

## NCCPA Perspective on Title Change for the PA Profession For Consideration by the AAPA HOD April 2021

### **Background:**

The NCCPA appreciates that the title of the profession does not optimally represent the important part that PAs play in providing direct patient care services and the diagnosis, treatment, and management of medical and surgical patients across all disciplines. The NCCPA also appreciates the extensive time and tremendous financial resources that AAPA and others have invested in investigating the title of the profession. The NCCPA Board of Directors and key staff attended the WPP presentation in May 2019, reviewed the comprehensive written report from WPP and participated in a recent presentation with a Q& A session with the AAPA CEO (February 2021). The NCCPA agrees wholeheartedly that researching the issue to gather data from the wide range of the profession's stakeholders is critically important, especially with an issue that is emotionally charged. The NCCPA has examined this issue as well.

- The presentation from AAPA to the NCCPA Board of Directors included an impactful image that showed 10% of the issues facing the PA profession could be resolved through a title change but branding efforts would be impactful on 90% of the issues. Extensive effort has been expended from all PA organizations over the past 50+ years, to help gain recognition of the PA profession with patients and the public (e.g., NCCPA annual marketing budget, social media campaigns, NCCPA's *PAsDoThat* and, 2018-2019 AAPA/NCCPA ads (\$500K each org). Efforts have been paying off. Some of the best advertisement comes not from the profession itself but from US News and World Reports, Bureau of Labor Statistics etc. that rank PA as the #1 profession in multiple categories.
- NCCPA's 2018 public perception survey findings demonstrate that 81% of respondents said they know what a PA is. We asked 10 True/False questions to help determine if they really understood the role PAs have in healthcare. The mean score for those who had been treated previously by a PA was 70%. 82% had a positive experience with a PA, and 72% would recommend a friend or family member to see a PA for medical needs. Marketing efforts and public education continue to be needed, but the profession is not starting from zero as it would with a new profession title.
- A new title would require extensive marketing and add to the confusion about the profession during the transition, which could take a decade or more.

- Title change would obliterate the progress that has been made to educate the public and health care industry about PAs. What are the public relations implications for a profession that has two non-descript titles during the transition, and beyond?

### **Key Questions:**

- What problem is a Title Change proposing to solve?
- What evidence is there to suggest that Title Change will solve that problem?
- Is the PA brand being promoted adequately?
- Would a proposed new title for the profession provide more immediate recognition and understanding of what a PA is and does?
- Is there any evidence that PAs are less competitive or hired less frequently due to the title of the profession or are the challenges, if any, related to statutes and regulations?
- What input have been sought from industry (payers and employers, etc.)?

### **What do we know about the current realities and evolving dynamics of our environment relevant to Title Change?**

- Based on FSMB data, there are approximately 163,000 current licenses issued to PAs. In addition to the federal government's privileges to practice, every US state recognizes PA and has adopted rules and regulations for licensure. Extensive education as well as regulatory and administrative efforts would be required for a title change to go into effect for all involved.
- All employers of PAs would be required to effect changes to their bylaws, credentialing documents and insurances to reflect what could easily be seen as a new profession. There is no evidence to suggest that industry has been engaged in consideration of this issue, much less expressed willingness to embark on such an undertaking. Might this administrative burden be perceived as a barrier to PA employment?
- Progress has been made in modernizing the licensure/privilege provisions/requirements. Extensive effort and finances have been expended by state PA chapters, other PA organizations and lobbyists to win gains for PAs to be able to practice to their highest potential. The product of these efforts is becoming evident (AAPA reports on OTP wins). Those efforts are likely to be impacted in ways that may yield unintended consequences. In addition to the longstanding opposition the PA profession has faced from NP groups and others, recent oppositional efforts from physician groups (ex: Physicians for Patient Protection, AMA, etc.) have doubled and become more vitriolic. The strong lobbying groups for physicians, NPs and nurses are

not likely to be lessened as/if PA state laws are re-written to reflect a new title or new profession. Rather, opponents to the profession are likely to view the title change as an opportunity to enhance opposition through misinformation, lobbying efforts, and other strategies.

