

It's 2021 - Now What?!

Advocacy Insights and Experiences from 4 Different States

This session will begin at 8:00 PM EST

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Welcome

Beth R. Smolko, DMSc, MMS, PA-C, DFAAPA
AAPA President

Virtual LAS Tips

- Zoom Attendee Interface:

- Please use the Raise Hand feature to get in line to ask your question aloud.
- Please use the Q&A feature to ask technical questions or to get assistance from AAPA staff.
- Chat feature will be disabled during this session.



It's 2021 - Now What?!

Advocacy Insights and Experiences from 4 Different States

Lauren Bates-Rowe

Vice President, State Advocacy and Outreach

AAPA

Disclosures

- I am an AAPA staff member

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Agenda



WELCOME



LOGISTICS



FOUR STORIES
FROM THE FIELD



DISCUSSION



CLOSING
ANNOUNCEMENTS

Learning Objectives

Participants will be able to:

1. Describe how 4 states navigated challenges to moving PA-positive legislation forward;
2. List 2 tactics for successful advocacy; and
3. Discuss how partnerships may be used in their own state advocacy efforts.

Maine Association of Physician Assistants: Legislative Year in Review

Angela Leclerc PA-C
President, MEAPA

OTP legislation



State of Maine Legislature

Summary of LD 1660

Bill Info

LD 1660 (SP 537)

"An Act To Improve Access to Physician Assistant Care"
(Emergency)

Sponsored by **Senator Linda Sanborn**

Status Summary

Reference Committee **Health Coverage, Insurance and Financial Services**

Last House Action **3/17/2020** - This being an emergency measure, a two-thirds vote of all the members elected to the House was necessary.

PASSED TO BE ENACTED.

Sent for concurrence. ORDERED SENT FORTHWITH.

Last Senate Action **3/17/2020** - **PASSED TO BE ENACTED** - Emergency - 2/3 Elected Required, in concurrence.

Last Engrossed by House **3/17/2020**

on

Last Engrossed by Senate **3/17/2020**

on

Governor Action **Signed by the Governor (Emergency Measure)**

Chapter **627**

Final Law Type **Public Law**

Date **3/18/2020**



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Maine Legislature Fast-Tracks PA Legislation to Help Combat COVID-19

ME Association of PAs Top Legislative Priority Passes

March 19, 2020

On March 18, Maine Gov. Janet Mills signed [LD 1660](#), an Act to Improve Access to Physician Assistant Care. The bill has been the Maine Association of PAs top legislative priority for the last two years. It was passed by the legislature on Tuesday, March 17, when only legislation that could help address the public health crisis of COVID-19 in Maine was under consideration before the legislature adjourned indefinitely.

The legislation makes numerous improvements to PA practice in Maine. Among the changes, LD 1660:



<https://www.aapa.org/news-central/2020/03/maine-legislature-fast-tracks-pa-legislation-to-help-combat-covid-19/>

LD 1660: “An Act to Improve Access to Physician Assistant Care”

- Increased the number of PAs on the Board of Licensure in Medicine (BOLIM) from 1 to 2 and Board of Osteopathic Licensure (BOL) from 1 to 2
- Eliminated supervisory requirement for physician assistants
- Created new processes for defining scope of practice for PAs
 - PAs<4000 hours
 - Collaborative agreement with a physician or subject to institutional or practice credentialing/privileging
 - PAs>4000 hours
 - Subject to institutional or practice credentialing/privileging
 - OR Practice Agreement with a consultative physician that is available at all times
- PAs no longer have to obtain a certificate of registration from BOLIM or BOL in order to be licensed.
- PAs are able to serve as a primary care provider for a managed care plan.
- PAs are able to bill insurance carriers and receive direct payment for medically necessary services the PA provides to an enrollee and identifies the physician assistant as provider in the billing and claims process for payment of the service

LD 1660 and COVID-19 State of Emergency

- Executive order 16
 - Suspended certain laws/rules INCLUDING mandatory supervision or collaborative practice agreements for PAs
- **With changes created by LD 1660 any PA applying to the Board for licensure or is up for renewal is ***NO LONGER REQUIRED TO and SHOULD NOT file or submit a registration or plan of supervision***
- Notifications will be sent to certain PAs to determine whether they need to submit additional information to the Board following the end of the State of Emergency

Federal Trade Commission Involvement in State Regulation

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AAPA Engages Federal Trade Commission Over Proposed Rules in Maine

Provisions Add New Barriers to PA Practice

November 2, 2020

On Oct. 28, 2020, the Federal Trade Commission (FTC) sent correspondence to the Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure regarding proposed regulations to implement Maine's legislation (LD 1660), an Act to Improve Access to Physician Assistant Care, which was [signed into law in March](#).

