

Testimony
Senate Finance Committee
February 10, 2026

**SB326 Physician Assistants - Parity with Other Health Care Practitioners
(Physician Assistant Parity Act of 2026)
FAVORABLE**

Dear Chair Beidle, Vice Chair Hayes and Members of the Committee,

As a physician assistant for 23 years who also performed a post-graduate surgical residency, and as the assistant dean for physician assistant education at the University of Maryland Baltimore, I know what it takes to fulfill my responsibilities to the patients I serve. Having personally attended to the healthcare needs of thousands of patients across Maryland and having taught and graduated close to 1200 physician assistant students since 2003, I know first-hand how well all physician assistant students in the state of Maryland are educated and trained. There is absolutely no reason why physician assistants cannot be allowed equal parity with physicians and nurse practitioners through the Physician Assistant Parity Act of 2026.

Many on the Committee may not be aware that physician assistants are trained and educated under the medical model, emulating how physicians are trained. The only difference is that physician assistant students are rigorously trained in primary care within an average of 27 months, as they are so desperately needed in the healthcare workforce. Primary care includes family medicine, pediatrics, internal medicine, emergency medicine, surgery, OB/GYN and behavioral/mental health. Physician assistant programs are not for the faint-of-heart; in fact, many physicians state they could not endure the speed in which medical knowledge must be attained, understood and applied. Post-graduate residency programs are optional for a physician assistant, although >5% do so in order to gain invaluable experience within an academic medical center. Their roles, responsibilities and expectations are identical to those of physician residents. Over 86% of physician assistant graduates from the University of Maryland Baltimore remain in Maryland to continue to practice at a very high level with complex patient loads.

THE CATALYST CAMPAIGN
catalyst.umaryland.edu

Maryland's healthcare provider shortages continue to grow. Proactive solutions must guarantee that all Marylanders not only have access to care but have sufficient numbers of competent and highly capable clinicians serving their communities. Physician assistants help fill these gaps, especially in the rural and underserved communities throughout the state, from where many of our physician assistant students hail and pledge to practice.

Since 2020, an overwhelming majority University of Maryland Baltimore physician assistant graduates have secured and maintain clinical practice in the surgical specialties, emergency medicine, critical care, and behavioral/mental health. The Physician Assistant Parity Act of 2026 opens avenues for these well-trained and highly-capable primary care providers to act in accordance with their nurse practitioner and physician counterparts in areas needed for efficiency. There is no justification preventing a clinically-practicing physician assistant to render emergent aid, directly admit, and provide care to individuals requiring healthcare services and actions of guardianship as described in the Physician Assistant Parity Act of 2026.

Many years ago, while working my shift in one of Maryland's busiest emergency rooms, ambulance after ambulance pulled into the emergency bay carrying a 62 year old bus driver and 11 frightened and crying young adults with Down Syndrome, all of whom were injured when their bus was hit by a motorist at high speed. The adult bus riders ranged in age from 24 to 33. They all quickly became my patients. No parents or chaperones were present. As the first to meet paramedics at the ambulance bay, I quickly triaged each victim and generated orders for the bus driver to be taken immediately to radiology for imaging studies. Sadly, I could not render any medical aid to the young adults because all their legal guardians needed to be called first; in a busy emergency room, my physician counterpart was attending to a critical patient and could not leave that patient's bedside. I could not interrupt.

All EMS had for me was a list the bus driver carried of the names of those who were on the bus that day with their family's or caretaker's phone numbers. I finally could render appropriate physical exams and medical care to patients one by one as their legal guardians were tracked down and gave permission to treat. Each quickly learned the whereabouts of which emergency department received their loved ones; many drove to the hospital as quickly as they could. Mind you, these were all adult patients. But because they were disabled, and because of Maryland law at that time, I, an extremely well-trained physician assistant could not step in and make best-practice decisions based on their medical needs without a physician giving approval. And I could not interrupt my physician colleague attending to a critical patient to get that approval. Time was being wasted and this was not the picture of efficiency.

This situation did have a happy ending as only the bus driver sustained injuries serious enough for admission (she recovered well). The scared young adults were given my utmost attention, empathy and compassion, as I understood just how frightened they

were, many calling out for their mothers. If the Physician Assistant Parity Act was law back then, these poor patients would not have had to wait. This law would have placed my care and abilities on equal footing as nurse practitioners and physicians, and I could easily have attended to each patient much more quickly than current laws allow. Thank goodness none of these young adults suffered serious or life-threatening injuries.

The recently passed PA Modernization Act (2024, SB0167/HB0806) recognizes the value and skills of the more than 3600 licensed physician assistants in Maryland, providing more flexibility to these providers and improving collaborative practice with medical doctors. It is imperative SB0326, the Physician Assistant Parity Act of 2026, is approved to continue to recognize the value of physician assistants in the state.

Do not hesitate to reach out to Jeanette Ortiz, UMB Director of Government Affairs, at 410.703.5352 or jeanette.ortiz@umaryland.edu with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl M. Hendrix". The signature is written in a cursive, flowing style.

Cherilyn M. Hendrix, DHEd, MSBME, PA-C Emeritus, DFAAPA