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Summer 2010

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BY KYLE KIRKPATRICK, MS, PA-C

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What a year for PAs of Colorado!! Let there be no doubt that you are recognized and appreciated for the care you provide to patients throughout our great State.

This has been an extremely busy legislative year and we are proud to say that it was quite successful. As with anything political, we had to navigate and endure some unexpected challenges. Yet, due to the efforts of your CAPA Board and Legislative team, input and efforts of several PAs, and an excellent lobbyist, we accomplished our legislative agenda. A job well done! Many thanks to those who contributed their time and talents to the cause.

Just recently, we had dinner with Senator Boyd, Chair of the Health and Human Services Committee. She was instrumental in guiding our amendments through to the Governor's desk. CAPA now has an increased presence and relationship with the Colorado Legislature. They know who we are and the important role we play in Colorado healthcare. With the ever changing issues surrounding healthcare, these relationships will be vital in the coming years.

We have also strengthened our relationship with the physician community and Colorado Medical Society. They also supported our efforts and stood by our side through thick and thin. I believe we have taken great strides to strengthen the Physician / PA team.

There are many fine PA leaders in Colorado. Your Board of Directors has served you well and thoughtfully considered the needs of this organization. Please be willing to step up and offer your talents to CAPA.

It has been a distinct pleasure to serve as President this past year. I finish my term knowing that the practice environment for all of us has improved. I express my appreciation for your support and trust to serve in this capacity.

CAPA BOARD OF DIRECTORS & LEADERSHIP, 2009-2010

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THE SUGGESTION BOX

Please add your thoughts to our new "Suggestion Box!" The leaders of CAPA want to hear from you!

- What CAPA activities do you want to see more/less of?
- How can CAPA serve you better?
- What do you want to see in the newsletter?
- What are your suggestions for increasing membership?

Email your suggestions to:

marybeth@goddardassociates.com



CAPA on Facebook

For information on upcoming events please visit CAPA on Facebook at:

<http://www.facebook.com/group.php?gid=143355785284>

ALL IN THE FAMILY
BY AMY HANSEN, PA-C



Jenny White, PA-C & Cindy White, PA-C

“All women become like their mothers. That’s their tragedy. No man does. That’s his.” Oscar Wilde, *The Importance of Being Earnest*, 1895

This story starts 30 years ago in California, before Jenny White was even born. Cindy White, Jenny’s Mom, was working as an X-ray technologist. She has always loved medicine and apparently that was evident to others. At a job at an Urgent Care Center in 1993, her coworkers kept encouraging her to go back to school to be a Physician Assistant. She loved the idea and started to pursue the pre-requisite classes. Unfortunately, before that could become a reality, her family moved to Colorado, and her dreams were put on hold. She tried to go back to school again after the move, but the life of a busy working Mom with four kids just didn’t have room for school. So, again, her dreams were put on hold.

Fast forward 30 years, or so, to the year 2007. Jenny White is graduating from UNC with a major in Biomedical Sciences. She originally thought about going to Medical School, but didn’t want so much schooling or a stressful lifestyle. As a kid, Jenny always knew that her Mom was trying to go back to school, but wasn’t always sure exactly what for....eventually, she too learned about the PA profession.

Like mother....like daughter. That is the story of Cindy and Jenny White. They are now both in Physician Assistant programs here in Colorado. Cindy is attending Red Rocks Community College and will graduate in August 2011. Jenny is attending University of Colorado Child Health Associate PA Program. She will graduate in May 2011. This summer, they are both entering their year of clinical rotations.

Interestingly, neither of them applied to the other PA school. They both felt that their respective schools were the best fit for them. They have seen lots of differences in their schooling thus far. Cindy admits that “it seems harder for me to learn at my age.” She studies more and her RRCC program is more condensed - fitting the PA curriculum into 2 years rather than the 3 years at CHAPA. They have found that their classes are taught in a different order, and the CHAPA program has more of a Pediatric focus. Even so, Jenny has noted that they often are studying the same topics at the same time. It is easy for them to help each other, as they live together most of the time. Cindy returns to her home in Windsor, CO most weekends. Jenny says it is “a little weird living with Mom again!” The arrangement seems to suit them both well as they both seem to enjoy how their lives have converged.