The letter from the FTC was the result of AAPA and state legislators in Maine writing to the FTC to voice concerns over provisions in the proposed rules that went further than the intent of the law and that added new barriers to PA practice.

[[Help further AAPA's advocacy work – join or renew your membership today](#)]

In its correspondence, the FTC encouraged the Maine Boards to keep previous guidance from the FTC in mind while deciding on the final rules. The FTC was not able to write a more thorough correspondence to the boards because there was not enough time to conduct the research and analysis necessary to do so before the comments were due. But we are encouraged the FTC felt this issue was still important enough to let the Maine boards know their proposed regulations caught the Commission's attention. In addition to the correspondence from the FTC, AAPA also submitted [comments](#) outlining our numerous concerns with the proposed regulations.

AAPA will continue to work with the Maine Association of PAs to ensure the legislative intent of LD 1660 is reflected in the rules adopted by the boards. For more information on these proposed regulations, the correspondence with the FTC.

Licensure: Joint Chapter 2 Rule

- In Maine, PAs were required to license under the same medical board that their Primary Supervising licensed under (DO or MD).
- Previously, if multiple primary supervising relationships existed (both DO and MD), then two licenses needed to be obtained.
- Now, there is one licensing process with a joint rule for regulation and requirements of collaboration between the Board of Licensure in Medicine (BOLIM) & the Board of Osteopathic Licensure (BOL).

Rulemaking: Board of Licensure in Medicine

- **Lessons learned**

- Careful review of language requires an articulate individual who is well-versed in the language of law/rulemaking
- Monitoring of board meetings by representative/lobbyist with regular meetings to strategize with your governmental affairs committee is key to success
- Communication, communicate, communicate (**in advance)
 - Utilize AAPA list
 - Template suggested language for comments
 - Leverage social media
 - Leverage Zoom

- **Emergency Medicine “carve out bill”**
 - Reinstate supervising physician requirement for EMPAs only
- Met with SEMPA leadership
- Met with ACEP leadership
- **NP bill**
 - Removes the Maine state requirement for NPs to be supervised by a physician or experienced NP during their first two years of practice
- **Assistant Physician**
 - A new profession

We are **STRONGER UNITED**

Thank you to:

Our sponsors: Dr. Linda Sanborn and Dr. Ned Claxton

AAPA: Carson Walker

MooseRidge: Laura Harper

Governmental Affairs Committee: Jed Jankowski, Gretchen Preneta, Stephanie Podolski, Steve Blessington, Timothy Grace, Alan Hull

Bringing OTP to Tennessee

Katherine Pesut Moffat, Executive Director
Tennessee Academy of PAs

Current Practice Situation in Tennessee

- Supervision/Collaboration rules were adopted in 1999.
- Rules governing the practice of PAs and APRNs is nearly identical, so PAs enjoy parity with NPs in the workplace – for the most part
- Lots of misinformation in the healthcare arena about what PAs can do

Licensure and Oversight

- PAs are licensed and disciplined by the Committee on Physician Assistants (COPA), which is made up of 5 PAs, 1 OPA, and 1 Consumer Member
- COPA is a committee under the jurisdiction of the Board of Medical Examiners
- COPA is a financially self-sustained committee which operates with autonomy, but all actions must be ratified by the Board of Medical Examiners

Licensing and Practice

- A PA can obtain a license without a collaborating physician, but they must notify COPA of any change in collaborating physicians within 15 days of change employment or collaborating physicians.
- The scope of practice is determined at the practice level in a written protocol that must be jointly developed and signed by the PA and collaborating physician.
- A PA's scope of practice is limited to that of his or her collaborating physician's scope of practice.

