



February 20, 2024

Re: HB0806/SB0167: Physician Assistants – Revisions (Physician Assistant Modernization Act of 2024)

Dear Chairwoman Beidle members of the Senate Finance Committee,

On behalf of the American Academy of Physician Associates (AAPA), I write to express AAPA's support for HB0806/SB0167, which modernizes several important aspects of physician assistant practice in the state of Maryland. AAPA is the national professional organization for physician associates/physician assistants (PAs) representing more than 168,000 PAs practicing across all medical and surgical specialties. In addition, AAPA has an affiliate structure with 124 PA constituent organizations, which includes state chapters, federal service chapters, specialty organizations caucuses, and special interest groups.

As you know, Maryland is facing a healthcare provider shortage. It is critical that HB0806/SB0167 is enacted to enable highly trained and qualified PAs to deliver safe and affordable healthcare as efficiently as possible. HB0806/SB0167, if enacted, would do a number of things including:

- Update the PA statute to reflect current practice,
- Move away from “supervision” to describe the nature of the PA relationship with physicians and replace it with “collaboration,”
- Eliminate the concept that a PA’s scope of practice should be based upon the physician’s scope of practice, allowing PAs to practice to the full extent of their education, training, and experience,
- Make PAs responsible for the care they provide, consistent with all other licensed healthcare professions in Maryland.

PAs are licensed clinicians who practice medicine in every specialty and setting. PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. Often serving as the patient’s main healthcare provider, PAs diagnose and treat illnesses, order and interpret lab tests, prescribe medications, perform medical procedures and examinations, and assist in surgery.

PAs are rigorously educated medical professions who earn a master’s degree. Incoming PA students must have a bachelor’s degree and have typically completed prerequisite coursework in basic and behavioral sciences and upwards of 3,000 hours of direct patient contact. PA education programs provide classroom training in anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by at least 2,000 hours of clinical practice rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.

PAs play a critical role in the delivery of healthcare. This bill will ensure that many Marylanders have increased access to care, particularly in underserved and rural communities. It will also provide greater flexibility for employers (private practices, health systems, hospitals, and others) to determine what practice level is best for patients. The rigorous and comprehensive nature of PA education allows PAs to be extremely versatile providers. This versatility allows the PA profession to respond to provider

shortages and fill gaps where needed. However, major impediments to this versatility exist in current Maryland laws.

It is in the best interest of patients and the state to recognize that PA practice is collaborative and team based. The PA profession is a well-established, proven provider of high-quality and cost-effective care. “Collaboration” more accurately reflects PAs team-based approach to care, which is better for patients, better for PAs, and better for their physician colleagues.

Most importantly, these changes would improve access to care for patients. As one of the fastest growing medical professions, PAs are positioned to make a positive and lasting impact on patient care. AAPA’s public opinion research, conducted by The Harris Poll, found that patients overwhelmingly support PAs as part of the solution to address the shortage of healthcare providers (91%). They recognize that PAs increase access to care and make medical appointments easier to obtain (90%).<sup>1</sup>

Maryland would not be alone in making these changes. In recent years, 20 states and the District of Columbia have moved away from the term “supervision” to describe the relationship between physicians and PAs. This includes nearby states such as Virginia, West Virginia, and Delaware. Six states (Arizona, Iowa, Montana, North Dakota, Utah, and Wyoming) have gone so far as to eliminate the requirements for a PA to practice with a specific provider, while maintaining team-based collaborative practice where appropriate. Further, Maryland remains the only state that has a board-approved advanced duties requirement.

AAPA is committed to improving patient access to care. Removing barriers to PA practice and improving the regulatory environment in Maryland is an essential component of that. We appreciate the opportunity to provide input on this legislation and look forward to addressing access issues in Maryland. If you have any questions, please feel free to contact Meghan Pudeler, AAPA’s Director of State Advocacy & Outreach, at [mpudeler@aapa.org](mailto:mpudeler@aapa.org)

Thank you for your consideration.

Sincerely,



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<sup>1</sup> The Harris Poll (2023). The Patient Experience: Perspectives on Today’s Healthcare.  
<https://www.aapa.org/download/113513/?tmstv=1684243672>