- The WPP report and legal counsel advise against attempting to modernize PA regulation (OTP) while attempting to change the title of the profession. Doing so is likely to undermine OTP efforts.
- State and federal governments are facing the most challenging times of recent history due to the COVID-19 health care crisis and the many associated impacts for education, the economy, housing, etc. There is so much unknown in the timing of when states would address a title change, if ever.
- Title Change requires extensive funds, estimated \$21 mil, just from AAPA's work.
- In many states, executive orders are in place to temporarily lift licensure restrictions for PAs. Resources could be best used to facilitate permanent regulatory change.
- The economic challenges resulting from the COVID-19 pandemic are far reaching in time and scope. The PAEA has shared that PA educational programs are facing tremendous financial burdens in part related to the pandemic. The substantial cost to affect a title change will be borne by PAs and PA students through increased fees and tuition costs.
- The Cross-Orgs were informed that the AAPA has the legal authority to change the title of the organization (AAPA) and by default, change the title of the profession. Does that authority extend to states, academic institutions, and employers?

### **Key Questions:**

- Is it fair to impose the cost for these changes on the next generation of PAs?
- Is there sufficient evidence that the extensive expenditure of time and financial resources required for a title change will have the most significant positive impact for the profession and on health care in general?
- What is the obligation of each national PA organization to the accept and implement a Title Change?

### **What do we know about NCCPA's capacity and strategic vision relevant to the Title Change decision?**

- Title Change is not part of NCCPA's strategic vision.
- Title Change would necessitate several costly legal actions by NCCPA, and its supporting organizations (PA History Society and nccPA Health Foundation). Below is a selected list of the legal and administrative actions that would be required:

- Legal change of the title, all regulatory and administrative documents (articles of incorporation, policies and procedures, bylaws, insurance, contracts, bank accounts, etc.)
- Refiling of certification, recertification and certification maintenance processes in each state, territory, branch of the uniformed services and the federal government
- Re-registration of all NCCPA exams programs and item banks with US Patent and Trademark Office
- Refiling of federal, state, and local business IRS registrations
- Rebranding efforts for all digital and hard copy assets (flyers, publications, certificates, logos, and letterhead, to name a few)
- Total technology system and web site revision to add a second name and then remove it once the transition is complete – this includes all systems for PA educators, PA students, PAs, state licensing boards and the public
- Overhaul of the certification maintenance APIs
- Expenses for presentations to stakeholders to provide assurance that a solid certification process applies to the profession, regardless of the title.
- Potential risk with legal challenges to eligibility if changes are needed.
- Partner communications and rebranding efforts with dozens of stakeholder groups (the public, employers, licensing bodies, etc.)
- Impact on policies and procedures governing the Board of Directors and supporting organizations (PA History Society and the nccPA Health Foundation)
- Administrative and technology changes to CAQ program, Career Center, Emeritus designation etc.
- Changes to other legally required documents that allow NCCPA to conduct business.
- For NCCPA, Title Change for the profession would essentially mean restarting all efforts to educate the public on the value and benefit of the newly named profession and credential, while also continuing to promote the PA name and credential until the transition is completed. None of the titles considered provides immediate recognition or awareness of what the health care provider knows or can do. We would be fighting the same battles ; returning to a place we were almost 50 years ago.
- Many states laws reference NCCPA and PANCE. If NCCPA agrees that the name of the organization and exam programs (PANCE and PANRE) must change, there is a risk that states may add other assessment requirements, open the profession to other health professions, eliminate assessments, and/or take other actions that could diminish stakeholder’s understanding and trust in the widely recognized PA-C credential.
- NCCPA’s costs would escalate by continuing to operate and promote both the current organization (NCCPA) and PA-C credential along with a newly titled organization and

credential until a full transition is completed. At that time, effort and expense will be required to remove and relinquish all operations, products and services under the title NCCPA.

- The estimated cost to NCCPA for these changes would exceed \$25 mil.
- The cost of these changes will necessitate re-evaluation of NCCPA's budget and will likely result in changes to the fee structure as well as support that the NCCPA provides to the profession, AAPA, PAF, PA History Society and NCCPA Health Foundation.
- These new expenses will impact the NCCPA's capacity for continued growth, development, and modernization of NCCPA's certification and maintenance of certification strategies.

**Key Question:**

- Is this the best utilization of NCCPA and Certified PAs' resources?

**What are the ethical implications?**

- Is Title Change necessary?
- Is Title Change beneficial to patients / the public?
- Is Title Change the best utilization of limited resources?
- Might the profession and patients be better served by enhanced public education and marketing?
- How might the pooled resources necessary for Title Change impact the diversity of the profession or other key initiatives that may have the potential for greater positive impact on health care?

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