

April 2, 2025

The Honorable Donna Bailey
Senate Chair
Joint Standing Committee on Health Coverage,
Insurance & Financial Services
Room 220, Cross State Office Building
Augusta, ME 04330

The Honorable Lori Gramlich
House Chair
Joint Standing Committee on Health Coverage,
Insurance & Financial Services
Room 220, Cross State Office Building
Augusta, ME 04330

Re: AMA Opposition to Legislative Document 1166

Dear Chair Bailey and Chair Gramlich:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our strong opposition to Legislative Document 1166 (LD 1166), which would replace the term “physician assistant” with the term “physician associate” in the licensing statute and throughout Maine Revised Statutes. We encourage lawmakers to ask “why” this bill is necessary. It does not improve the cost or quality of health care for patients in Maine, nor does it improve access to health care. Rather it replaces a term that has been common in the health care lexicon for decades with a term that is incompatible with the existing health care infrastructure and will increase patient confusion. For the following reasons, the AMA encourages you to oppose LD 1166.

First, if enacted, LD 1166 will increase patient confusion around who is providing their health care. The term “physician assistant” is the prevailing term that has been widely used by the physician assistant profession and is commonly understood by patients. Changing an established health care professional’s title, especially one that has been around for decades, will undoubtedly lead to patient confusion. This is particularly troubling at a time when patients are seeking more transparency in the health care system, including transparency around the credentials and qualifications of their health care providers. LD 1166 runs counter to this need for transparency and will only serve to cause more confusion – not the clarity that patients seek.

Second, the title “physician associate” is incompatible with the existing health care infrastructure. The term “physician assistant” is used throughout federal statutes and regulations, as well as the laws and regulations of 49 states and the District of Columbia. In addition, hospitals, health care facilities, health systems, insurers, and practices all widely use the term “physician assistant” in regular communications, signage, name badges, and provider directories. The term “physician assistant” is also embedded in their policies, procedures, and bylaws. Moreover, “physician assistant” is the term used by the only certifying organization for physician assistants – the National Commission on Certification of Physician Assistants. “Physician associate,” by contrast, is a term used by physicians to refer to their physician colleagues. In addition, several states have an “associate physician” license for individuals who graduated medical school but have not yet matched into a post-graduate training or residency program. Making the change proposed by LD 1166 will do nothing except create confusion for patients and havoc within the existing health care infrastructure.

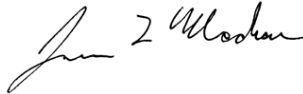
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Third, implementing this title change will be time consuming and expensive – an expense that will likely be pushed onto businesses and health care entities across the state, including state-funded entities, with no benefit to the patient or quality of patient care. Patients are already concerned about the rising cost of health care. We encourage lawmakers to focus resources on patient care, not supporting a profession’s marketing campaign and re-branding effort.

While on the surface LD 1166 may appear minor, allowing physician assistants to change their title to “physician associates” is quite significant as it runs counter to the prevailing lexicon, will exacerbate patient confusion in understanding who is providing their health care, and will increase health care costs in Maine without improving the quality of patient care. The bottom line is this: neither patients nor Maine business and health care related entities should bear the cost of what is nothing more than a trade association’s re-branding and marketing campaign. As such, we strongly encourage you to **vote “no” on LD 1166.**

Thank you for your consideration. If you have any questions, please contact Kimberly Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

cc: Maine Medical Association