



Physicians for Patient Protection

PATIENTS FIRST. ALWAYS.

4940 Merrick Road, Suite 105, Massapequa Park, NY 11762

www.physiciansforpatientprotection.org info@physiciansforpatientprotection.org

Senator Bailey, Representative Gramlich, and Members of the Committee on Health Coverage, Insurance, and Financial Services:

Physicians for Patient Protection is a 503c organization representing 15,000 United States physicians. Many of us practice in Maine. We are writing to provide testimony regarding L.D. 1166, An Act to Change the Professional Title and Identification of Physician Assistants to Physician Associates.

Rationale for name change

Within the last few years, physician assistant (PA) leadership and lobbying organizations have sought state legislation allowing PAs to practice medicine without physician supervision or oversight. Nationally, PAs are moving towards “optimal team practice” (OTP), which does not require the involvement of a physician in the delivery of care, and in March 2020 during the COVID-19 state emergency, Maine PAs were granted the right to practice without physician supervision after 4,000 hours of work.

The American Association of PAs (AAPA) has determined to remove the word ‘assistant’ from the PA title, and the name choice of ‘physician associate’ is the result of a years-long marketing study by the organization. While rejecting strict physician supervision, the AAPA sought to retain the word physician as a core element of the PA title, likely for one main reason: Because patients overwhelmingly prefer physician-led care.¹ By including the word physician in the PA title, patients may assume that they are being seen by a physician—or at least a clinician working closely with a physician.

The AAPAs' latest attempt at title and branding reform follows years of advocacy to not be referred to as physician extenders or mid-level providers. For example, to gain more public acceptance of the PA model, the profession launched the public relations campaign “Your PA Can,” informing patients that PAs can provide similar care to physicians.²

PAs are not physicians

PAs receive a fraction of the training of a physician. PAs complete a 2-year master's degree program after college, which includes 2,000 hours of hands-on clinical work. By comparison, the average

¹ <https://www.ama-assn.org/practice-management/scope-practice/why-patients-want-doctors-lead-care-team>

² <https://www.aapa.org/wp-content/uploads/2018/03/Your-PA-Can-Social-Media-Toolkit.pdf>

physician attends four years of medical school and at least three years of residency, including at least 15,000 hours of clinical experience.³

The rationale for shortened medical training is that the PA model has relied upon physician oversight and supervision—PAs have traditionally worked side-by-side with physicians, managing less complex medical problems and asking for help when needed. This model works well, and studies show that PAs can provide excellent care to patients when working in a physician-led care team. However, there are absolutely no studies—zero—evaluating the care of typical patients treated by PAs without physician supervision.

Truth and transparency

Patients deserve truth and transparency regarding who is providing their medical care, but studies show that they are already confused about the differences in healthcare clinicians. For example, 17% of all respondents to an American Medical Association believed that physician assistants were physicians, despite the word ‘assistant’ in the title.⁴ Changing the name from assistant to associate will only serve to further blur the lines of the professions, potentially misleading patients into assuming that they are being cared for by a physician.

One specific criticism is that a physician associate has historically referred to a physician (MD or DO) in a private practice group who has not yet achieved the status of partner. These physician associates are fully licensed medical doctors who have completed medical school and residency training and are in the process of completing a partnership track with their group to participate fully in financial and administrative processes. This nomenclature is similar to that of attorneys on a partnership track. Thus, the term "physician associate" is misleading given that it is already in use with a different meaning.

Ultimately, allowing PAs to continue to use the term “physician” in their title if they are no longer required to work directly with physicians is false advertising that suggests to patients that a physician is involved in their care. If PAs have transformed their profession such that physician involvement is extraneous, then their name should not include the term “physician.” Perhaps an alternate title would allow PAs to demonstrate that they are more than assistants, but not formally associated with physicians. Other names suggested by PAs include ‘medical care practitioner’ or ‘practitioner of allopathy.’⁵



Alyson Maloy, MD- Maine Physician and Founding Member Physicians for Patient Protection



Rebekah Bernard, MD - Immediate Past President Physicians for Patient Protection

³ <https://www.patientsatrisk.com/differences>

⁴ https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/premium/arc/tia-survey_0.pdf

⁵ <https://www.statnews.com/2023/06/02/physician-assistants-associates-pas-new-name/>