We are not sure where this story will end. Neither Cindy or Jenny knows for certain what type of medicine they would like to practice once they are graduated. One thing is for certain, they now have A LOT in common! Beyond the unbreakable love of a mother and daughter, they have a unique professional respect for one another. Most are known to call their Mom’s for advice about life’s challenges. For Cindy and Jenny, the phone will probably be ringing for years to come in both directions for advice about the challenges of being a PA!

“Children and Mothers never truly part - bound in the beating of each other’s heart.” Charlotte Gray

HEARD ANY GREAT SPEAKERS LATELY?



CAPA is requesting referrals from you on GREAT speakers that you have heard.

We also welcome suggestions on interesting topics. You can e-mail us, call us or fax us the information.

GREAT speakers make a GREAT program. Your help is invaluable.

Call: 303-770-6048 Fax: 303-771-2550 or e-mail: marybeth@goddardassociates.com

PERSPECTIVE OF A NEW DELEGATE AT THE 2010 AAPA HOUSE OF DELEGATES MEETING PAUL YOUNG, PA-C, MMSC

The 2010 AAPA annual conference in Atlanta, Georgia, marked a first for myself, it was the first time I was involved with my profession beyond my medical practice as a House of Delegates representative for Colorado. Like many other PAs, I have had very little interest in our profession on the national level. Likely, my lack of involvement would have continued if not for some simple encouragement to become involved from a colleague who has been part of the House of Delegates for years.

As a new delegate, I had very little idea of what to expect over the weekend, despite having the chance to discuss the House of Delegates with other experienced members on multiple occasions. It is the sort of thing you need to experience to fully understand it. The 3 day session did not disappoint, it proved to be an exciting and educational experience.

Most striking to me was the realization of the scale and influence of the AAPA. The fact that members of our board have recently visited with the President of the United States on multiple occasions to discuss the role of PAs in healthcare, or that representatives of major medical organizations including the American Medical Association and the Canadian Association of Physician Assistants were in attendance is testimony to the importance of the AAPA.

Of course, the purpose of the meeting was the examination, debate and voting on the resolutions on hand this year. I hope you will take the time to review the results that should be available in this newsletter as well as on the AAPA website (www.aapa.org). Although initially reading through the resolutions made medical textbooks seem exciting, on the floor they came to life, with varied perspectives leading to, often times, heated debate.

The importance of many of the issues were readily apparent as they are sure to influence my career sooner or later --i.e. specialty exams for those of us who specialize in our practice, or the decrease in allotted delegates for each state for future house meetings ... guess I will be looking for another position next year! Ultimately, though, the issues brought before and decided upon by the House of Delegates will shape our future role as PAs in the rapidly changing healthcare profession.

I would encourage all PAs to become more involved in our profession on both a state and national level and to encourage fellow colleagues to become involved as well. It is not only an important aspect of our profession, but a personally rewarding experience.

CHIEF DELEGATES REPORT
AAPA ANNUAL CONFERENCE, ATLANTA, GEORGIA
BY STEVE KUDEBEH, PA-C

The House of Delegates at the Annual Conference this year was generally more focused and intense than normal. With the need to rewrite the bylaws to come into compliance with North Carolina statute (the state the AAPA is incorporated in), we had a significant shift in how the division of responsibilities occur between the House of Delegates and the AAPA Board of Directors. It became clear that former counsel of the AAPA, who were not experts in non profit law, were unfamiliar with the required roles for a House of Delegate/ Board of Directors model. With the rewriting of the bylaws, fiduciary responsibility is now clearly placed with the Board. A concurrent resolution authorized forming a new committee to perform a detailed examination of academy functioning to clarify the Board's fiduciary responsibility and the House of Delegate's role in policy development and direction for the profession. This whole topic will be revisited next year after the review.

