeable about the spectrum of elder abuse and neglect. PAs should be aware that the problem is likely to be encountered in their medical practices. In addition, PAs should be cognizant of barriers to the proper identification and management of elder mistreatment.

[Adopted 2006]

HX-4400.1.13

The AAPA believes that physician assistants should be aware of the potential effects of media violence on their patients and within their community. PAs should consider involvement in professional organizations and community activities that seek to reduce the amount of violent and other problematic content in media materials. PAs should encourage increased parental involvement in their children's media exposure and game-playing decisions. PAs should make information on media literacy available to patients and families.

[Adopted 2006]

HX-4400.2.0 Weapons

HX-4400.2.1

AAPA opposes the proliferation of nuclear arms and supports the immediate pursuit of global nuclear disarmament. AAPA supports education of its membership and the public about the medical consequences of a nuclear war.

[Adopted 1982, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4400.2.2

AAPA supports handgun control legislation and other legislation that effectively reduces the criminal ownership and use of handguns. AAPA supports policies and educational programs that will effectively reduce homicide, suicide, and other violence.

[Adopted 1993, reaffirmed 1998 and 2005]

HX-4400.2.3.0 Landmines

HX-4400.2.3.1

AAPA joins with other professional medical, public health, and humanitarian organizations to support the United States Campaign to Ban Landmines.

[Adopted 1997, reaffirmed 2002 and 2007]

HX-4400.2.3.2

AAPA supports the international efforts at legislating a permanent ban on the production, stockpiling, trade and use of antipersonnel landmines.

[Adopted 1997, reaffirmed 2002 and 2007]

HX-4400.2.3.3

AAPA calls for the government of the United States to increase support for international and bilateral programs for humanitarian mine clearance and mine victim assistance.

[Adopted 1997, reaffirmed 2002 and 2007]

HX-4400.3.0 Terrorism

HX-4400.3.1

AAPA condemns all forms of terrorism and encourages PA involvement in coordinating efforts to improve the medical and public health response to terrorism and other disasters.

[Adopted 2005]

HX-4400.3.2

The American Academy of Physician Assistants believes all physician assistants should (a) be alert to the occurrence of unexplained illness and death in the community; (b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms, or presentations; (c) be knowledgeable of procedures used to collect patient information for surveillance as well as the rationale and procedures for reporting patients and patient information; (d) be familiar with the clinical manifestations, diagnostic techniques, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis of chemical, biological, and radioactive agents likely to be used in a terrorist attack; (e) utilize appropriate procedures to prevent exposure to themselves and others; (f) prescribe treatment plans that may include management of psychological and physical trauma; (g) understand the essentials of risk communication so that they can communicate clearly and non-threateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (e.g., smallpox vaccination); and (h) understand the role of the public health, emergency medical services, emergency management, and incident management systems in disaster response and the individual health professional's role in these systems.

[Adopted 2005]

HX-4400.3.3

The American Academy of Physician Assistants urges Congress to appropriate funds to support research and development (a) to improve understanding of the epidemiology, pathogenesis, and treatment of diseases caused by potential bio-weapon agents and the immune response to such agents; (b) for new and more effective vaccines, pharmaceuticals, and antidotes against biological and chemical weapons; (c) for enhancing the shelf life of existing vaccines, pharmaceuticals, and antidotes; and (d) for improving biological, chemical, and radioactive agent detection and defense capabilities.

[Adopted 2005]

HX-4500.00 TECHNOLOGY

HX-4500.1

AAPA believes that telemedicine can improve access to cost-effective, quality health care and improve clinical outcomes by facilitating interaction and consultation among providers. Because of the potential of telemedicine to enhance the practice of medicine by physician-PA teams, AAPA encourages physician assistants to take an active role in the utilization and evaluation of this technology. AAPA supports further research and development

in telemedicine, including resolution of problems related to regulation, reimbursement, liability, and confidentiality.

[Adopted 1997, reaffirmed 2002 and 2007]

HX-4500.2

AAPA believes that, rather than restricting federal funding to research on a small number of existing cell lines that have some or all of the problems cited in the Stem Cell Position Paper, federal support should be available for the isolation of new embryonic cell lines.

