



T A P A
 TENNESSEE ACADEMY OF
 PHYSICIAN ASSISTANTS

PA Pulse

The heartbeat of TAPA

Bridging the Future of Healthcare

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From the President

My name is Marie Patterson, and I am very honored and excited to be the next president of TAPA. I have lived in Tennessee since I was five years old. I am from Murfreesboro, and I have practiced in Tennessee my entire career.

I have been a PA for almost 20 years and am a graduate of the PA program at Trevecca Nazarene University. I have experience in emergency medicine, acute care, occupational health, and primary care. I received my doctorate degree a few years after PA school with the intention of one day working in PA education. I made the full-time transition to PA educator six years ago, and I am currently the Program Director at Middle Tennessee State University. I have an interest in all things medical education, and I have loved being able to teach the next generation of PAs.

I have been married to my awesome husband and best friend for almost 21 years. We have eight amazing, wild, and very active children (4 boys and 4 girls) who are between the ages of 15 and 2. The only social life I have is attending my kids’ sporting events, but I love it!

Being a working mom is not the easiest some days. I mess up a lot (just ask my teenagers), but I feel like if my kids get to school with two shoes on their feet, it’s a win! As a family, we are very involved in our church and also the special needs community in middle Tennessee. Our oldest daughter has a rare genetic disorder and IDD. Having a child with special needs has helped shape my perspective on life. I am a very laid-back person in general, but I even more so now appreciate that life is too precious to sweat the small stuff every day. I am very proud of how hard our daughter has worked to learn the most basic life skills, and I am so grateful to get to be her mom.

As PAs, we work tirelessly to help others. I really want to spend my time as president drawing attention to all the amazing things we do in our profession. I will work hard to pursue legislation that continues to move our profession forward.

Tennessee is a wonderful state to be a PA. We have parity with NPs which is something that many PAs might not realize and may take for granted. It is not an accident that this parity exists in Tennessee. We have a fierce executive director who works tirelessly to fight for the advancement of our

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Mission - TAPA’s mission is to promote accessible, quality healthcare, and to advance the education, profession and practice of physician assistants in Tennessee.

Vision

Protecting and empowering the practice of physician assistants in Tennessee.

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profession. We also have strong PA leaders from all over the state who have fought to keep our profession from being left behind.

Our state academy is strong, but we still need your support. There are many ways to get involved and any help is much appreciated. At a minimum, we need more PAs to be members of TAPA. Your dues give us the resources we need to fight for our profession. We also need your talents: get involved in your region by attending dinner meetings, attend TAPA conferences to get to know other PAs in our state and build community, and volunteer for TAPA committees – we are always looking for PAs to serve on the CME Committee, Membership Committee, and Government Affairs Committee. If you are interested, email info@tnpa.com.

I look forward to working together to make Tennessee the most PA-friendly state in the country!

Marie Patterson, PA-C, DHSC
TAPA President



Register for TAPA's FallFest

By Mallory Briggs, TAPA Special Event and Conference Coordinator

TAPA's annual FallFest continuing medical education (CME) conference will take place in Gatlinburg, Tenn. from Oct. 2-6, 2023. This year's event will provide an exceptional program of medical education, networking, and professional growth.

TAPA has developed an enriching agenda designed to educate PAs about the latest advancements, research, and practices in healthcare. The conference will feature knowledgeable speakers, interactive workshops, and engaging discussions to ensure an immersive learning experience for all attendees.

Here are some key highlights of the upcoming conference:

1. **Diverse CME Sessions:** TAPA has scheduled a comprehensive agenda covering a wide range of medical specialties and topics. From primary care updates to specialized sessions on dermatology, cardiology, orthopedics, and more, participants can expect a varied selection of CME lectures tailored to their interests and professional needs.
2. **Engaging Workshops and Hands-on Training:** Complementing the live lectures, the conference will offer hands-on workshops on POC Ultrasound and BLS certification/recertification, allowing participants to enhance their clinical skills and practical knowledge.
3. **Networking Opportunities:** FallFest encourages networking and relationship-building among attendees. Engage with fellow PAs, students, medical experts, industry representatives, and potential collaborators during the conference. Sharing experiences, ideas, and challenges can foster professional connections that extend beyond the event, enriching your career growth.
4. **Explore the Charms of Gatlinburg:** Nestled in the heart of the stunning Great Smoky Mountains, Gatlinburg provides a picturesque backdrop for this conference. Between sessions, attendees can discover the natural beauty of the area - enjoying outdoor activities, exploring hiking trails, and partaking of the vibrant local culture.

