

AAPA Partners with Illinois Academy of PAs to Remove Barriers for PAs: Shares Key Takeaways for Legislative Success

Engaging the Power of Collaboration



What is one way to get a state legislature to vote unanimously? If our experience in Illinois is any indication, try introducing legislation that expands patient access to healthcare by modernizing PA practice. We know that passing a bill in the house and senate without opposition is uncommon, but our success sheds light on some of the elements that make it possible.

The Background

In 2017, the Illinois PA practice act was up for Sunset review — meaning if the law was not renewed, PAs would no longer be able to practice come 2018. The American Academy of PAs (AAPA) Constituent Organization Outreach & Advocacy team (COOA) is very familiar with working with states on these types of generally routine events. However, there is no uniform approach and each state has different challenges that may arise when the time comes to renew.

Meanwhile, Illinois is also facing a healthcare provider shortage — especially underserved areas and populations. This reality, which is true for many states, is central to why AAPA is prioritizing the modernization of PA practice laws across the United States — to better position PAs to be part of the solution.

Based on the number of primary care physicians available for the state, Illinois is only able to meet the needs of [roughly 59 percent](#) of its total population.

It's also why the improvements we advocated in Illinois went beyond simple renewal of the PA practice act — they also aimed to help solve the provider shortage. Even though we experienced significant challenges along the way, strong collaboration among AAPA, the Illinois Academy of PAs (IAPA), and a broad group of Illinois stakeholders was essential to our unanimous win.

Key Takeaways

Experience Matters

AAPA's COOA team acts as a back office policy shop and is able to supply state chapters with resources needed to educate and spur change. Past [experience](#) enabled us to:

- Serve as a trusted advisor to the IAPA throughout the process.
- Mobilize and act quickly.
- Solidify consensus long before the final vote.

Chance Favors the Prepared Mind

During any legislative session, unknown situations can arise that may derail best laid plans, but our team was nimble and able to navigate the unexpected, including:

- The National Commission on Certification of Physician Assistants' last minute [lobbying efforts](#) against the bill.
- Staff [turnover in the governor's administration](#) and new policy hires.

Partnership is Key

AAPA was IAPA's first stop and ultimately, our success was dependent on the strong ties and trust we've built between our two organizations. That partnership enabled us to:

- Build a solid team to represent the PA profession.
- Initiate grassroots outreach to engage the right stakeholders and audiences including the Illinois State Medical Society & the Department of Financial and Professional Regulation, among others.
- Leverage insights of our combined networks of PAs in Illinois and nationwide.



Mindy Sanders, PA-C, IAPA president

"IAPA and AAPA worked as true partners throughout this process," said Mindy Sanders, PA-C, Illinois Academy of PAs (IAPA) president. "AAPA's advocacy team was instrumental in helping us advocate for this crucial legislation."

The Result

In August of 2017, Illinois Gov. Bruce Rauner signed [Illinois Senate Bill 1585](#), a law to modernize Illinois' PA practice act. The law will help to address the provider shortage without additional taxpayer expense, allow PAs to better serve underserved areas and populations and patients covered by Medicaid. It also extends the PA practice act for Illinois' 3,000 PAs until 2028. More specifically, the bill:

1. More accurately describes the association between PAs and physicians as a "collaborative" rather than "supervisory."
2. Lists PAs as healthcare providers under Medicaid. This eliminates a practice that creates inaccurate healthcare information and will provide patients with more accurate healthcare records.
3. Improves language governing how many PAs a physician may collaborate with to increase flexibility.

While these tactics worked well for us in Illinois, we recognize there is no one-size-fits-all playbook for changing policy. Are there other tactics or takeaways that were helpful to your organization? Contact me at apeer@aapa.org to share your thoughts.



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