I am also going to report on resolutions that pertain to Professional Practice, Governmental Affairs and Public Policy. There were a number of AAPA position papers that were reviewed and updated this year. This included papers on "Global Epidemic of HIV/AIDS", "Scientific Integrity and Public Policy" and "The Physician Assistant in Disaster Response: Core Guidelines". There was extensive debate on a broad "Definition of Family". This included impassioned testimony by your current President Kyle Kirkpatrick that broad policy defining family as "any persons or persons who play a significant role in an individual's life" was unneeded and went against the historical definition of family. The policy did pass.

I attended the State Legislative Leaders Meeting where an excellent presentation by Sharon Cooper, Senator from the state of Georgia, gave an excellent overview on how the legislative process happens at the local level. She encouraged us to be involved, get a good lobbyist and get individuals to contribute money. Also, maybe more importantly, she encouraged devoting time to the campaigns of individuals you would like to see elected and to become the expert in your field.

Colorado was mentioned several times on how we handled our current legislative initiative. There was also an overview of all the truly extraordinary pieces that fell into place for PAs in the current legislative session such as: health care reform, authorization of a PA leader in Veterans Affairs and the response of the President to being inundated with over 8,000 emails and other communication when he announced a primary care health initiative without mentioning PAs. This was rectified in spades with PAs being listed prominently in the Health Care Reform legislation and current AAPA President being invited to the White House for a major health care announcement in early April. As a profession we truly came far in one year. As one speaker noted, "We are no longer a young profession we are a maturing one."

Other areas that were brought up for states to keep an eye on:

1. Make sure that within statute, PAs are listed as being able to use ionizing radiation in appropriate settings without extensive training (like going to rad tech school).
2. There is also a list of 20 different areas where PAs need to make sure, as these laws are amended, that we are specifically mentioned within the law. Another argument for keeping a lobbyist on retainer at all times (expensive but not having one could be dramatically more so).

I also attended the meeting of the Consortium of PA Representatives to State Regulatory Agencies. With the pending passage of the sunset of the Medical Practice Act (hopefully signed by the time you read this) we will add a PA member to the Colorado Medical Board (formerly called the Board of Medical Examiners). We were one of only 3 states that did not have a formal representative mechanism (board seat, PA committee, etc.) that represented PA interests on the Board. This representation will be critical as we write new rules to propagate the changes in the law.

A number of other topics were also discussed at the Consortium meeting. These included:

1. Reentry to Clinical Practice: basically if you are going to take a break make it less than 4 years and preferable less than two years; things get very complicated in any state on reactivating your license if you have taken a long break.
2. A move to develop a standard application for PAs for all states.
3. A recommendation that you place a copy of your credentials in a "lockbox" with the Federation Credentials Verification Service. The service can then send your credentials to any state or other body where you want to be licensed. Disasters such as Katrina/ Rita in Louisiana have caused significant problems for providers to be able to provide the documentation they may need to practice. The Federation of State Medical Boards will store all of your documents and supply them to any jurisdiction you would be applying to.
4. Just a note, if you are a federal employee in Colorado, make sure you do not register in the state, this can cause lots of problems with supervision and ratios if your supervising Physician is out of state.

It was again my pleasure to serve you as Chief Delegate to the House.

**Charity Connection:
The Gabby Krause Foundation**

Please take the time to read more about this fun and inspiring charity! Information about how you can contribute financially or with your time can be found on their website at www.BagsOfFun.org

If you have a favorite health related charity that you would like to see highlighted in the CAPA newsletter, please contact Amy Hansen at ahansen@mac.com.



The Gabby Krause foundation is a network of caring people who want to make a difference in the lives of children with cancer and other life threatening illnesses. The signature project of the foundation is *Bags of Fun*. *Bags of Fun* are filled with educational interactive, and silly toys that give a child a better day, a smile and something to focus on other than their illness. The bags also give parents the reassurance that someone understands.