Collaboration

- A collaborating physician is required to review at least 20-percent of all charts monitored or written by the PA every 30 days
- There are some situations that trigger 100-percent chart review within 10 days, the most common being when a controlled substance has been prescribed
- The collaborating physician must visit remote practice sites every 30 days

COVID-19 Executive Orders

- On March 12, 2020, the governor issued an executive order suspending all collaboration requirements for PAs.
- The order expired on May 18, 2020 and was not renewed due to pressure from physician groups.
- On Dec. 4, 2020, the governor issued an executive order suspending all collaboration requirements for PAs working in a hospital setting and caring for COVID patients.

FPA History in Tennessee

- About five years ago, the Tennessee Nurses Association began their Full Practice Authority efforts
- A joint task force was formed, and the physicians and nurses agreed to a 3-year moratorium on scope of practice legislation
- The task force held a series of meetings over the course of a year, but nothing came of these efforts

Current Legislative Environment

- The nurses hired a new executive director and a new lobbyist within the past two years
- Legislation was introduced in 2020 to establish Full Practice Authority for APRNs
- The bill was pulled from committee due to lack of support
- The pandemic interrupted the legislative session

TAPA's Efforts Behind the Scenes

- While the nurses were pushing for FPA, TAPA leaders met with leaders from the Tennessee Medical Association to try to negotiate collaboration rules changes.
- Several meetings were held over the course of nine months, but the physicians refused to eliminate chart review.
- Physicians also wanted to inject rules changes to micromanage the collaboration between PAs and physicians, which would have resulted in more onerous rules being adopted

TAPA Introduces OTP Legislation

- TAPA introduced its OTP bill in January 2021. If adopted, the bill would accomplish the following:
- Establish a Board of PAs made up of seven PAs, 1 physician, and 1 consumer member;
- Remove the tie between a specific physician and PA; and
- Remove all references of PA/physician collaboration throughout the Tennessee Code.

Why OTP Legislation Now?

- Tennessee PAs were concerned that, if successful, the nurses' efforts could upset the parity currently enjoyed in the job market between PAs and nurse practitioners.
- Changes in policies at the national level have made many rank-and-file PAs rethink how the healthcare team could and should function.

Lobbying our bill

- TAPA has had a paid contract lobbyist for 30+ years
- Hired a government relations firm to assist with messaging
- Partnering with the nurses on areas of mutual benefit
- Reached out to other stakeholders such as the AARP, Americans for Prosperity, Hospitals, Urgent Care Clinics, business groups such as the Chamber and NFIB

Lobbying our bill

- Ramped up social media, including Facebook ads and geofencing around the capitol



Lessons Learned

- Having a long-term paid lobbyist is vital since it can take years to build relationships with legislators
- Reach out to all possible stakeholders to discuss your bill - you might be surprised to find allies in unlikely places
- Build up your PAC
- Find PAs who are willing to take the time to get to know their legislators
- Work your bill

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Katherine Moffat – kmoffat@tnpa.com

Questions?

Oklahoma Legislative Lessons

Allison Garrison, PA-C
OAPA Leadership and Advocacy Liaison
allisongarrisonOAPA@gmail.com

How It Started

- Assessing OTP and our state's plans
- President Trump's Executive Order (Oct. 2019)- remove unnecessary supervision requirements and other barriers
 - ✦ December 2018 fed gov report on healthcare competition titled, "Reforming America's Healthcare System Through Choice and Competition" - recommended states should consider eliminating requirements for rigid collaborative practice and supervision requirements...that are not justified by legitimate health and safety concerns
- Immediately began meetings with all groups involved, very honest and upfront with intentions
- Research, research, research
- AAPA grant
- Assembled team of lobbyists and PR
- Regular meetings/updates with Shannon Morey, AAPA