Mark your calendars and join us for a week of education, innovation, and professional development at FallFest! For more details and registration information, please visit the TAPA website (www.tnpa.com/fallfest).

We look forward to welcoming you to Gatlinburg and creating lasting memories at this exceptional conference!

SAVE THE DATE!

Spring Fling

April 5-6, 2024

The Chattanooga Hotel
Chattanooga, Tenn.

Legislative Update

By Katherine Pesut Moffat, TAPA Executive Director

Optimal Team Practice (OTP)

TAPA continued to push for OPT again this legislative session. Some may ask, why is this important? The reality is that in states where nurse practitioners have independent practice, PAs have lost their jobs - literally overnight, in some cases - because the oversight and regulations for hiring nurse practitioners is more favorable to employers. If we are complacent and continue the status quo in our state, Tennessee PAs could face the same fate.

In Tennessee, PAs and nurse practitioners have enjoyed practice parity for decades and many practices utilize the two professions interchangeably. However, APRNs in Tennessee have been pushing for changes to their practice act for many years and if they achieve full practice authority, it could be devastating for the PA profession if PAs don't push for, and receive, the same concessions to our practice act.

As in Tennessee, PAs across the country are pushing for OPT. So far, six (6) states allow PAs to practice without physician supervision/collaboration, and many other states have legislation pending. In states where nurse practitioners already have independent practice, the passage of OTP for PAs is an easier lift. In states like ours where nurse practitioners do not have independent practice, it is a tougher fight.

TAPA leadership wants to maintain a favorable practice environment for PAs in our state, and they don't want to lose quality PAs to states that have OTP. Our state faces a provider shortage as it is, and this will only exacerbate it.

Therefore, TAPA will continue to invest time and resources into this fight. To achieve success, each and every PA licensed in Tennessee needs to do their part by being a member of TAPA, contacting their elected officials, donating to the political action committee (PAC) and engaging in grassroots lobbying for our bill.

This year, TAPA's OTP bill (SB 1171) was passed unanimously out of the Senate Commerce and Labor Committee. The nurses have never gotten a bill out of committee, so this was a big victory

for PAs! SB 1171 was scheduled to be heard in the Senate Health and Welfare Committee but just before the committee meeting was to begin, our bill sponsor was informed that Lt. Gov. McNally wanted him to pull our bill. This was very disappointing as we had reached out to McNally's office several times to discuss any concerns he may have had about the bill, but we never received a response.

Because the Senate version of the bill was not going to make it out of the Senate Health and Welfare Committee this session, TAPA leadership opted to "pause" both it and the House version (HB 1272) until 2024. This means that we will be able to pick up where we left off, without having to start over with a new bill and go back through Senate Commerce and Labor.

Throughout the summer and fall, TAPA will continue to meet with key legislators to educate them about PAs and gain their support. In January 2024, we will be ready to continue this fight. We hope we can count on all PAs in Tennessee to engage in this endeavor.

New Laws

In addition to the OTP legislation, other bills of interest to PAs were debated in the General Assembly. The following laws were passed and are in effect. Click on the hyperlinks to read the full text of the new public chapter.

[PC 107](#) - This law allows the practice of physical therapy to be under the written or oral referral of a nurse practitioner or physician assistant.

[PC 201](#) - This new law allows for the chart review and monthly site visits for PAs practicing in a solely telemedicine practice to be conducted electronically rather than at the site of the clinic. TAPA initiated this bill at the request of a TAPA member, and we were pleased to see it passed into law.

[PC 211](#) - This bill authorizes the Board of Medical Examiners to issue a temporary license of limited duration to an international medical school graduate who has not completed an ACGME residency program. The physician must work at a facility that has an ACGME residency program (though, the statute does not require them to participate in the residency program). After two

Legislative, continued from page 3

years, provided they are in good standing, the temporary licensee can then apply for a full and unrestricted license that is not subject to any practice location requirements.

PC 395 – This new law makes positive changes for providers with regards to the prior authorization process.

