HB 353 Proponent Testimony
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House Health Committee
Chair Jean Schmidt
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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to testify in support of HB 353, a simple yet important bill to update the professional title of Physician Assistant to Physician Associate in Ohio law. My name is Matt Freado, and I am a Past President and Government Affairs Chair of the Ohio Association of Physician Assistants.

To be very clear, this legislation does not change the scope of practice for PAs. It does not expand any authority, alter supervision requirements, or interfere with physician oversight. Instead, it modernizes outdated terminology to better reflect how the PA profession is educated, trained, and already functioning in practice across Ohio.

What HB 353 Does

- Updates the term "physician assistant" to "physician associate" throughout Ohio law via a find-and-replace approach.
- Ensures continuity by including "deeming language," so that past or current references to "physician assistant" remain valid.
- Requires licensure to use the updated title
- Permits PA students to use "physician associate student."

What HB 353 Does NOT Do

- Change any element of the PA scope of practice, supervision requirements, or other details.

However, we have heard a variety of concerns about HB 353 including that our proposed title of Physician Associate challenges physician authority, confuses patients, or would even be too costly. I'd like to address these concerns.

1. The term "*associate*" more accurately represents the modern PA profession.

PAs complete master's-level medical training, including over 2,000 hours of supervised clinical rotations across multiple specialties. A single national accrediting body accredits all PA programs, while a single national credentialing body certifies PAs initially and throughout their careers. As PAs, we evaluate, diagnose, treat, prescribe medication, including controlled substances, perform procedures, assist in surgery, and practice medicine in every care setting. The term *"assistant"* does not accurately reflect our professional reality, and even misleads patients and even other providers to believe we are in temporary or trainee roles. An associate is a colleague or partner, typically indicating a professional who works alongside others as part of a team, which is what

PAs do. “Physician Associate” better describes what PAs already are: nationally board-certified, licensed medical professionals who work as a part of coordinated medical teams.

2. The term “*associate*” provides clarity for patients and healthcare teams.

We have heard from some that this title change could confuse patients. The truth is, the current title of “assistant” creates confusion. A national survey by a market research firm found 71% of patients and more than 60% of physicians agreed that “Physician Associate” better reflects the role of modern-day PAs.

Recently, I had to explain to a patient what a Doctor of Osteopathic Medicine (DO) was and how that training compares to an MD. That conversation reminded me of a simple truth: avoiding patient confusion about roles in medicine is the responsibility of all of us on the healthcare team and something PAs take very seriously. Updating our title is one step toward meeting that responsibility, and OAPA and its members are committed to better educate the public, patients, and professional groups on this issue important to our profession.

Importantly, Ohio law already protects against title confusion. Section 4730.02(G) of the Ohio Revised Code states: *“No person practicing as a physician assistant shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a 'physician assistant.”* Under HB 353, that same required placard would simply read “Physician Associate.” Patients will continue to clearly see our title on our name badge, just with wording that more precisely reflects our role as a highly trained, collaborative healthcare provider.

3. The title change implementation will not be costly or disruptive.

Healthcare institutions regularly update terminology. These are administrative changes, not operational ones. The long-term advantages, including accurate recognition, improved workforce utilization, and increased retention, far outweigh any short-term administrative costs. Title updates are one-time revisions. Other professions have modernized their titles with minimal disruption, such as “chiropodist” becoming “podiatrist” or “nurse clinician” becoming “nurse practitioner.” HB 353 permits a gradual phase-in as licenses, signage, and materials are naturally updated. There is no significant fiscal impact on the state or employers.

Additionally, there has been no evidence of cost or billing issues in states that have already implemented the title change. PAs continue to use the same national provider taxonomy of *“Physician Assistant”* for payer enrollment, if applicable. Billing and reimbursement remain unaffected. The CPT code system already authorizes billing for *“physicians and other qualified healthcare professionals*,” a category that clearly includes PAs without explicitly listing the title.

4. The title physician associate in no way *undermines physicians.*

Simply put, this bill and the title of the PA profession has no impact on the role or authority of our physician colleagues. This bill simply updates the title of our profession to better clarify the role of PAs within healthcare teams. Modern medicine is built on teamwork, and clarity strengthens that teamwork. When every member of the team is understood, patients benefit.

Why Now?

The national professional organization for PAs, the American Academy of Physician Associates (AAPA), formally adopted the “Physician Associate” title in 2021. States such as Oregon, Maine, and New Hampshire have already passed title change legislation, with no negative impact reported on billing, reimbursement, or operations.

This bill brings Ohio in line with these national efforts. Ohio is home to approximately 6,700 PAs, representing a 36% increase in licensed PAs since 2021. The profession is projected to grow

20% nationally by 2034. With 17 accredited PA programs across Ohio, among the highest in the country, we are producing a workforce that is ready to meet Ohio's growing healthcare needs. Adopting this title change will help retain and attract top talent, reduce patient confusion, and recognize the profession as the vital part of the healthcare team it has become.

Conclusion

HB 353 is an opportunity to ensure Ohio's laws accurately reflect the role of PAs in modern medicine. On behalf of Ohio's thousands of licensed PAs, and the patients we serve, I urge your support. Thank you for your time and consideration.