



the review

Randy Perkins, PA-C, Editor

July, 2015

My Two Cents Worth

By Curt Kroh, NDAPA President

First off, I would also like to recognize Deb Houdek and the CME committee for their efforts with this year's Primary Care Seminar. I thought it was well rounded and well organized offering interesting and

meaningful CME. I also want to thank those who accepted roles as members for the NDAPA board or one of the committees. If anyone notices areas where improvements can be made I encourage you to join a committee share your ideas. If you are interested let our Secretary Terri Lang know and she will help you, her phone number can be found on the web site.

Speaking of improvements, if you missed the Primary Care Seminar, it is now easier than ever to renew your membership in NDAPA. Just log in at NDAPA.NET, complete the application on line and pay with paypal. If there are others in the clinic where you work that who are not members I would ask that you encourage them to join giving us a more powerful

voice in Bismarck during the legislative session.

I also want to thank the many members who so generously contributed to help Cindy Renner and her mission providing care to those in Africa. If after you read one of her articles in the news letter and want to help, please contact Randy Perkins our news letter editor and he will let you know how you can make a difference.

Mission:

The mission of NDAPA is to promote quality, cost-effective, accessible health care to enhance the health and well-being of the people of North Dakota and to promote the professional and personal development of Physician Assistants.

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Update from Malawi!

Cindy Renner, PA-C

Since February I have been volunteering in the weekly diabetes clinic at the local hospital. I usually arrive around 7:30 am and by then multitudes of patients are already lined up to have their B/P checked and get a fasting blood sugar. Most have walked at least 2-3 hours to get to the clinic. I met one lady who had walked for 2 days. She just lay down beside the path and slept when it got dark! The staff trickles in, so starting time is kind of fluid – they also have to walk quite a distance and finding transport is not guaranteed.



At “around” 8am the staff meets for morning report. The clinical officer who has manned the hospital overnight gives a report on the number of in-patients, new admissions and any difficult cases. Clinical officers are very much like PA's and are being trained to serve as independent medical care givers in the villages. By the time their training is completed they can do a C-section or appendectomy by themselves if they have to.

Also discussed are any deaths that have occurred overnight – and there is always at least one to report. On my first day, the death was a young woman age 20 that came in to

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Greetings from the UND Department of PA Studies...

On May 15th, the Class of 2015 commemorated the completion of their Master of Physician Assistant Studies at the PA Hooding Ceremony on UND campus. This added another 26 alumni to the list of more than 1,700 since the inception of the UND PA program. We would like to congratulate all the graduates and wish them the best in their future endeavors as PAs.

The following week, we welcomed the Class 2017 for orientation. There are 34 students in the 1st year class, representing 14 states throughout the U.S. Of the 34 new students, 29% are from North Dakota and 59% are residents of the tri-state area (North Dakota, Minnesota, and South Dakota). The average age for the class of 2017 is 33. There are 23 females and 11 males. They are currently in the middle of their 1st semester studying physiology, pathophysiology, pharmacology, and anatomy.

The class of 2016 finished their 2nd Primary Care Didactic at the beginning of May and are currently in their corresponding clinical rotations focusing on cardiovascular, pulmonary, endocrine, musculoskeletal, and G.I. conditions. They will return for their 3rd and final primary care didactic at the end of August when they will finish up with the rest of the systems.

We would also like to welcome Nicole Amsbaugh, PA-C, to the faculty at the UND Department of PA Studies. Nicole comes to us from Minot where she has practiced in behavioral medicine. Nicole's primary responsibility will be clinical coordinating, however she will also be a great asset for the didactic phases as well.

As always, if you have any interest in being a preceptor for a PA student, please contact the Department of PA Studies at 701-777-2344. We are always looking for PA preceptors to help us educate and train our future workforce. Please take this into consideration and give back to the profession that has helped you along your career path.