- GKF was founded in 2004 by the friends and family of Gabby Krause to fulfill her wish that every child fighting cancer have their own Bag of Fun.
- A Bag of Fun is large Samsonite backpack filled with age-specific games, toys and activities practical for a hospital setting. *Bags of Fun* contain high-end toys, such as Game Boys, MP3 players, and portable DVD players.
- Each Bag of Fun is filled with 16-18 toys that meet stringent guidelines. Bags are required to include educational, manipulative, and interactive toys based on age and appropriateness for a hospital setting.
- *Bags of Fun* are delivered weekly to pediatric cancer patients.
- The average cost of a Bag of Fun is \$350.00-\$400.00
- The Gabby Krause Foundation delivers over 350 *Bags of Fun* per year in Colorado.
- Tatum's *Bags of Fun* is an LLC of GKF delivers approx 300 *Bags of Fun* annually to children in Indiana.
- GKF partners with The Nicholas Colby fund to deliver *Bags of Fun* to children at Oakland Children's in California
- The long-range goal of GKF is to continue to successfully expand the BOF program to Children's hospitals in other cities.

GKF's *Bags of Fun* make a difference in the lives of children and families when they need it most.

The Mission of the Gabby Krause Foundation

To make a difference in the lives of children and their families who are faced with fighting cancer and other long-term childhood illnesses

p: 720.221.3984 • w: www.BagsOfFun.org • P.O. 4905 Englewood, CO 80155-4905

SOUTH AFRICA...MORE THAN JUST THE WORLD CUP
BY ANITA DUHL GLICKEN
ASSOCIATE DEAN OF PHYSICIAN ASSISTANT STUDIES
DIRECTOR, CHILD HEALTH ASSOCIATE PA PROGRAM
UNIVERSITY OF COLORADO, ANSCHUTZ MEDICAL CAMPUS

The University of Colorado Child Health Associate Physician Assistant Program was recently selected by the American International Health Alliance (AIHA) through its HIV/AIDS Twinning Center program supported by the President's Emergency Plan for AIDS Relief (PEPFAR), to partner with Walter Sisulu University (WSU) in South Africa to increase the capacity of mid level providers. This partnership supports a new 3-year Clinical Associate training program (the first in the country), launched in 2008.

Walter Sisulu University is one of three historically black South African universities established in the "independent homelands" during the twilight years of apartheid and remains the only medical school on the Eastern Cape. The Eastern Cape is home to 6.5 million people and is the poorest of South Africa's nine provinces. Most of the population lives in rural areas or small towns where the doctor-to-population ratio is approximately one per 4,219 people, many districts have no doctor at all. In light of the fact that South Africa is the epicenter of global HIV and TB epidemics, the plight of the Eastern Cape is even graver; the HIV rate in this province is 9% and growing steadily.

Over the last two weeks, I was privileged to travel to WSU with faculty member Jon Bowser, to begin work on this important partnership, which is designed to strengthen the Clinical Associates Program and build country infrastructure for the emergence of this new profession. Welcomed by Health Sciences Dean, Khaya Mfenyana, we spent the week visiting three district hospitals and one remote clinic site where students undertake the bulk of their training. The Clinical Associate curriculum consists primarily of Problem-Based Learning in Community-Based Education, where students use "just in time" live cases to acquire new knowledge and skills. Students spend only one month each of the three years, in traditional didactic classes.

Sitting through several student-run cases and bedside teaching rounds was a humbling experience. This innovative approach was clearly effective in integrating individuals, who challenged and respected each other, into learning teams. The students also have been rapidly

integrated into district hospital settings where they are valued for their interviewing skills and fluency with advanced technical procedures such as lumbar punctures. All students are recruited from local communities and are the only medical providers that fluently speak their native language, Xhosa.

Watching these students efficiently and effectively support the needs of the few doctors and professionally trained nurses in these district hospitals helped us appreciate how quickly this educational model had prepared these future Clinical Associates to take on the challenges of working in a under resourced system where adaptability and teamwork is a necessity of daily practice. As the United States moves forward with health care reform, we stand to learn a great deal from our South African partners about shared medical decision making and team based care. Necessity often gives rise to creative efforts to address pressing social issues. While the context in South Africa is reminiscent of the need 40 years ago in the US to address a shortage of primary health care providers, this South African solution is both innovative and responsive to local community needs.

