

Sarah Greven-Chaousis, MS, PA-C

LD1166 Supportive Testimony April 3rd, 2025

Health Coverage, Insurance and Financial Services Joint Standing Committee  
Testimony in Support

LD 1166 – An Act to Change the Professional Title and Identification of  
Physician Assistants to Physician Associates

Senator Bailey, Representative Mathieson and members of the HCIFS Committee, my name is Sarah Greven-Chaousis and I am a PA in Falmouth, Maine. I have been practicing for 18 years, starting in critical care and trauma/general surgery at order of my career and transitioning to plastic and reconstructive surgery and aesthetic medicine. Today, I am testifying in support of LD 1166 “An Act to Change the Professional Title and Identification of Physician Assistants to Physician Associates”.

The term "Physician Assistant" (PA) has been widely used for decades, but many argue that it no longer accurately reflects the evolving role of these healthcare professionals. The terminology used to describe medical professionals plays a crucial role in shaping both public perception and professional identity. In the case of Physician Assistants (PAs), the transition from the title “physician assistant” to “physician associate” is a necessary shift that more accurately reflects the evolving scope of the profession. The term “assistant” implies a subordinate role, which undermines the level of responsibility and autonomy that PAs have in modern healthcare. Today, PAs are trained at the graduate level, diagnose and treat patients, prescribe medications, and often serve as primary care providers, especially in underserved areas. The title “physician associate” better represents the collaborative, team-based approach that is central to their practice, highlighting their equal partnership with physicians rather than positioning them as support staff.

Furthermore, the current use of “assistant” often leads to confusion among patients and healthcare professionals, who may mistakenly assume that PAs have minimal training or are not licensed providers. This misunderstanding can hinder trust and the optimal utilization of PAs in healthcare settings. By adopting the term “physician associate,” the role becomes clearer to the public, fostering better communication and respect

across all healthcare disciplines. It also reflects the reality that PAs frequently work autonomously, making independent medical decisions and contributing to patient care in meaningful ways, which aligns with the collaborative nature of today's healthcare teams.

Finally, the name change supports the professional identity and confidence of PAs themselves. Titles influence how professionals are perceived and, importantly, how they view their own role within the healthcare system. "Physician associate" is a more accurate and empowering title that acknowledges the rigorous education, certification, and ongoing responsibility that comes with the role. This shift not only enhances public understanding but also bolsters the recognition and respect of PAs, helping the profession continue to grow and evolve in modern medicine. In conclusion, changing the title from "physician assistant" to "physician associate" is a necessary and overdue step in reflecting the true value and contributions of PAs in healthcare.

I humbly request you vote Ought to Pass on LD 1166, to align Maine with national trends and improve patients understanding of our role on the healthcare teams.

Sincerely,

Sarah Greven-Chaousis, MS, PA-C  
Falmouth , Maine  
Spgreven@gmail.com

Sarah Greven-Chaousis  
Falmouth Maine  
LD 1166

Sarah Greven-Chaousis, MS, PA-C<sup>[1]</sup><sub>SEP</sub> LD1166 Supportive Testimony April 3rd, 2025  
Health Coverage, Insurance and Financial Services Joint Standing Committee  
Testimony in Support

LD 1166 – An Act to Change the Professional Title and Identification of Physician Assistants to Physician Associates

Senator Bailey, Representative Mathieson and members of the HCIFS Committee, my name is Sarah Greven-Chaousis and I am a PA in Falmouth, Maine. I have been practicing for 18 years, starting in critical care and trauma/general surgery at order of my career and transitioning to plastic and reconstructive surgery and aesthetic medicine. Today, I am testifying in support of LD 1166 “An Act to Change the Professional Title and Identification of Physician Assistants to Physician Associates”.

The term "Physician Assistant" (PA) has been widely used for decades, but many argue that it no longer accurately reflects the evolving role of these healthcare professionals. The terminology used to describe medical professionals plays a crucial role in shaping both public perception and professional identity. In the case of Physician Assistants (PAs), the transition from the title “physician assistant” to “physician associate” is a necessary shift that more accurately reflects the evolving scope of the profession. The term “assistant” implies a subordinate role, which undermines the level of responsibility and autonomy that PAs have in modern healthcare. Today, PAs are trained at the graduate level, diagnose and treat patients, prescribe medications, and often serve as primary care providers, especially in underserved areas. The title “physician associate” better represents the collaborative, team-based approach that is central to their practice, highlighting their equal partnership with physicians rather than positioning them as support staff.

Furthermore, the current use of “assistant” often leads to confusion among patients and healthcare professionals, who may mistakenly assume that PAs have minimal training or are not licensed providers. This misunderstanding can hinder trust and the optimal utilization of PAs in healthcare settings. By adopting the term “physician associate,” the role becomes clearer to the public, fostering better communication and respect across all healthcare disciplines. It also reflects the reality that PAs frequently work autonomously, making independent medical decisions and contributing to patient care in meaningful ways, which aligns with the collaborative nature of today’s healthcare teams.

Finally, the name change supports the professional identity and confidence of PAs themselves. Titles influence how professionals are perceived and, importantly, how they view their own role within the healthcare system. “Physician associate” is a more accurate and empowering title that acknowledges the rigorous education, certification, and ongoing responsibility that comes with the role. This shift not only enhances public understanding but also bolsters the recognition and respect of PAs, helping the profession continue to grow and evolve in modern medicine. In conclusion, changing the title from “physician assistant” to “physician associate” is a necessary and overdue step in reflecting the true value and contributions of PAs in healthcare.

I humbly request you vote Ought to Pass on LD 1166, to align Maine with national trends and improve patients understanding of our role on the healthcare teams.

Sincerely,

Sarah Greven-Chaousis, MS, PA-C<sup>[1]</sup><sub>SEP</sub> Falmouth , Maine  
Spgreven@gmail.com