Those embryos that would otherwise be destroyed should be available for research after their progenitors have made a decision that they do not wish to preserve them. A decision to donate embryos for research should be made voluntarily, without financial gain and with full and informed consent by the progenitors.

Federal funding should not be used for the creation of human embryos specifically for research.

See: [*Federal Funding for Embryonic Stem Cell Research*](#) (PP tab 28)

[Adopted 2002 and reaffirmed 2007]

HX-4500.3

AAPA endorses a legally enforceable ban on the cloning of human beings for the purpose of reproduction. However, AAPA supports stem cell research, including the use of nuclear transplantation techniques (also known as research or therapeutic cloning) in order to realize the enormous potential health benefits this technology offers.

[Adopted 2003 and reaffirmed 2008]

HX-4500.4

AAPA supports the establishment of a patient-centered health care system in which there is an efficient and continuous exchange of information among health care professionals, hospitals, and other agencies providing care.

[Adopted 2005]

HX-4500.5

[*Scientific Integrity and Public Policy*](#) (PP tab 37)

[Adopted 2005]

HX-4500.6

Physician Assistants (1) advocate the appropriate placement of automated external defibrillators; (2) support increasing government and industry funding for the purchase of automated external defibrillator devices; (3) encourage the American public to become trained in CPR and the use of automated external defibrillators; and (4) advocate for legislation to be passed to provide immunity from liability for those who, in good faith, and without expectation of compensation, provide and use AEDs in emergency situations.

[Adopted 2008]

HX-4500.7

AAPA believes that genetic testing for the presence of or susceptibility to disease should be available to the public only through the services of a qualified health care provider.

[Adopted 2008]

HX-4600.00 ACCESS TO CARE

HX-4600.1.0 General

HX-4600.1.1

Informed teams that include patients and their providers should make health care decisions. AAPA opposes any intrusion into the provider-patient relationship that inhibits the provider's ability to deliver appropriate and necessary medical services.

[Adopted 1997, reaffirmed 2002, amended 2007]

HX-4600.1.2

AAPA supports the free exchange of information between the patient and provider and opposes any intrusion into the provider-patient relationship through restrictive informed consent laws, biased patient education or information, or restrictive government requirements of medical facilities.

[Adopted 1992, reaffirmed 1997, 2002, and 2007]

HX-4600.1.3

Health plan coverage for the treatment of mental health and substance abuse/dependencies should be nondiscriminatory and covered at the same benefit level as other medical care.

[Adopted 2003 and reaffirmed 2008]

HX-4600.1.4

AAPA recognizes and encourages medical practitioners to provide care to needy patients. AAPA supports the development of programs and elimination of barriers to care for underinsured and uninsured patients. Any incentives offered by government or private entities promoting such care should be available to all health care practitioners.

[Adopted 2002 and reaffirmed 2007]

HX-4600.1.5

AAPA encourages individual physician assistants to contribute their time and efforts toward eliminating health care disparities.

[Adopted 1986, reaffirmed 1991, 1996, and 2001, amended 2006]

HX-4600.1.6

AAPA believes that PAs should endorse and support policies and programs that address the elimination of health disparities and commit to activities that will achieve this goal. AAPA supports forming “strategic partnerships” with other organizations that will help advance the elimination of health disparities.

[Adopted 2001 and reaffirmed 2006]

HX-4600.1.7

[**Second And Co-Parent Adoption: Improving Children’s Access to Health Care**](#) (PP tab 31)

[Adopted 2004]

HX-4600.1.8

[**Comprehensive Health Care Reform**](#) (PP tab 2)

[Adopted 2005]

HX-4600.1.9

The AAPA opposes actions by pharmacists that limit or restrict patient access to care, such as refusing to fill prescriptions based on personal or religious beliefs.

[Adopted 2006]

HX-4600.1.10

The American Academy of Physician Assistants believes that all patients deserve access to health care and opposes the establishment of local, federal, or state initiatives that require health care providers to refuse care to undocumented persons or to report suspected undocumented persons to authorities.