Following our visit, The University of Colorado Physician Assistant Program and WSU jointly applied for a PEPFAR grant to evaluate the impact of this new profession on health care in South Africa. We look forward to updating you on exciting new developments in this partnership. As part of our exchange, our South African partners will be traveling to the US in December to observe our PA program and clinical teaching sites. If you have any interest in participating in this visit or would consider being part of a team that would travel to WSU as an instructor for students in their program, please contact me directly at Anita.Glicken@ucdenver.edu. We will be launching a student and faculty exchange program in the next year and would value your participation.

The Physician Assistant movement is increasingly becoming global with many new opportunities opening up for US trained PAs. Our global partnerships offer us a new perspective on the work we do here and help us better care for our patients both in Colorado and abroad.

SUMMER CME PROGRAM SLATED FOR ST. JOSEPH HOSPITAL – AUGUST 6TH & 7TH.



Continuing Medical Education

The CAPA CME committee has planned two full days of CME right here in Denver. Join us August 6th & 7th at St. Joseph Hospital – Russell Pavilion for 14 hours of interesting lectures and hands on workshops. This year we are fortunate to have several nationally renowned speakers to update you on topics such as prostate cancer, burn management, diabetes, and Adolescent obesity. Mr. Marschall Smith, the current Executive Director of the Colorado Board of Medical Examiners will speak on Friday with a report as to the Board’s activities. Mary Etari, past AAPA President will be giving a lecture and we have two terrific workshops planned for Saturday.

After completing the “Cavity Free at Three” workshop participants will be certified to apply fluoride treatments to their patients and learn the correct billing procedure. Meals will be provided to all registered participants and there is free valet parking at Lafayette and 20th Street.

Be sure to include the Winter CME meeting to your calendars. We are planning a great extended conference this year. January 20 – 23, 2010 at the Copper Mountain Resort. There will be something for everyone! See you there!

RED ROCKS COMMUNITY COLLEGE PHYSICIAN ASSISTANT PROGRAM NEWS

It is summer time at Red Rocks PA Program and the junior students are getting very excited to begin their clinical rotations at the end of August. It has been a challenging year for the students, and they are ready to leave the four walls of the classroom and put their knowledge into practice. The juniors have been getting a taste of clinical life through clinical learning experiences. Each week they have been paired with a provider in the area for a half of a day, getting the feel for what their clinical rotations will be like. Twenty two of our students have received scholarships totaling \$20,000 to help them with educational expenses and we are very pleased for them. Our senior class is almost at the end of their second year. Graduation for the class of 2010 will be August 20, 2010 in the Red Rocks Community College Pavilion at 11:00 am. Everyone is invited to join us for this joyous day especially the clinical instructors and alumni who have been instrumental in training these students. The new class (2012) will begin their journey through PA education on August 23rd. This class is composed of 23 females and 7 males from diverse medical backgrounds. We are excited for them and wish them luck with their education.

The program is pleased to announce the addition of another full time faculty member in January. Peter Titus, a graduate of the Duke PA Program, joins the faculty with over 30 years of experience as a PA. Peter was a part time instructor previously and teaches H&P, clinical procedures and problem based learning.

The Red Rocks PA program is now offering free Category I CME to preceptors and members of our alumni association. The next CME event is scheduled for September 23, 2010. To learn more about being a preceptor, joining the alumni association or the upcoming CME program please see our web site at www.rrcc.edu/PA. Other very exciting news is that Debra Nickell, program director has recently defended her dissertations and has earned her PhD in Health Communication. Congratulations Dr. Nickell!!