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Routine Heart Care Similar From Nurse Practitioners, Doctors: Study No differences seen in basic measurements for those with chronic cardiac disease

By Alan Mozes, HealthDay Reporter

FRIDAY, May 1, 2015 (HealthDay News) -- Many patients with chronic heart disease will receive the same quality of care from a nurse practitioner or physician assistant as they would from a doctor, a new study suggests.

That's good news because the recent expansion of U.S. health coverage has many public health experts warning of a future with too few doctors for the patients on hand.

"With the passage of the Affordable Care Act, we are looking at 34 million new patients entering the system with new coverage by 2016," said study lead author Dr. Salim Virani, an investigator with the Veterans Affairs (VA) Medical Center in Houston. "The estimates are that by 2020 we will have a shortfall of 45,000 primary care doctors and 45,000 specialists, rising to 130,000 doctors by 2025."

This begs the question, he said, as to how the short-handed health care system will handle this influx of patients.

Shortages of heart doctors, in particular, are a priority and "a hot topic for many state legislators and policymakers," said Dr. Brahmajee Nallamothu, a spokesman for the American Heart Association.

Increased use of nurse practitioners and physician assistants is one attempt to close the gap -- one that builds on the idea of team-based medicine, said Nallamothu, an associate professor of internal medicine at the University of Michigan in Ann Arbor.

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UND Department of Physician Assistant Studies announces Scholarly Project Awards

Denis F. MacLeod, Assistant Director, Office of Alumni and Community Relations
University of North Dakota School of Medicine and Health Sciences

GRAND FORKS, N.D.— The winners have been announced for the Scholarly Project Poster Display hosted by the University of North Dakota Department of Physician Assistant Studies on May 7 at the UND School of Medicine and Health Sciences. The winners were announced at the Department's Hooding Ceremony for the Class of 2015 on May 15.

Jody Bauer, Master of Physician Assistant Studies '15, of Bismarck, N.D., had her work selected by a consensus of her peers for the Outstanding Scholarly Project Student Choice Award. Her project was titled "Oral Immunotherapy in IgE-Mediated Cow's Milk Protein Allergy." In addition, faculty evaluators from the School of Medicine and Health Sciences selected Jessica Curcio, Master of Physician Assistant Studies '15, of Cedar Falls, Iowa, to receive the Outstanding Scholarly Project Faculty Choice Award for her project titled "Alpha Lipoic Acid: A potential therapeutic option for painful peripheral neuropathies."

Since its inception in 1970, the PA program at the UND SMHS has had continuous accreditation by the Accreditation Review Commission on Education for the Physician Assistant. Over the course of the program, students rotate between the classroom on the UND campus in Grand Forks and a physician's practice in the student's home community. The School of Medicine and Health Sciences has more than 1,600 graduates from the PA program.

Physician assistants are health professionals who practice medicine collegially with and under the supervision of physicians, especially in primary care in rural areas of North Dakota and other rural and underserved areas within the United States. The University of North Dakota Department of Physician Assistant Studies is one of 149 PA programs in the United States and is the only PA program in North Dakota.

NDAPA General Membership Meeting Minutes Holiday Inn May 1, 2015

Called to order at 12:35 PM by President Curt Kroh

Minutes: Minutes of the May 2, 2014 General Membership Meeting were read/reviewed by Micki Lueck. A motion to accept the minutes as read was made by Jay Metzger and seconded by Mike Verhey. Motion passed.

Elections: Ballots were distributed. Alice Schatz called for write in nominations. Joan Connell indicated that she would be interested in serving as an Alternate Delegate for 2016 and her name was added to the ballot. Curt Kroh asked for additional nominations, none were provided and a motion to cease nominations was made by Jill Baldwin and seconded by Judy Anderson. The voting took place and the ballots were collected. Results are as follows: Vice President – Shelly Bartow. Treasurer – Judy Anderson. Secretary – Micki Lueck. Director at Large – Lori Dockter. Junior Delegate – Curt Kroh. Alternate Delegates – Jackie Vander Linden and Lori Dockter. The 2015 Delegates who will be attending the AAPA National Conference are Luanna Graeber - Chief Delegate, Jay Metzger – Junior Delegate, Micki Lueck and Judy Anderson, Alternate Delegates.