[Adopted 2007]

HX-4600.1.11

AAPA believes physician assistants (PAs) should advocate and facilitate care for veterans of the uniformed forces of the United States and their families including National Guard and Reserve Forces. AAPA supports education for all PAs regarding the medical and psychosocial needs of all veterans and their families. AAPA encourages PAs to be aware of the services and resources in their communities that assist veterans and their families to obtain the most up to date care.

[Adopted 2008]

HX-4600.2.0 Rural Health Care

HX-4600.2.1

AAPA supports the expansion of the national medical care safety net system by allowing rural health clinics to contract with community health centers to provide medical care to uninsured patients at the rural health clinic.
[Adopted 2004]

HX-4600.2.2

[Rural Health Clinics](#) (PP tab 19)
[Adopted 1997 and amended 2004]

HX-4600.2.3

[Managed Health Care and Rural America](#) (PP tab 20)
[Adopted 1997 and amended 2004]

HX-4600.2.4

The AAPA supports the continuation of current law which allows rural health clinics to maintain certification regardless of the shortage area designation status until such time as a process has been developed that ensures access to appropriate care for the patients served by the clinics.
[Adopted 1997, reaffirmed 2002 and 2007]

HX-4600.2.5

AAPA supports and takes steps to ensure the continuation of the rural health clinic (RHC) program to meet the goal of improving access to care in rural medically underserved areas.
[Adopted 1996, reaffirmed 2001 and 2006]

HX-4600.2.6

AAPA supports retention of the original requirement that rural health clinics utilize PAs and NPs to extend access to primary care medical services in areas that have a shortage of physicians.
[Adopted 1996, reaffirmed 2001 and 2006]

HX-4600.2.7

The AAPA should make it a priority to market the PA concept to employers that serve rural and underserved populations.
[Adopted 2005]

HX-4600.3.0 Workforce

HX-4600.3.1

AAPA believes that health plans or provider networks should list physician assistants in their provider directories. Physician assistants should be included on the list of providers to allow patients the option of seeking care from a physician-PA team.
[Adopted 1999, amended 2000, reaffirmed 2005]

HX-4600.3.2

AAPA shall educate hospital administrators and other decision-makers about the utilization of physician assistants, particularly the ability of PAs to enhance patient access and continuity of care when institutions are faced with restrictions on resident work hours, reductions in graduate medical education funding, and other factors that affect an institution's ability to deliver services in a cost-effective manner.
[Adopted 2000 and reaffirmed 2005]

HX-4600.3.3

If Congress acts to require medical personnel to register with the selective service, prior to implementation, the Congress shall encourage all branches of the uniformed services to have in place their individual emergency wartime mission requirements which will allow physician assistants to provide health care services based on their training and, as closely as possible, in accordance with the current accreditation standards for physician assistant education.

[Adopted 1986, amended 2001, reaffirmed 1991, 1996, and 2006]

HX-4600.3.4

Government and private employers should be encouraged to assure continued equality of pay for retired and reserve component physician assistants who are called to active military duty.

[Adopted 1986, amended 2001, reaffirmed 1991, 1996, and 2006]

HX-4600.3.5

AAPA recognizes the role of organized labor in contemporary society, but condemns any action in the workplace that has an adverse effect on patient care.

[Adopted 1990, amended 2000, reaffirmed 1995 and 2005]

HX-4600.3.6

AAPA urges the National Health Service Corps to actively recruit physician assistants into viable placement sites within the corps.

[Adopted 1978, amended 2000, reaffirmed 1990, 1995, and 2005]

HX-4600.3.7

AAPA encourages leaders of the U.S. Public Health Service and the National Health Service Corps to develop a National Medical Coverage Relief Unit that can provide underserved facilities across America with qualified health professionals, including physician assistants, to meet short-term professional coverage needs. AAPA believes that such a national relief unit would help address the need for locum tenens at sites that support America's health care safety net for the underserved and uninsured and would also address the need for coverage during national disasters and national emergencies.

[Adopted 2003 and reaffirmed 2008]

HX-4600.3.8

The AAPA recognizes the shortage of health care services in the United States and its expected impact on the quality, availability, and cost of health care in this country. The AAPA is committed to raising awareness of this issue nationally and to increasing the importance of this issue on the policy agenda at all levels of government and in the private sector. The AAPA supports efforts that promote and foster creative solutions to health care shortages that include expansion and access to physician-PA teams to meet anticipated requirements for health care services.