PC 470 – This new law creates a licensure category for medical school graduates that have successfully completed Step 1 and Step 2 of the USMLE but have not completed a residency. Called a “Graduate Physician”, the licensee is limited to providing primary care services in a medical underserved rural area of this state, a pilot project area established for graduate physicians to practice, or a rural health clinic. A graduate physician must practice under the supervision of a licensed physician in accordance with a collaboration arrangement. A graduate physician license is only valid for two (2) years from the date of issuance and is not subject to renewal.

The original language of this bill included a line that stated “(a) A graduate physician is considered a physician assistant for purposes of the regulations of the centers for medicare and medicaid services.” Graduate physicians are not physician assistants and should not be conflated with our profession. Therefore, TAPA fought to get this language removed from the bill and appreciated the willingness of the bill sponsors to delete it from the final version of the bill.

TAPA members with practice or regulatory questions can contact the TAPA office for assistance. Be sure to save the date for TAPA’s 2024 **PA Day on this Hill – Wednesday, Feb. 21, 2024**. We hope to see you there!

TAPA Awards

TAPA is accepting nominations for the follow awards:

- **PA of the Year**
- **PA Student of the Year**
- **Preceptor of the Year**
- **Educator of the Year**

Nominations are accepted from PAs, PA students, faculty and collaborating physicians. The submission deadline is **July 31, 2023**. Forms can be found at www.tnpa.com/awards.

2023 TAPA PAC Contributors

(Received Jan. 1-June 30, 2023)

Thank you to the many PAs who donated to TAPA’s PAC this year. Your contributions are investments in the future of your profession!

Bridge Members

contributing \$250+

*Greg Cain

*David Lennon

Sadril Mohammad

*James Montag

***Recurring donors**

Sustaining Members

contributing \$100-\$249

*Donald Black

*Patrecia Eaton

*Richard Heintl

Jason Henry

*Allison Jowers

*Jennifer Light

*Joseph Lindahl

Sarah McQueen

*Paula Miksa

*Johnny Nowlin

*Leigh Anne Pickup

*Vincent Proctor

Michael Watson

Contributing Members

contributing up to \$100

Rita Crews

Erin Crook

Delicia Garner

Tanya Kehoe

Waynette Kingman

Ronda Kopra

Benjamin Morgenegg

*Sarah Murawski

Lauren Poslaiko

Angelina Sheridan

Carol Taylor

*Jodi Zych

AAPA House of Delegates - 2023 Meeting Recap

The AAPA House of Delegates met in Nashville May 19-21 and debated many important topics to PAs. Below are the reports from TAPA delegates on the resolutions assigned to them by TAPA Chief Delegate Brendan Lucas.

Delegate Report - Brendan Lucas, Chief Delegate

Resolution Number	Description
2023-A-01 -GOVCOM	Eliminates Associated membership category to reduce confusion. All associate members will be rolled into the Affiliate category. Adopted.
2023-A-02 -GOVCOM	Removes bylaws requirement for annual meeting to be held at the conference. Allows for flexibility of meeting time and method. Adopted.
2023-A-03 -GOVCOM	Clarifies that any academy elections, other than House Officers, may occur through paper/ electronic voting without a formal meeting. HO elections to be held at the annual HOD meeting. Adopted.
2023-A-04 -SA	Adds Student Academy BOD and apportioned delegates as voting members for SA leadership positions. Inadvertent omission in previous resolution. Adopted.
2023-A-05 -GOVCOM	Formally establishes Governance Commission in the bylaws. Referred, not adopted.
2023-A-06 -HO	Adjusts the responsibilities of the First and Second Vice Speakers. First vice speaker responsible for verification of credentials of delegates. Second vice speaker responsible for records of meetings and oversight of SRC. Adopted
2023-A-07 -HO	Changes some verbiage to be more definitive on how members are elected. Addition: defines extra delegates and how many extra/alternate delegates may be elected. Amended to include 50% of apportioned delegates or 5 delegates as alternates, whichever is greater.
2023-A-08 -NWG	NWG & GovCom co-sponsored resolution clarifying eligibility and qualifications for elected positions on the AAPA Board of Directors. Changes the requirements and loosens the eligibility requirements. Amended and adopted.
2023-A-09 -DEI	Referred resolution from 2022 addressing barriers to leadership in AAPA. Committee recommended rejection. Adopted.
2023-A-10 -SPAAM	Recommended removing all eligibility requirements to run for office. Rejected.
2023-A-11 -NWG	Clarifies eligibility and qualifications for NWG elections. Removes multiple areas of professional involvement as a qualifier. Changes from 3 years of experience to 2 leadership roles. Adopted as recommended by committee.
2023-A-12 -NWG	Changes name of NWG to Nominating Committee. Clarifies role in bylaws. Removes association with Governance Commission - who still holds authority over elections processes. Amended and adopted.
2023-A-13 -NY	Removes endorsement from NWG duties. Rejected.
2023-A-14 -GOVCOM	Offers clarifications of voting members of the board of directors and removal of these officers. Sent to task force with A-15
2023-A-15 -NC	Offers clarifications of voting members of the board of directors and removal of these officers. Sent to task force with A-14

