



HB 353 Proponent Testimony
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Ohio Association of Physician Assistants (OAPA)
House Health Committee
Chair Jean Schmidt
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Chair Schmidt, Vice Chair Deeter, and Ranking Member Somani, thank you for the opportunity to speak in support of HB353 introduced by Rep. Brian Lampton and Rep. Gayle Manning. On behalf of the dedicated Physician Assistants (PA) across Ohio, I am honored to be here to speak today. In my role as the Department Chair and Program Director for a university Physician Assistant Program, I have the honor of leading my team, who are dedicated to training highly competent, compassionate, and practice-ready PAs who will serve communities across our state.

More than 50 years ago, the PA profession was created to expand access to high-quality medical care, especially in rural and underserved communities. The earliest PAs were trained by physicians who recognized a critical shortage of providers and saw the potential to train medics and corpsman with formal medical education to meet that need. At the time, over 50 years ago, the title Physician Assistant reflected the profession's origins of physicians literally training assistants to extend care in a limited capacity.

However, the PA profession has dramatically evolved far beyond its early roots. What began as on-the-job training has admirably grown into a graduate-level medical professional education grounded in rigorous academic and clinical preparation. Today's PAs all achieve a master's degree, are educated in the medical model, and nationally certified to diagnose illness, develop and manage treatment plans, prescribe medications, and deliver patient-centered care across all medical and surgical specialties.

History and Rationale for Title Change Proposal

The discussion about a professional title that accurately reflects the education and role of PAs has been ongoing for years. In fact, over two decades ago when I was a PA student, our class debated whether "assistant" was misleading and truly represented our professional identity. Even then, our research pointed to a need for change. After years of comprehensive study, stakeholder engagement, and debate, the American Academy of Physician Associates (AAPA) House of Delegates voted in 2021 to affirm the title *Physician Associate* as the official professional designation as it better reflects the PA's responsibilities, education, and role within modern healthcare teams.

Educational Foundation and Clinical Preparation

The pathway to becoming a PA is among the most rigorous in the healthcare field. As a PA educator at one of Ohio's 17 PA programs, I believe it is important for lawmakers to understand the extent and rigor

of PA education, which will help to make it clear why “Associate” is a much more fitting title than “Assistant”.

Before even applying to a PA program, candidates must complete a robust undergraduate foundation in the sciences, in courses such as anatomy and physiology, biology, microbiology, general and organic chemistry, biochemistry, and psychology. Most programs also require thousands of hours of direct patient care experience before admission.

Once admitted to their PA programs, students embark on an intensive, in-person 27-month curriculum, on average, that includes both didactic and clinical phases. The didactic phase covers:

- **Basic medical sciences** (anatomy, physiology, pathophysiology, pharmacology, genetics)
- **Clinical sciences** (clinical medicine, decision-making, diagnostic reasoning, physical diagnosis, and technical procedures)
- **Behavioral and social sciences** (behavioral medicine, psychiatry, substance use disorders, and patient counseling)
- **Health Policy and Professional Practice** (medical ethics, PA professional issues, public health, quality improvement/patient safety)
- **Research** (biostatistics, epidemiology, evidence-based medicine, thesis/capstone projects).

The clinical phase includes full-time supervised rotations across core disciplines, including family medicine, internal medicine, pediatrics, women’s health, behavioral health, surgery, and emergency medicine, averaging 2,000 clinical hours. PAs graduate prepared to practice medicine as integral members of healthcare teams, with the competence and confidence to provide safe, effective, and compassionate care.

Why Title Change Matters

Given this extensive preparation, the term *assistant* misrepresents the PA’s role in patient care and perpetuates misconceptions that we merely perform menial, delegated tasks. The truth is that PAs practice medicine in collaboration with physicians, not in subordination. The relationship is one of partnership, not hierarchy. We value our PA partnership with our physician colleagues, and this change reflects precisely how modern PAs function: collaboratively, dependably, and professionally within the healthcare team.

We recognize concerns have been raised that a title change for our profession may be confusing to patients, or it somehow implies that a PA is equivalent to a physician. We are not physicians, and we do not believe that the title Physician Associate infers as such. In fact, Section 47230.02(G) of the ORC 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 be updated to 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 health care provider.

We firmly believe the title *Physician Associate* better aligns with our education and training, and honors the trust our patients place in us. It also reflects what already exists in practice, with PAs as critical partners in healthcare delivery, filling essential roles in primary care, hospitals, surgery, and specialty clinics.

Conclusion

Modernizing our professional title does not change our scope and will not change what PAs do, but it will more accurately represent who we are and how we serve our patients. It will *reduce* public confusion, provide professional clarity, and affirm Ohio's commitment to a modern, collaborative healthcare workforce. For more than half a century, PAs have been steadfast partners in advancing patient care. Today, we ask that Ohio recognize this evolution by adopting the title Physician Associate.

Thank you for your consideration and we urge your support of this important legislation.