[Adopted 2006]

HX-4600.4.0 Public Health Crisis/Disaster Response

HX-4600.4.1

The American Academy of Physician Assistants supports the National Health Service Corps Ready Responder Unit, which deploys as needed throughout America to provide "all hazards" disaster medical assistance, and encourages the corps to continue its support of the interdisciplinary team approach to medical care by including physician assistants in the Ready Responder Unit.

[Adopted 2003 and reaffirmed 2008]

HX-4600.4.2

AAPA supports inclusion of all underserved facilities in the National Health Service Corps Ready Responder Unit.

[Adopted 2003 and reaffirmed 2008]

HX-4600.4.3

AAPA believes that physician assistants are established and valued participants in the health care system of this country and are uniquely qualified to assist in the delivery of services during disaster relief efforts.

[Adopted 1990, amended 1995 and 2000, reaffirmed 2005]

HX-4600.4.4

AAPA shall work with all appropriate disaster response agencies to update their policies to improve the utilization of PAs in disaster situations.

[Adopted 1990, amended 1995 and 2000, reaffirmed 2005 and 2007]

HX-4600.4.5

The American Academy of Physician Assistants believes that physician assistants should be knowledgeable of public health interventions that must be considered following the onset of a mass casualty incident including: (a) quarantine and other movement restriction options; (b) mass immunization/chemoprophylaxis; (c) mass triage; (d) public education about preventing or reducing exposures; (e) environmental decontamination and sanitation; (f) public health laws; and (g) state and federal resources that contribute to emergency management and response at the local level.”

[Adopted 2005]

HX-4600.4.6

The American Academy of Physician Assistants believes that physician assistants should be knowledgeable of ethical and legal issues in disaster response. These include: (a) their professional responsibility to treat victims (including those with potentially contagious conditions); (b) their rights and responsibilities to protect themselves from harm; (c) issues surrounding their responsibilities and rights as volunteers, and (d) associated liability issues.

[Adopted 2005]

HX-4600.4.7

The American Academy of Physician Assistants believes physician assistants should participate directly with state, local, and national public health, law enforcement, and emergency management authorities in developing and implementing disaster preparedness and response protocols in their communities, hospitals, and practices in preparation for terrorism and other disasters.

[Adopted 2005]

HX-4600.4.8

[*The Physician Assistant in Disaster Response: Core Guidelines*](#) (PP tab 17)

[Adopted 2006]

HX-4600.4.9

The AAPA recognizes the National Disaster Medical System (NDMS) as an excellent model for physician assistant participation in disaster response.

[Adopted 2006]

HX-4600.4.10

AAPA supports the imposition of criminal and civil sanctions on those providers who intentionally and recklessly disregard public health guidelines during federal, state, or local emergencies and public health crises.

[Adopted 2007]

HX-4600.5.0 Prescription Medication

HX-4600.5.1

AAPA supports legislative efforts to block the diversion of prescription drugs to illicit channels and prevent the sale or trade of samples, while preserving appropriate access by physicians, physician assistants, and other appropriate health care practitioners to samples of prescription drugs from pharmaceutical manufacturers.

[Adopted 1987, reaffirmed 1992, 1997, 2002, and 2007]

HX-4600.5.2

AAPA supports a Medicare prescription drug benefit plan that is universal, mandatory for all beneficiaries, integrated into the basic benefit package, is not a financial hardship to beneficiaries, includes catastrophic coverage, has a defined, comprehensive benefit, and permits health care providers to select medications using appropriate medical judgment that includes consideration of cost effectiveness, safety, and efficacy.

[Adopted 2001 and reaffirmed 2006]

HX-4600.5.3

AAPA endorses the appropriate treatment of all types of pain. The treatment of pain should utilize a team approach that incorporates the following: appropriate medications, modalities, therapies and lifestyle changes, regular assessment and adjustments of treatment, and referral to pain management specialists when needed.