CME: Deb Houdek reported 185 were registered for the conference including 33 UND students in attendance on Apr 30 and 4 UND students in attendance today. She thanked everyone for their assistance. She reminded everyone to contact her with suggestions for next years conference and indicated that she will continue to serve as the CME committee chair.

Corporate Sponsor: Jay Metzger reported that the bulk of the conference organization was completed by UND. He reminded everyone to contact them with any funding needs within the organization.

PA Liaison: Jay Metzger discussed the new plans for admission criteria. For the class of 2017, UND will be accepting applications for non traditional students – they will need at least 500

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coffin at one of the many coffin workshops lining the road to the hospital, takes it to their home village, digs the grave themselves and buries the body. If they can afford it, they might buy a tombstone, but most do not.



I went to a baby funeral yesterday. The newborn grandson of one of our staff had died a few hours earlier. This was the first pregnancy, the mom was petite and they knew the baby was big, but still allowed her to labor for nearly 3 days. When they finally did the C-section it was too late. When a newborn baby dies in Malawian culture only women attend the burial, and they don't cry. The mom was still in the hospital, so relatives took the body, put it into a cardboard box wrapped in a piece of fabric, carried it to the burial ground, and carefully dug a little grave which they lined with soft leaves. They gently placed the baby into the grave, then tore up the cardboard box and laid it over the body before replacing the dirt. After it was filled in they ringed the little mound with some bricks. We were all sitting on the ground watching this process. As I looked around I noticed dozens of similar little mounds. Apparently many newborns do not survive here.



There are lots of people with diabetes. The medications available are metformin, a sulfonylurea, Humulin N and Humulin R. We do not have insulin pens and the patients are not able to test their blood sugars at home.

The lab cannot do A1C's, so the only measure we have of how they are doing is the fasting blood sugar they get on their clinic appointment day – which really only tells us what their blood sugar is after walking for 2 hours on that particular day. Most of the time they have run out of their medication several days or weeks prior to this appointment because even though we order a 3 month supply, the pharmacy knows that there is not enough for everyone and so tries to ration it out. I bring my personal electronic B/P machine and let them use it on the days I work because theirs is usually broken and without my device no blood pressures could be measured for any of the clinic patients. Last week the hospital ran out of glucose test strips so even patients admitted for DKA could not be tested to see if the Q 2 hour insulin injections were working! I found a generic meter and test strips at a local pharmacy, so was able to give them to the lab to use on the first 45 diabetic patients this week – till the strips ran out. I heard that there is also currently no oxygen available in the hospital – they were unable to pay the bill to the supplier. The lab has very little equipment, no alcohol swabs, and there is not a tourniquet to be found. The technician uses rubbing alcohol on a cotton ball and an old rubber glove wrapped around the arm! Patients don't have charts – they each carry a little medical "passport" in which the provider records the information for each encounter. Unfortunately not every encounter is well documented, and the important information like their list of medications - might be in the previous book which the patient did not bring!

I have a nurse or clinical officer sit in with me to translate since most of the patients speak Tumbuka or Chechewa. The only way I can try to figure out how to adjust their insulin is by asking them if there is a certain time of day they feel shaky, sweaty or very hungry. If they say midafternoon I reduce the morning N. If they say mid-morning

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I reduce the morning R. I have made some progress in reducing the number of severe hypoglycemia episodes and seizures overnight by moving the supertime N to bedtime. I have no way to determine when the blood sugar might be running too high.

Because it is difficult to get to the clinic, many people put off coming until they have developed serious problems. One of my patients walked barefoot to the clinic (this took several hours) with a plastic bag wrapped around her foot covering a large draining diabetic ulcer.

Carbohydrates are the cornerstone of every meal for Malawians – their basic staple is Nsima (en-see-ma), which is maize flour mixed with water to make a thick porridge.