Delegate Report - Jodi Robbe, Delegate

Resolution Number	Description
A-16	Adopted, retired members can vote and not hold office. TAPA co-sponsored
A-17	Rejected, would have allowed retired members to only vote for certain offices and hold positions in the HOD-thought to be unwieldy
A-18	Rejected, proposal to force awards committee to give a Humanitarian Award every year-awards committee members testified to difficulty in finding good candidates, thought that yearly award would dilute award
A-19	Adopted on consent agenda-AAPA encourages its members to become members of State Chapters, Specialty Organizations, Caucuses and/or Special Interest Groups.
A-20	Rejected-proposal to have AAPA collect dues for AAPA and constituent organizations. Too unwieldy, some legal questions
A-21	Rejected-proposal to only have annual conference in states that "support reproductive rights" AAPA event planning staff testified that due to the requirements of the annual conference, doing this would result in the conference being held in only 2 cities, conference locations are set out to 2030, laws could change before then
B-1	Adopted-recognizes ARC-PA as the body that certifies PA programs, amended to remove language regarding the content of PA programs as thought to be beyond the purview of AAPA
B-2	Adopted on consent agenda-preceptors get 2 category I CME credits each week they precept a student, no maximum
B-3	Adopted on consent agenda-AAPA opposes all forms of racism and supports it's elimination-cleaned up some language
B-4	Adopted on consent agenda-AAPA opposes the use of tanning beds for people under age 18, encourages COs to work for legislation against that use
B-5	Adopted on consent agenda-"AAPA believes all PAS should advocate for and promote equitable and confidential access to comprehensive, evidence based, developmentally appropriate, and culturally sensitive sexual and reproductive health information and services. Information and services include family planning, and birth control options, as well as prevention of unintended pregnancies and sexually transmitted infections. AAPA should advocate for and support the availability of telehealth technology in the provision of these services.
B-6	Adopted on consent agenda-AAPA supports the terms "board certification" and "board certified" to describe PA certification in all references including PANCE, PANRE, and the PA-C credential
B-7	Adopted on consent agenda-AAPA ENDORSES THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS (NCCPA) CERTIFICATION EXAM AS THE ONLY ENTRANCE STANDARD FOR PAS, AND OPPOSES EXAMINATIONS GIVEN BY ANY ORGANIZATION FOR THE PURPOSE OF ESTABLISHING ENTRANCE-LEVEL STANDARDS FOR INDIVIDUALS NOT ELIGIBLE FOR THE NCCPA EXAMINATION.
B-8	Adopted on consent agenda-new policy paper on post graduate PA programs that reflects the latest scholarship and current state of these programs, including some that co-admit PAs and NPs