[Adopted 2002 and amended 2007]

HX-4600.5.4

AAPA shall actively engage in efforts to educate health care advertisers about physician assistant prescribing authority and practices. The AAPA shall encourage health care advertisers to avoid such language as "only your doctor can diagnose" or "only your doctor can prescribe."

[Adopted 1994, reaffirmed 1999, 2004, and 2006]

HX-4600.5.5

AAPA believes that safe and affordable prescription medications should be available for all patients. Reimportation of pharmaceuticals from countries such as Canada is not a long-term solution to the problem of costly medications in the United States. AAPA encourages pharmaceutical manufacturers to find ways to reduce the cost of their products and to expand their programs of assistance to those who cannot afford medication, particularly the uninsured. All health plans and government agencies should negotiate medication prices with suppliers and manufacturers.

[Adopted 2005]

HX-4600.6.0 Reproductive

HX-4600.6.1

AAPA opposes attempts to restrict the availability of reproductive health care.

[Adopted 1992, reaffirmed 1997, 2002, and 2007]

HX-4600.6.2

AAPA supports over-the-counter non prescription status of emergency contraception pills.

[Adopted 2004]

HX-4600.6.3

AAPA encourages its members to work with schools and parents within their communities to establish programs for reproductive health education in schools.

[Adopted 1987, amended 1997, reaffirmed 1992 and 2005]

HX-4600.6.4

AAPA supports equitable and confidential access to sex education, family planning education, and birth control options.

[Adopted 1983, reaffirmed 1990, 1995, 1999, and 2005]

HX-4600.6.5

AAPA believes all physician assistants should advocate responsible sexual behavior including education on methods to prevent unintended pregnancy and sexually transmitted diseases.

[Adopted 2005]

HX-4600.6.6

The American Academy of Physician Assistants opposes the Global Gag Rule (Mexico City Policy) because it endangers the health of women and children and is inconsistent with U.S. principles of free speech and

democracy. Funding for family planning services should be provided without ideological or political restrictions on the distribution of monies.

[Adopted 2006]

HX-4700.00 QUALITY OF CARE

HX-4700.1.0

The American Academy of Physician Assistants encourages initiatives at the individual and organizational levels to improve the quality of health care in America by:

- 1) Supporting patient safety efforts;
- 2) Reducing medical errors;
- 3) Promoting evidence-based medical care;
- 4) Encouraging communication among members of the healthcare team; and
- 5) Emphasizing the team approach to health care.

[Adopted 2000 and amended 2005]

HX-4700.2.0

[Quality Incentive Programs](#) (PP tab 38)

[Adopted 2005]

HX-4700.3.0 Care in Emergency Departments

HX-4700.3.1

AAPA believes overcrowded emergency departments (ED) threaten access to emergency care for all patients.

[Adopted 2007]

HX-4700.3.2

AAPA is opposed to the practice of boarding admitted patients in the ED as it threatens the safety and quality of care of all ED patients.

[Adopted 2007]

HX-4700.3.3

AAPA recommends that hospital industry leaders develop boarding and diversion standards, as well as guidelines, measures, and incentives for implementation, monitoring and enforcement of these standards.

[Adopted 2007]

HX-4700.3.4

AAPA supports regulatory oversight that requires reporting of boarding information to CMS, and that CMS make the data publicly available, and that CMS ultimately develop a quality measure on boarding.

[Adopted 2007]

HX-4700.3.5

AAPA recommends hospitals allocate staff so that the staffing ratios are balanced through out the hospital to avoid overburdening the emergency department staff while maintaining patient safety.

[Adopted 2007]

HX-4700.4.0

[The Role of In-Store or Retail Health Clinics](#) (PP tab 41)

[Adopted 2007]

HX-4700.5.0 Medical Home

HX-4700.5.1

AAPA supports the medical home concept as a means to improve the quality of patient care.

A medical home provides patient- and family-centered care that is culturally appropriate, is coordinated and integrated, is committed to quality and safety, has enhanced access to affordable health care services, and is team care led by a physician.

AAPA believes these principles can apply to any setting where continuing, longitudinal primary or specialty care is provided.

[Adopted 2008]