Trying to control blood sugar with dietary modifications is challenging, because most people do not have access to varieties of food, hardly ever eat protein, may not have enough food for 3 meals/day and might even go a day or two with NO food . I have to try to uncover this information before deciding what medication to prescribe, or how to adjust the insulin. I feel like I am mostly just “shooting in the dark...”

As you can see, trying to help diabetic patients here is very challenging. Last week I did a presentation for the staff during morning report on basic diabetes management. I had to change or delete many of my slides, because the usual advice regarding maintaining close contact with the patient while adjusting their insulin based on their home blood glucose monitoring results, and slide after slide discussing all the newest injection devices, latest drugs, pumps etc., really is useless information here. Hopefully, little by little we will start to see some progress, and I am glad I get to be a part of it!

I sure thought about all of you a few weeks ago when I knew you were in Fargo at the NDAPA conference. Since graduating in 1997 I think I have only missed attending once , and always enjoyed catching up on your lives and work year after year . It was very exciting to find out about all the supplies and equipment you were able to gather for us here, and we are anxiously awaiting the arrival of the multiple boxes Randy is mailing. Thank you all SO much! You are making a significant difference in the lives of people halfway around the world through your generosity and giving hearts. I am so proud to have been associated with all of you!

Legislative Update: Iowa Governor Signs PA Emergency Commitment Legislation

On April 17, Gov. Terry Branstad signed Senate File 201 into law. The new law, a joint effort of the Iowa Society of PAs and the American Academy of PAs, is a giant leap forward as it will allow PAs to communicate without delay with a magistrate when a patient is a danger to himself or others, and needs emergency involuntary hospitalization.

A Law for Modern Times

For years, PAs in Iowa were required by law to obtain the consent of a “supervising physician before ... [communicating] with the nearest available magistrate” concerning a patient in need of emergency involuntary hospitalization. This extra step, which is not required of psychiatric nurse practitioners, is unnecessary for several reasons:

- PA training and education include didactic and clinical education in psychiatry.
- PAs must pass a national certification exam covering a wide variety of medical subjects, including psychiatry.
- Psychiatric emergencies deserve the same prompt treatment as other emergencies.

A Victory for Improving Medical Practices

The improved regulatory flexibility in this legislation is in line with the recommendations of a growing number of national medical organizations, including the American College of Physicians, the American Academy of Family Physicians, the American Osteopathic Association and other professional medical groups, who recognize that the PA-physician team is most effective when it is allowed to determine how best to meet the needs of patients in their community.

The bill was also supported by the Iowa Association of Counties, Easter Seals, the Iowa Association of Rural Health Clinics, the Iowa Association of Nurse Practitioners and the Iowa Nurses Association. The Senate and House unanimously passed SF 201. The law became effective July 1, 2015. See more at:

<https://www.aapa.org/twocolumn.aspx?id=2147485283#sthash.FGjRbRz3.oUP8XnMQ.dpuf>.

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For this study, Virani's team compared the delivery of routine cardiovascular disease care by physicians and non-physicians.

"What we found is that for the basic concerns, the quality of overall care was fairly comparable," Virani said.

The findings were published online May 1 in *Circulation: Cardiovascular Quality and Outcomes*.

While traditional nurses cannot prescribe medicine or provide patient care on their own, nurse practitioners and physician assistants undergo extra training that allows provision of a broader range of services, he explained. For instance, in some places, they can conduct routine physical exams and write prescriptions.

And although most nurse practitioners and physician assistants work under a physician's guidance, in 19 states, one or both can function independently of a supervising doctor, he said.

For this study, investigators evaluated the care of heart patients seen at 130 VA facilities between 2013 and 2014. Nearly 935,000 patients were attended to by physicians, while more than 252,000 were seen by either a nurse practitioner or physician assistant.

All had a history of heart attack, stroke, arterial blockage and/or stent surgery. But all were deemed "stable" outpatients during the study time-frame.

