

Last Day of House of Delegates: San Diego

Reference Committee A:

Approved that candidates for elected offices for the AAPA must be members of an AAPA constituent chapter. The definition of chapter includes state chapters, the federal service branches as well as the Veteran's Caucus and Public Health Service (VAPA split vote).

Approved that the nominating consist of a total of 7 members and that 5 of those members be elected by majority vote at the annual HOD and that the other 2 members be appointed by the Board of Directors. Additionally, nominating committee members are not allowed to run for any positions they are evaluating for the upcoming election. Finally, the term of office for elected Nom Com members move to 2 years staggered as opposed to 3 years (VAPA split vote).

The Nominating Committee endorsements will be listed on the official ballot for AAPA elections (VAPA split vote).

The definition of the Nominating committee's responsibilities will be to add terminology regarding: recruiting potential candidates, evaluating all candidates who seek endorsement, and provide a list of endorsed candidates to the elections committee and membership (VAPA split vote).

Delete policy regarding email address in the AAPA masterfile as there is redundancy with opt-out for email usage in existing policy and this deletion of extra policy would allow the AAPA to develop a data distribution policy: the VAPA delegates voted against this as they were requesting the data distribution policy should be developed before the removal of this policy (the motion was approved for deletion).

A policy requesting that the AAPA support an annual legislative meeting was referred to the appropriate body to be brought back to the HOD in Atlanta (VAPA approved).

Additional resolutions passed through the Reference Committee A consent agenda, including: Qualifications to be on the nominating committee, requirements to be President-Elect of the AAPA, definition of minority, a retired member category, and the PAEA as observer status

Reference Committee B:

A resolution was proposed suggesting a movement to a 10 year cycle of recertification that also included additional requirements of grandfathering, no end pointing, input of the supervising physician, easy accessibility for the PA, and does not decrease access to patient care. There was an additional amendment that deleted the extra material and just asked for a 10 year recertification cycle: this was defeated (VAPA voted in favor of defeating)

A resolution requesting the change of the name of “recertification” to maintenance of certification was proposed. This was defeated in the House (agreed upon by VAPA)

Resolution requesting that the House of Delegates ask the AAPA to establish procedures for notification to PAs in a timely manner when legislation or policy changes are pending that would impact their practice (this was approved by the House by division (128-97), VAPA voted against.

Resolution adding a policy establish procedure creating a network of PA contacts for each member Congress. This was approved (VAPA in favor)

A position paper on how the AAPA should stand regarding the training of PAs abroad had discussion on whether or not the PA programs should promote advance standing for those PAs who get their PA degree in other countries. VAPA was in support of the paper at this time, but believes that advance standing placement should be left up to the programs to decide based on their established guidelines with the ARC-PA.

Additional items passing on the consent agenda were in regards to credentialing process for PAs, Chapter rules for PAs, and distribution of PA information.

Reference Committee C:

Approved amendments to a position paper regarding physician impairment. The intent of the paper was to discuss the results of substance abuse disorders, an amendment of the floor placed acute and chronic disorders in the list as well. This was approved by the HOD (split vote by the VAPA)

Approved position paper on Direct to Consumer Advertising, while the majority of delegates are against DTCA, they also agree that there needs to be more than just one statement to help guide the conversations of the future (VAPA agreed)



Additional policies and position papers on Family Centered patient care, medical marijuana, complimentary and alternative medicine, needle/syringe access, non-compete clauses, media violence, bullying behavior, pediatric obesity, Veteran's Affiar's, stage regulaton of PAs, end-of-life decision making, rural health clinics, and the PA-Physician relationship.

Further information on all of the resolutions including a summary of actions is available on the AAPA website. Thank you for the opportunity to serve this past year as your Chief Delegate, I look forward to next year in Atlanta. In the meantime, if you feel there are issues you wish your delegation to address for next year's HOD, please submit them to myself or to another delegate.

Respectfully Submitted,

Rachel A. Carlson, PA-C
Chief Delegate
Reference Committee C member
VAPA