How It Went

- Legislation in both House and Senate, + schedule II bill
 - ✦ carefully chosen authors -Senate Majority Floor Leader, House Deputy Floor Leader
- Multiple meetings with all groups: OSMA, OOA, MD Board, DO Board, Healthcare Authority, Hospital Association, OAFP, BCBS, Governor's office, Oklahoma Chamber, Oklahomans for Prosperity, AG's office
- Caucus lunches at the capitol, every opportunity
- Joined various coalitions
- Attempted to get PA on Med Board-2 open seats-no go
- Separated ourselves from NPs due to environment; had to get author involved to get bill heard
- Social Capitol Happy Hour with traveling PA Hx display in place of PA Day at the Capitol

How It Went-Insert Covid

- Schedule II bill died
- Our main bill chosen as top 10 priority bill by legislative leadership
- Social media, website, email blasts
- Long, late hours; membership largely involved (including students)
- **Success on the final day of session!**

How It's Going Now

The Good

- Positives on language we didn't initially desire actually may be helpful
- Reimbursement language has been very successful with only minor hiccups
- Positive feedback on PA hirability with language change, expect more after Medicare law effective next year
- Positives on home health legislation
- Currently covered by emergency covid rules on ratio concerns

The Struggles

- Still no new administrative rules to account for new law that became effective in August
- Legislators frustrated with med boards and med groups, having sympathy for us after seeing what we are going through

The Solutions

- Letter for AG opinion; Letter from the Governor
- Lawyers involved on separate issues
- New legislation to address ratios

Lessons Learned

- Expect the unexpected
- Expect the expected
- Know your audience
- Have lots of conversations, keep abundant notes
- Get great lobbyists, expand if possible
- Utilize the AAPA and their resources
- Keep your circle small, monitor conversations
- Coalitions, PR, utilize your membership when necessary
- It's not over til it's over

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Will you move forward or fall behind?

Let's Collaborate!

Massachusetts Association of PAs

Josh Merson, MS-HPEd, PA-C, CAQ-EM
Legislative Chair, Past-President

Initial Legislative Efforts 2019-2020

- An Act Relative to Physician Assistant Non-Competes
 - Ways and Means

- An Act Enabling PA Psychiatric and Substance Abuse Holds
 - Sent to study

- Massachusetts Governor Executive Order
 - Removed requirement to file a new Supervising Physician with DPH
 - Allowed redeployment making PAs the most versatile healthcare provider across the state
 - In effect through COVID State of Emergency

- Increased lobbying hours and public relations support
 - Commonwealth Magazine Article
 - State House News
 - WBUR – Boston NPR
- Allowed funding to draft OTP Language
 - Increased awareness of PAs in State House with development of new PA champions in House and Senate
- An Act Putting Patients First
 - S.2769 (Amendment 33) and H.4888 (Amendment 61)
 - Included OTP and Limited Service Clinic Language
 - Withdrawn in both chambers d/t political pressures on sponsors
 - Allowed for increased constituent contact to legislators increasing education about PAs

- ROE Act

- PAs added to professions authorized to order and perform abortions
 - Not a MAPA Bill
 - PAs included from previous lobbying and advocacy activity increasing education.