All were seen in a primary care setting (rather than by specialists), and the analysis focused solely on three heart health services: blood pressure monitoring and control; cholesterol control; and statin and beta-blocker prescriptions and adherence.

Overall, only about 54 percent of patients had all three measures of care appropriately handled, the researchers found.

"However, in terms of who was attending patients, we saw only small differences in the quality of care here and there, and the differences were not statistically significant," Virani said.

"While there's clearly a lot of work to be done in terms of improving effective care delivery for all cardiovascular disease patients, the delivery of basic services is comparable among both physicians and non-physicians," he added.

Virani cautioned, however, that the study does not speak to situations involving "crisis" care. "If patients are not stable and have any cardiac symptoms that we did not look at, we just don't know yet how they do if cared for by a non-physician provider," he warned.

Nallamothu said the VA study findings seem to support use of physician assistants or nurse practitioners in terms of typical quality measures.

However, he added, it's not known if the study findings would hold true in non-VA settings, since the roles of nurse practitioners and physician assistants vary from state to state. That could be explored, he said.

More information

There's more on heart disease treatment at the U.S. National Heart, Lung, and Blood Institute.

SOURCES: Salim S. Virani, M.D., Ph.D., investigator, Health Policy, Quality and Informatics Program, and staff cardiologist, Michael E. DeBakey Veterans Affairs Medical Center, and associate director for research, Cardiology Fellowship Training Program, Baylor College of Medicine, Houston; Brahmajee Nallamothu, M.D., associate professor, internal medicine, University of Michigan, Ann Arbor, and American Heart Association spokesman; May 1, 2015, *Circulation: Cardiovascular Quality and Outcomes*, online

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hours in a medically related field. The majority of the class will still be the traditional type student who is licensed in a medical field and typically will have at least 3 years of experience in that field. He also reminded everyone that UND is always looking for preceptors and faculty. The class of 2015 consisting of 26 students will be graduating in 2 weeks. He encouraged everyone to check out the posters that the students brought for display today. He reported that the new class of 36 students will be starting in 2 days.

Membership: Shelly Bartow reported that NDAPA currently has 175 members - 95 fellows, 3 sustaining, 59 students and 18 affiliates. She encouraged the membership to check out the website.

Scholarship: no report

Newsletter: Randy Perkins informed the membership that the newsletter will be going online. He will continue to serve as the Newsletter Chair for the remainder of the year. He is encouraging someone take over this responsibility next year. He reported on the Cindy Renner project. The membership has responded overwhelmingly to her request for supplies and he especially wanted to recognize the Lisbon clinic for their donation. A total of 14 large boxes were filled during the conference. He wanted to make everyone aware that donations of cash to help pay for postage were also being accepted.

NDAPA awards: Luanna Graeber reported Linda Duppong of Glen Ullin received the PA of the year award. 11 nominations were received this year.

Professional Wellness: Luanna Graeber asked the membership to contact her with concerns regarding impairment.

Public Education: Jackie Vander Linden reported that she is available to assist with any plans for PA recognition or public education.

Old Business: none

New Business: Roger Preszler reported that he has been serving as the NDAPA historian and would like to resign, please contact him with any interest. Curt reminded everyone that there is always a need for members to serve on committees or on the Board. He will make an announcement at the next break regarding accepting donations for postage to assist with mailing the boxes for Cindy Renner.

Motion to adjourn made by Lori Dockter and seconded by Roger Preszler.

Meeting adjourned at 1:05 PM

AAPA House of Delegates 2015

The 2015 American Academy of Physician Assistants House of Delegates (HOD) convened on May 23, 2015, in San Francisco, CA. Many issues were covered in the three-day session ranging from Academy procedural issues to the AAPA stance on human trafficking. NDAPA Chief Delegate LuAnna Graeber and Junior Delegate Jay Metzger attended the debates and voting in their entirety. Though some of the testimony can become long-winded and redundant, the vast majority of the work done in the HOD is necessary and vital to our role as PAs in North Dakota and nationwide.

