

## State PA and Medical Groups:

### *Working Hand-in-hand to Shape State Health Policy and Legislation*

BY JANETTE RODRIGUES

Good state health care legislation doesn't just happen. PAs and other medical professionals have an important role to play, but they have to take part in the discussions. More PAs are stepping up to the plate and getting involved in PA organizations and in coalitions with state medical societies.

State medical societies are key players in the development of state health policy and state legislation. Various groups representing physicians, PAs, and other medical professionals often work together on common legislative goals.

Recent developments in Rhode Island, Connecticut, New York, and Maine show that alliances between state PA groups and state medical societies continue to evolve.

The Rhode Island Medical Society (RIMS) Council, the governing body of that organization, amended its bylaws last month to add a council seat for a PA from the Rhode Island Academy of Physician Assistants (RIAPA).

"As most decisions are made by consensus and rarely decided by a small margin, the PA RIAPA member will be able to offer valuable input that could impact the decision-making process of the council," said RIAPA President Erin Sharaf. "As PAs, we have always been proud of our partnership with physicians. The clinical relationship between PAs and physicians is based on mutual respect."

She added, "It seems a natural progression to extend this interdependent relationship to our boards and committees so that we can work together on the issues that are of importance to both groups. It emphasizes the effectiveness of the physician-PA team and gives PAs a much stronger voice in the state in the decision-making process regarding issues that are relevant to health and health care in Rhode Island."



RIAPA is among the growing number of state PA organizations that have a seat on the governing and policy-making board of their state's medical society. The Connecticut Academy of Physician Assistants (ConnAPA) has a seat on the Connecticut State Medical Society (CSMS), and the Wyoming Medical Society (WMS) Board of Trustees has a permanent seat for a PA member.

Washington State Academy of Physician Assistants (WAPA) and the Oregon Society of Physician Assistants (OSPA) were among the first AAPA state chapters to swim in these waters, leading the way as state PA groups forge tighter bonds with state medical societies.

The Washington State Medical Association (WSMA) Board of Trustees has had a PA liaison from WAPA for more than a decade. OSPA has a similar relationship with its state medical society. The Washington State and Oregon medical groups both have a PA delegate in their legislative

bodies.

The Washington state experience influenced the recent decision of the Alaska State Medical Association (ASMA) to create a membership category for PAs.

In Arizona, a PA liaison may attend Arizona Medical Association (ARMA) Board of Directors meetings and some medical society committee meetings. In New Hampshire, a PA may serve as a representative on the New Hampshire Medical Society (NHMS) Executive Committee. PAs in North Carolina can be full members of the PA section of the North Carolina Medical Society (NCMS). A PA can sit as a full voting member of the NCMS House of Delegates, and a PA was appointed to NCMS' constitution and bylaws committee.

RIMS bylaws call for the PA representative to be selected by the RIAPA Board of Directors (BOD) and the representative must be a member of both RIAPA and RIMS. The PA representative's supervising

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physician must also be a RIMS member.

In a statement issued by RIMS, the society said that PAs have been active and valued members of its two most important committees — the legislative and physician health committees. “The latter does vital and sensitive work with the dental and podiatric communities as well as with physicians and physician assistants.”

The statement continued: “The Medical Society’s relationship with physician assistants and RIAPA has always been one of harmony and mutual support. It seemed natural to take the next step and welcome RIAPA into the council, which is the supreme governing and policy-making body of the Rhode Island Medical Society.”

“Needless to say we are pretty excited about this,” said PA James Carney, RIAPA government affairs coordinator and secretary/treasurer. “A seat on the RIMS Council is a tribute to all Rhode Island PAs. It is a reflection of the high regard our physician colleagues have for us individually and as a profession, and it truly emphasizes the PA/physician team concept.”

He credited Sharaf with laying the groundwork that led the RIMS Council to create a seat for a PA. “She was the one who met with the folks at RIMS just to see if RIAPA and RIMS could work more closely,” he explained, “and it just snowballed from there.”

PA Patricia Marriott, immediate past president of ConnAPA, saw the value of coalition building firsthand when she was at the helm of the organization. She firmly believes that the change doesn’t just happen. She’s fond of a quote from Robert B. Johnson, “The world is run by those who show up.”

Marriott, who recently stepped down as ConnAPA president to become AAPA’s director of reimbursement policy, was appointed to CSMS’s legislative committee — a voting position — and placed on the state medical society’s scope of practice subcommittee after she became the first of four PA associate members accepted into the group.



Erin Sharaf



James Carney



Patricia Marriott

“Policy is made and issues are vetted at the medical society’s committee meetings,” she said. “If PAs are not at the table, then our issues won’t be on the agenda. Without the physician support, it is nearly impossible to pass legislation that will improve a PA’s ability to provide patient care.”

Before ConnAPA was invited by CSMS to participate in the 2005 legislative effort that eventually led to sidebar conversations, a formal dinner meeting between the groups, and the 2007 CSMS House of Delegates meeting where PA membership was approved, PA access to the medical society was limited and sporadic.

Marriott wishes more PAs would join their state organizations. She encourages those who do to be active. The state organization acts as a point of contact for organized medicine in the state.

“The physician-PA team is the cornerstone of the PA profession,” she said. “PA issues are physician issues and vice-versa. PAs must be in alliance with our physician supervisors. There are many misconceptions about the PA profession, and a general lack of understanding of PA law. We cannot afford to allow bad information to be promulgated, and we must be present to provide accurate information and to be considered as colleagues in the practice of medicine.”

## In other recent developments:

- The Medical Society of the State of New York invited New York State Society of Physician Assistants (NYSSPA) to send a representative to meetings of the MSSNY Council. PA John Hallowell, the first PA appointee to the post, told AAPA’s department of advocacy and government affairs that “this opportunity is a testament to the NYSSPA legislative team’s years of fostering an ongoing relationship with MSSNY.”
- Maine PAs voice their concurrence with the importance of committee work and report that the Maine Medical Association has recently opened its committees to PA members.
- The Medical Society of Virginia and the Virginia Academy of PAs recently joined the state Heart Association and the Lung Association to support legislation to create a “Smoke Free Virginia.” The bill passed early in the legislative session and signature by Governor Tim Kaine (D-Va.) is anticipated.

THE AAPA STATE GOVERNMENT AFFAIRS STAFF CONTRIBUTED TO THIS REPORT.



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