Delegate Report - Natalie Stafford, Delegate

Resolution Number	Description
2023-B-10-HOTP	This amended policy to change language to include support for policy and regulation that maximizes communication between health systems and clinicians. Specifically states that communication should be with primary care providers and not just physicians.
2023-B-11-HOTP	This amended policy to update language regarding Substance Use Disorder. An amendment to include some of the original language was suggested however this failed in General Session II and a new resolution was presented to remove the term "efforts". This amended language was adopted and the original amended policy passed with the only change being the removal of the word efforts.
2023-B-12-HOTP	This updated language in existing policy to reflect trends in illicit drug use. It was combined with resolution B-13 and was adopted with the suggested amendment to combine the language of both resolutions.
2023-B-13-HOTP	This resolution was considered with B-12 and combined with B-12 as both resolutions were updating terminology regarding illicit drug use.
2023-B-14-HOTP	This amended policy to reduce redundancy and update language. It was combined with B-22 to ensure appropriate implementation going forward.
2023-B-15-HOTP	This amended current policy to update language to state support for use of Prescription Drug Monitoring Programs as a tool to practice responsible prescribing of controlled substances.
2023-B-16-HOTP	This amended Opioid Prescribing policy to update language consistent with related policy. This also separated a section of the policy to avoid duplication and amend related policy (B-15) specific to Prescription Drug Monitoring Programs.
2023-B-17-HOTP	This amended policy to update language consistent with the rigorous training PAs undergo and to avoid language that undermines PA training. Of note, adopting this required rejection of B-18.
2023-B-18-NY	This resolution was to amend policy by deletion and was rejected to adopt B-17.
2023-B-19-JAC	This amends policy HP-8660 that opposes PA participation in torture and inhumane treatment or punishment of individuals and to endorse the World Medical Association's Declaration of Tokyo and delete HP-8680 to avoid redundancy.
2023-B-20-JAC	This amended a Policy Paper to update language and ensure references and information were up to date and accurate in the Guidelines for the PA Serving as an Expert Witness.
2023-B-21-NY-MI	This was a new policy stating support for PAs and PA students to engage in education regarding wearable devices, Remote Patient Monitoring, etc. and to help patients navigate this technology. There was also mention of addressing digital health equity. Amendment submitted by the TN Delegation was adopted.
2023-B-22-SA	New policy stating AAPA support for eligibility criteria for blood donation/blood product donation should be consistent with evidence-based practice and free of stigma or discrimination. This was combined with B-14 as above.
2023-B-23-SA	This was a new policy supporting availability of test-taking tools such as text highlight and text strike into exam software. Amendments were adopted to include tools available in maintenance of certification and equal access.

Delegate Report - Sarah Murawski, Delegate

Resolution Number	Description
2023-B-24	Regarding parental leave policies at PA programs. The authors of the resolution felt that it was a disservice to potential PA students to not have publicly available leave policies. The resolution was amended and adopted as follows: "AAPA encourages PA programs to define, make public, and consistently apply when appropriate, leave policies, including but not limited to, pregnancy-related and parental leave policy for prospective and current students. This policy should be inclusive regardless of gender identity or family composition, and considers adoption, surrogacy, and pregnancy-related complications."
2023-B-25	Expanded the awarding of CME for clinical precepting to include those who precept for postgraduate PA training programs. Preceptors may earn 2 category 1 credits per week for each PA student, with no maximum.
2023-B-26	Supported the title of "Doctor of Medical Science (DMSc) as the PA-specific doctoral degree. This was referred to a task force for further evaluation before decisions could be made.
2023-C-01	Consolidated two existing policies supporting direct payment to PAs as it is vital to track the volume and quality of medical, psychiatric, and surgical services provided by PAs to assess the impact of those services on patients and the healthcare system. This was adopted on the consent agenda.
2023-C-02	Also a consolidation of existing policies regarding seclusion, physical, and chemical restraints. This was adopted on the consent agenda.
2023-C-03	Is a statement by the AAPA that states, "AAPA is opposed to any attempt to impose legal or regulatory penalties or retaliation against health care professionals that provide or aid in the delivery of evidence-based reproductive health services." This was adopted by the house.
2023-C-04	Supported AAPA, PAs, and all constituent organizations informing patient groups, policymakers, health systems, employers, payers, educators, researchers, and government about the AAPA's adoption of "physician associate" as the professional title. This resolution aims to increase public awareness of the new title and further legislative efforts to change our professional title in licensure and CMS.
2023-C-05	A statement supporting legislation and policies that eliminate discrimination against patients. The resolution was amending a previous policy by updating and streamlining wording in the policy manual.
2023-C-06	A statement stating that the AAPA believes healthcare laws and regulations adopted at the state or federal levels should protect coverage for patients, ensure access to care provided by PAs and maintain coverage of essential health benefits for patients.
2023-C-07	Updated language in pre-existing policy regarding PAs navigating the methadone exception process. This was adopted on the consent agenda.
2023-C-08	Updated language in pre-existing policy regarding AAPA opposition to non-compete clauses. This was adopted on the consent agenda.
2023-C-09	Updated language in pre-existing policy regarding advocating and facilitating care for veterans of the uniformed forces, their qualified spouses, dependents, and family caregivers. This was adopted on the consent agenda.
2023-C-10	Updated language in pre-existing policy regarding coverage for the treatment of mental health and substance use disorders available to patients and covered in the same manner as other medical care. The policy states that coverage and reimbursement for PAs providing mental health and substance use disorder care should be provided in the same manner as other medical and surgical services provided by PAs. This was adopted on the consent agenda.
2023-C-11	Updated language in existing policy regarding how services provided by PAs should be recognized when federal and state governments review the healthcare service needs of medically underserved and health professional shortage areas. Recognition of PA contributions should not be done in a way that indirectly decreases patient access to care. This was adopted after discussion by the house regarding possible unintended consequences that could reduce funding to some healthcare shortage areas.