The as the policymaking body for the AAPA, the HOD has sole authority on behalf of AAPA to enact policies establishing the collective values, philosophies, and principles of the PA profession. The HOD consists of voting delegates from:

- Fifty-six chapters representing 50 states, the District of Columbia and five federal services
- Twenty-five officially recognized specialty organizations
- Eight caucuses comprised of individuals sharing a common goal or interest related to healthcare access or delivery
- The Student Academy

In addition, the current and immediate past House officers are delegates-at-large and vote

Elected delegates have an effective voice in Academy activities by:

- Making recommendations to the AAPA Board of Directors
- Submitting formal resolutions through the procedures outlined by the House officers
- Participating in open reference committee hearings conducted at the HOD meeting, held during AAPA's Annual Conference

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- Volunteering as a member of a reference committee, researching and reporting on the resolutions and testimony received

In total, there were 55 resolutions that were brought before the HOD this year. [Click here](#) for a link to the complete HOD website. Delegates Luanne Graber and Jay Metzger provide their reports on the some of the notable and more rigorously debated resolutions:

A resolution was brought forward to the HOD recommending to the NCCPA that PAs only be required to take the recertification exam twice (2 ten year cycles), and thereafter not be required to take the recertification exam to continue practicing. The sponsor of the resolution felt that the need for further examinations after 20 years of experience would not benefit patients or PAs themselves, and that CME alone would suffice in keeping PAs competent. The resolution failed.

The AAPA will now have a Chief Executive Officer rather than an executive vice president, a move consistent with industry standards for nonprofit organizations. This change does not significantly affect the role of the leader of the organization.

The HOD determined that the AAPA would oppose any regulations or guidelines that differentiated PAs on the basis of their length of education, such as residencies in specialties, in an effort to protect those PAs that do not have additional training. It was felt that this practice would significantly affect the ability for many PAs to acquire positions if they were required to have a longer period of education. In a related resolution, it was reaffirmed that the AAPA opposes any effort to make a doctorate degree the entry-level degree for the PA profession.

The HOD discussed at length whether or not retired PAs that are a part of the AAPA as “retired” members should have the privileges of holding office or voting in the HOD. As a “retired” member of the AAPA, you have effectively retired from practice but still wish to remain a part of the AAPA, paying a reduced rate for dues. Much of the debate revolved around a retired PAs choice to either be a retired member versus a fellow member, with a fellow member being able to hold office and vote as a part of the HOD. Ultimately, the HOD decided that retired members should not be able to hold office or vote in the HOD and that if they wish to do so, they should be enrolled as fellow members.

The HOD also heard testimony on the resolution that discussed the AAPA’s stance on human trafficking. Human trafficking is a nationwide problem with major consequences on the victims involved that affect their lives forever. As many academies do, the AAPA chooses to take a stance on many issues such as human trafficking. Ultimately, the resolution on human trafficking stated “PAs should be aware of community resources for identifying and aiding the victims of human trafficking. The AAPA should support legislative efforts to decriminalize the victims of human trafficking.”

A resolution addressing the need for PAs to be aware of the effects of globalization and climate change was discussed at length. Much of the pro testimony provided to the resolution dealt with the notion that climate change effects the world as a whole, including the health and welfare of our patients. After much discussion, it was decided that the AAPA will encourage PAs to recognize and understand the public health effects of globalization and climate change.

And finally, the HOD determined that “Physician Assistant” would be the official title for the PA profession. Some states have “Physician Associate” as a designation for PAs, however the HOD felt that through education and excellent representation, the public has accepted the title of Physician Assistant and that it would be best to not change what is currently working.

If you have any questions or thoughts about potential changes to our profession you feel should be brought to the HOD, please email jay.metzger@med.und.edu.

Respectfully submitted,

Luanna Graeber and Jay Metzger

<https://www.aapa.org/threeColumnLanding.aspx?id=1203>



the review

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