



November 10, 2021

Gerald E. Harmon, M.D., President  
American Medical Association  
AMA Plaza  
330 N. Wabash Avenue, Suite 39300  
Chicago, IL 60611-5885

Dear Dr. Harmon,

The long history of PAs and physicians working together is well established, both clinically and organizationally. We respect our relationship with your organization and the members you represent. For more than 30 years, AAPA has participated in AMA's House of Delegates meetings. We appreciate the opportunity this affords us to connect with our colleagues in medicine to work towards our common goal of providing high-quality patient care, thus strengthening our nation's healthcare system.

Based on this shared history and common goal, we are disheartened by several resolutions introduced for consideration at the upcoming Special Meeting of AMA's House of Delegates. The following resolutions appear to undermine and question the PA commitment to team practice, transparency and ethics, patient safety, and the competent delivery of high-quality healthcare:

- Resolution 216, Preserving Appropriate Physician Supervision of Midlevel Providers and Ensuring Patient Awareness of the Qualifications of Physicians vs. Midlevel Providers
- Resolution 217, Studying Physician Supervision of Allied Health Professionals Outside of Their Fields of Graduate Medical Education
- Resolution 218, Physician Opposition to the Coordinated Effort by Corporations and Midlevel Providers to Undermine the Physician-Patient Relationship and Safe Quality Care
- Resolution 219, The Impact of Midlevel Providers on Medical Education.

These resolutions highlight the problematic model of physician supervision. AAPA believes outdated laws, rules and regulations must be replaced with laws that authorize practice level decisions regarding how the healthcare team will work together to best address patient and community needs. AAPA policy promotes the modernization of PA practice acts that align with our current healthcare system needs, including removing physician liability for PA-provided care and reducing administrative burdens on physicians, PAs, and employers. These modernization efforts will better serve our patients by increasing access to high-quality patient-centered care, the demand for which is outpacing the workforce availability.

As you know, PAs are rigorously educated by a curriculum that models the medical school curriculum, rooted in both didactic and extensive clinical learning and training. As students, they enter the educational journey with an average of more than 3,000 hours of direct patient contact experience prior to PA school. The more than 150,000 PAs who practice, do so in every medical setting in all 50 states and the District of Columbia. They work in hospitals, medical offices, community health centers, nursing homes, retail clinics, educational facilities, workplace clinics, and correctional institutions. PAs also serve in the nation's uniformed services and work for other federal government agencies, including the Department of Veterans Affairs and serve in various healthcare executive and leadership positions. PAs have more than 400 million patient interactions per year and research provides evidence that PAs continuously provide safe, high-quality patient care.<sup>1,2,3</sup>

Finally, AAPA strongly encourages the AMA to discontinue the use of terms such as midlevel providers, physician extenders or allied health professionals. These terms devalue, denigrate, and minimize the contributions of other clinical team members in caring for patients. Physician Associate (PA) is the official title for the profession. AAPA understands provider and patient transparency is important. Hence, addressing professions by their official titles should be the precedent.

As the President of AAPA, I genuinely welcome a discussion between the leadership of our two organizations, so we can work together to improve access to care for millions of Americans who deserve high-quality, team-based, patient-centered healthcare.

Sincerely,



Jennifer M. Orozco, MMS, PA-C, DFAAPA  
President and Chair, Board of Directors

Cc: Bruce A Scott, MD, Speaker, AMA House of Delegates  
Lisa Bohman Egbert, MD, Vice Speaker, AMA House of Delegates  
Michael Luszczak, DO, Chair, Reference Committee B  
David Bunnell, MSHS, PA-C, AAPA Medical Liaison to the AMA

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<sup>1</sup> Morgan PA, Smith VA, Berkowitz TSZ, et al. Impact of physicians, nurse practitioners, and physician assistants on utilization and costs for complex patients. *Health Aff.* 2019;38(6):1028-36.

<sup>2</sup> Yang Y, Long Q, Jackson SL, et al. Nurse practitioners, physician assistants, and physicians are comparable in managing the first five years of diabetes. *Am J Med.* 2018;131(3):276-85.

<sup>3</sup> Nabagiez JP, Shariff MA, Molloy WJ, Demissie S, McGinn JT Jr. Cost analysis of physician assistant home visit program to reduce readmissions after cardiac surgery. *Ann Thorac Surg.* 2016;145(1):225-33.