The Future – 2021 Filings

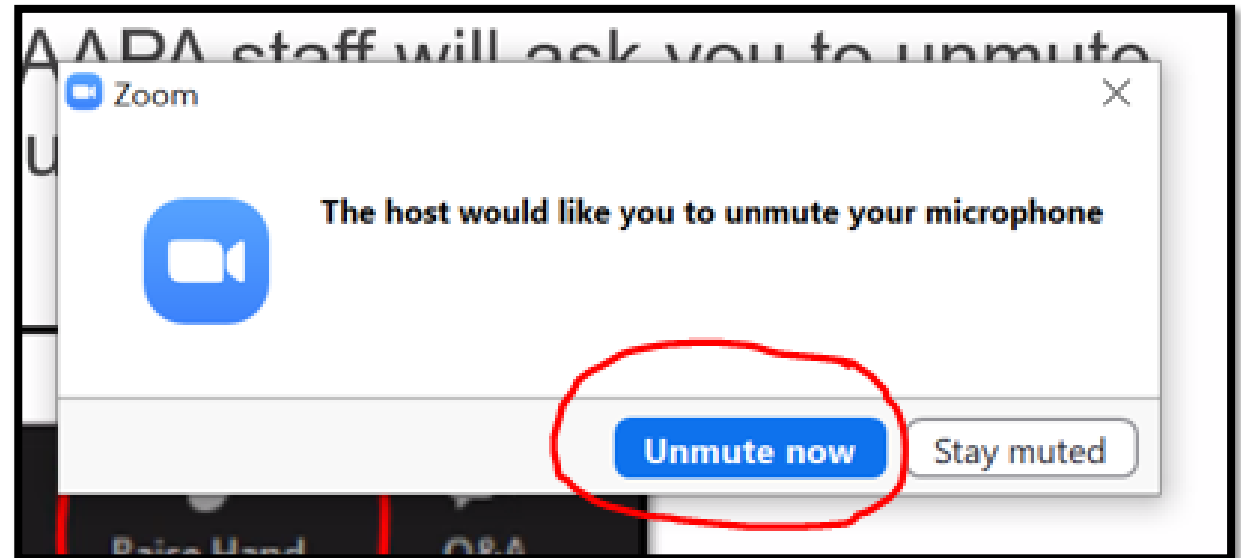
- **An Act enabling physician assistants to authorize psychiatric holds ([HD3125/SD1772](#)).** Filed by Representative Ted Phillips (D—8th Norfolk) and Senator Michael Moore (D—2nd Worcester), this bill would enable Physician Assistants (PAs) to join other qualified practitioners in placing emergency holds on patients who are at risk of harming themselves or others. This simple inclusion of PAs to language in Section 12 of the General Laws will keep patients safe in the hands of the emergency department practitioners and will allow patients to receive necessary treatment in an expedient and quality manner.
- **An Act Relative to physician assistant non-competes ([HD3377/SD1498](#)).** Filed by Representative Jon Santiago (D—9th Suffolk) and Senator Patricia Jehlen (D—2nd Middlesex), this bill would prohibit employee non-competition agreements for physician assistants, ensuring that a PA’s right to practice is not restricted by these agreements when changing jobs, and strengthening access to quality care for patients by allowing all PAs to practice at the top of their license. Such statutory protection currently exists for doctors, nurses and social workers, and this legislation would add PA’s to this list of protected providers.
- **An Act relative to removing barriers to care for physician assistants ([HD1323/SD701](#)).** This legislation was filed by Representative Christine Barber (D—34th Middlesex) and Senator Harriette Chandler (D—1st Worcester). For three months, the Baker Administration issued a temporary Executive Order allowing for PAs to practice without filing a supervising physician with the Commonwealth. This bill will make this temporary Executive Order permanent. Removing the additional filing requirement would enable PA's to efficiently be re-deployed into other areas of hospitals or healthcare centers to treat patients and increase access to care.
- **An Act relative to limited service clinics ([HD3212](#)).** Filed by Representative Kay Khan (D—11th Middlesex), this bill would clarify the definition of a Limited Service Clinic in Massachusetts to allow PAs to work in limited service clinics (such as CVS [MinuteClinics](#)) across the Commonwealth. By clarifying the law to ensure that limited service clinics are able to hire PAs, the Legislature can help these clinics fill a valuable niche in our healthcare system and prevent gaps in access to care.

Suggestions for Growth

- Aggressive Bills
- Communication
- Grassroots support
- PA School Involvement
- AAPA Partnership

Time for Q&A

- Please use the Raise Hand button to be placed in the queue. You will be called on by name and will see a prompt to unmute yourself appear on your screen. Please click “Unmute now” to ask your question aloud.



Coming Up...

- 10 Self-Paced sessions
 - Available tomorrow at 9:00 AM in Learning Central
- Congressional Outlook and Preparing for Capitol Hill
 - Monday, March 22, 2021 – 8:00 PM EST
 - *Required to participate in Hill Day*
- Virtual Hill Day
 - Wednesday, March 24, 2021
- Networking Event
 - Wednesday, March 24, 2021 – 6:00 PM EST

Thank you!

Lauren Bates-Rowe

Vice President, State Advocacy and Outreach

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Questions for AAPA staff about the conference? Email las@aapa.org