Delegate Report - Marie Patterson, Delegate

Resolution Number	Description
2023-C-12	Adopted as amended. This amended a previous policy adding stronger wording (MUST instead of should) to support EMR systems to better track and delineate the work of PAs. Medicare and third-party payors utilize data for policy and reimbursement decisions from EMRs and often PAs are "hidden" in with overall clinician data.
2023-C-13	Adopted on consent agenda. Amend by substitution of previous policy: Consolidated and more succinct wording with removal of everything except specific policy language. This policy advocates for PA education having the same opportunities for funding as other non-MD/DO postgraduate medical training programs.
2023-C-14	Adopted. Support for PAs to have the same educational requirements and patient capitation limits as physicians when treating opioid use disorder with buprenorphine/buprenorphine-naloxone.
2023-C-15	Adopted as amended. Amend policy paper: This paper has been updated to ensure that AAPA policies continue to reflect and advocate for optimal PA practice.
2023-C-16	Adopted. Amend current firearm safety policy with addition of new section: LEGISLATION OR AMENDMENTS TO CURRENT FIREARM LAWS INTENDED TO PROTECT THE PUBLIC AT LARGE, INCLUDING WAITING PERIODS, BACKGROUND CHECKS, AND REGULATIONS THAT RESTRICT ACCESS TO FIREARMS FOR INDIVIDUALS WITH VIOLENT AND/OR CRIMINAL HISTORIES.
2023-C-17	Adopted. States that AAPA opposes restrictions and attempts to restrict the availability of and access to gender affirming healthcare.
2023-C-18	Adopted as amended. AAPA affirms that the inclusion of transgender and non-binary youth-athletes in sports consistent with their gender identity promotes overall health and well-being. AAPA supports gender diverse youth-athlete participation for each sport consistent with the 'Framework on fairness, inclusion and non-discrimination on the basis of gender identity and sex variation' as developed by the International Olympic Committee.
2023-C-19	Adopted as amended. AAPA supports continuation and expansion of flexibilities of the use of methadone and suboxone introduced by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the US Drug Enforcement Administration (DEA) during the Covid-19 Pandemic for the Treatment for Opioid Use Disorder (OUD).
2023-C-20	Adopted as amended. AAPA believes that PAs should identify patients with substance use disorders, initiate and monitor treatment which may include medication assisted treatment, behavioral counseling, and referral to substance use and pain management specialists as indicated.
2023-C-21	Adopted as amended. AAPA supports PAs having the ability to order, obtain and provide medical and pharmaceutical supplies for the care of patients. AAPA shall actively engage in efforts to educate medical and pharmaceutical suppliers about PA practice to promote the ability of PAs to be recognized as qualified providers in ordering such supplies.
2023-C-22	Education to Medical and Pharmaceutical Suppliers Regarding PA Practice. Rejected. Wording was combined with C21 to keep them together.
2023-C-23	Tabled. The resolution focused on AAPA taking a position of support for PAs being supervised/collaborating with Doctors of Podiatric Medicine (D.P.M). Several states (including TN) already allow this but there was concern about creating a new AAPA related policy that included "supervision" or even "collaboration" wording as AAPA continues to support OTP efforts. There were other concerns that D.P.M.s would not be suitable for collaborating with.
2023-C-24	Adopted as amended. AAPA promotes equal-opportunity support for aspiring PAs and encourages the efforts of PAs who provide free mentorship and/or coaching.
2023-C-25	Adopted as amended. AAPA strongly encourages equal-opportunity support for aspiring PAs and recognizes the potential negative impact of for-profit pre-PA coaching on diversity in the profession. The House of Delegates recommends the speaker develop a task force to identify barriers and explore potential opportunities to promote continued inclusion which may include scholarship and/or grant opportunities, pre-PA coaching through AAPA platforms, free AAPA mentorship, and/or additional resources for aspiring PAs. THE TASK FORCE SHALL REPORT BACK TO THE AAPA HOD IN 2024.