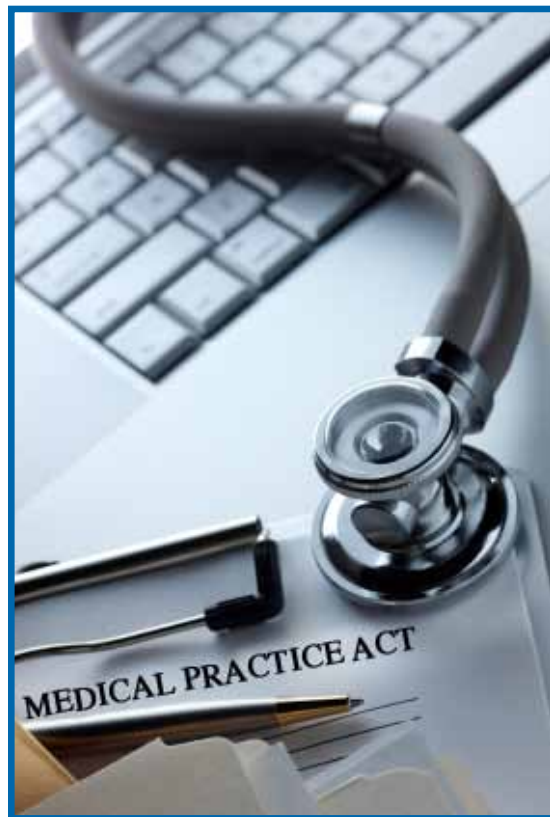


Red Rocks Lakewood Campus

**PASSAGE OF SUNSET REVIEW OF THE MEDICAL PRACTICE ACT
BY STEVE KUDEBEH, PA-C**

Congratulation PAs!!! CAPA went into the legislative review of the Medical Practice Act with 4 main objectives in mind, and we essentially got all four.

1. Increase of Physician / PA supervision ratio from 1 to 2 to 1 to 4. So, after July 1, 2010 a Primary Supervision Physician can supervise up to 4 PAs. One thing we did not get is 4 Full Time Equivalent PAs per MD which would have accommodated part time PAs sharing a position.
2. Seat on the Colorado Medical Board (formerly the Board of Medical Examiners). We are still in negotiations as to how this person will be used on the board, either on a initial / ongoing licensure approval or one of the disciplinary panels. The PA will be invaluable as we write the new regulations to promulgate the new Rule 400 regulations.
3. Cleaning up language so the board regulations, rather than Colorado statute, provides direction for supervision and co-signature (if needed) in hospital settings.
4. Allowing PAs in Colorado to be minority partners in a corporate practice with our physician colleagues. A PA would be able to own up to 49% of a practice but a physician must own the other 51%. Let me make this very clear, this is a bit of a touchy area. This does not allow a PA to own a practice; you must be a minority owner with a physician. The Colorado Trial Lawyers Association (CTLA) came out strongly against this provision because of possible conflict of interest. Frankly, their arguments seem fairly weak but they are promising to come back to this topic next session to rewrite the Corporate Practice of Medicine provisions in Colorado Law. Stay tuned, the CTLA tends to have a very long memory and are tenacious when they identify an area that they feel concerns them.



The best news is that we have established very strong working relationship with the Colorado Medical Society, their lobbyist and staff attorney. This relationship will go a long way in fostering the PA/ MD team approach and further cements our seat at the table as the health care debate continues in Colorado.

We want to thank our lobbyist, Edie Busan, of Aponte and Busan, for her tireless work and advocacy for the profession. Edie was able to insert PAs into the language of several other bills as well. These were areas that on first glance did not seem to affect PAs but Edie (with her background as a nurse) saw the importance of including PAs. A full time lobbyist is essential to promoting PA interests in Colorado.

We would also like to thank our cosponsors of our amendments. Representative Jim Riesberg, House District 50, as chair of the House Health and Human Services Committee, he carried amendments to all four of our main initiatives (none of the four main initiatives listed above had come out as we wanted from the Department of Regulatory Affairs Sunset Report). Senator Betty Boyd, Senate District 21, Chair of the Senate Health and Human Services Committee, as one of our Senate sponsors, defended our language when it was under assault in the Senate committee. If you live in their districts, a letter of thanks would go a long way!

Is the law perfect? No. But we are just a lot further down the road to flexibility in providing the best care we can to our patients in Colorado.



COLORADO ACADEMY OF PHYSICIAN ASSISTANTS
P.O. BOX 4834
ENGLEWOOD, CO 80155

Colorado Academy of Physician Assistants

*2010 Annual
Summer CME
Meeting*

*St. Joseph Hospital
Denver, Colorado*



August 6-7, 2010

*More Information available at www.ColoradoPAs.org
303-770-6048 or Marybeth@goddardassociates.com*