

PHYSICIAN ASSOCIATES

A Modern Evolution 1965-2035



American Academy of
Physician Associates

WHITE PAPER

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Executive Summary

Since 1967, PAs have been providing high-quality, safe, and effective healthcare. Yet outdated state and federal laws and regulations, as well as organizational policies, have contributed to increased bureaucracy, access barriers, and healthcare hierarchical structures that hinder PAs from improving the lives of patients, their families, and communities.



The American Academy of Physician Associates (AAPA), the national professional association representing PAs in

the United States, developed this white paper in collaboration with more than 30 PA and PA student thought leaders from across the U.S. to provide a comprehensive, high-level overview of the PA profession. This paper examines the profession's past, present, and what its future holds for healthcare if we unleash the full potential of these expertly trained providers of medicine and surgery.

Now is the time to modernize the PA profession beyond outdated frameworks and fully recognize the vital role PAs play in modern, team-based care environments. Decades of data confirm the value and track record of PAs providing safe and effective care. PAs are not just participants in the healthcare system; they are leaders. With an aging U.S. population, a rising number of patients with chronic health conditions, inadequate access to care, and persistent healthcare disparities, our nation's health is in crisis. These issues, combined with significant healthcare workforce shortages and provider burnout, will create even greater challenges in the future.

All stakeholders – clinicians, administrators, policy-makers, and patients alike – must come together to advocate for a future where PAs have the autonomy, authority, and recognition they've long earned, and patients have much needed. Policies should reflect today's realities, not yesterday's limitations.

To deliver the highest quality care to every patient, empowering PAs is not optional; it's essential.

**The solution is simple:
modernize PA practice by removing
outdated barriers that unnecessarily restrict
PAs, health systems, and their patients.**



Table of Contents

Authors and Contributors	II
Executive Summary	IV
Table of Contents	1
The Past: History and Evolution of the Physician Associate (PA) Profession	2
Creating a New Profession	2
Growth and Changing Demographics	3
PA Work Environment	3
Age and Gender	4
Race and Ethnicity	5
Evolution of PA Education and Training	6
PA Doctorate-Level Education	7
The Present: Current Physician Associate Practice	8
Overview	8
PA Practice	9
Scope of Practice	9
Role in Healthcare	10
PAs Provide Safe, Efficient, High-Quality Care	11
Outcomes	11
Access to Care	12
Patient Satisfaction	12
Cost and Productivity	13
Milestones in the History of the PA Profession	14
The Future: Unlocking Physician Associate Potential	16
A Professional Evolution	16
Job Outlook	16
Leadership and Influence	16
Health Equity and Population Health	17
PA Practice Modernization	18
The Modern PA	20
Healthcare Environment	20
Increased Demand for PAs	22
Challenges PAs Still Face	22
Conclusion	24
Calls to Action	26
PAs	26
Legislators and Government Officials	26
Health Care Employers	26
References	27

The Past:

History and Evolution of the Physician Associate (PA) Profession

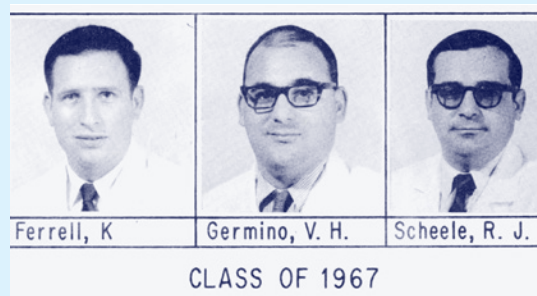
Creating a New Profession

For centuries, the world has been utilizing healthcare providers outside the traditional physician role to deliver healthcare services to the most vulnerable populations. This most often occurred during times of war and out of military necessity; however, after World War II, another challenge was on the rise: a growing shortage of general practitioners.¹

In 1965, as a shortage of primary care physicians continued to worsen, Eugene Stead, MD, and his colleagues established the first formal PA program at Duke University to train skilled healthcare providers who could work alongside physicians and alleviate the growing demand for medical care. In 1965, four former military corpsmen with significant military medical experience but no formal medical training enrolled in the first PA class at Duke; by 1967, the first three PAs had graduated. This program laid the foundation for the profession's educational model as a combination of medical knowledge with practical skills. After the success of the program at Duke, other medical schools began to establish PA programs.²



Eugene Stead, MD



Growth and Changing Demographics

In the 1960s, the U.S. created the Medicare and Medicaid systems, expanding access to millions of new patients needing healthcare and furthering the need for regulatory oversight of a new profession.¹ By 1971, six states recognized the PA profession via practice legislation, and just 10 short years later, a total of 43 states passed PA practice laws. However, it took almost another 20 years for the final seven states and the District of Columbia to fully recognize the profession in statutory language.³

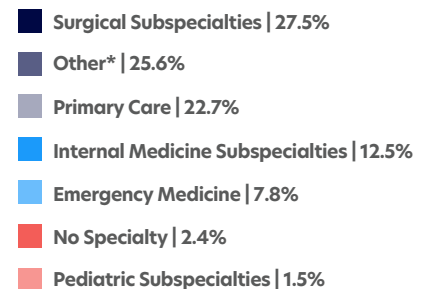
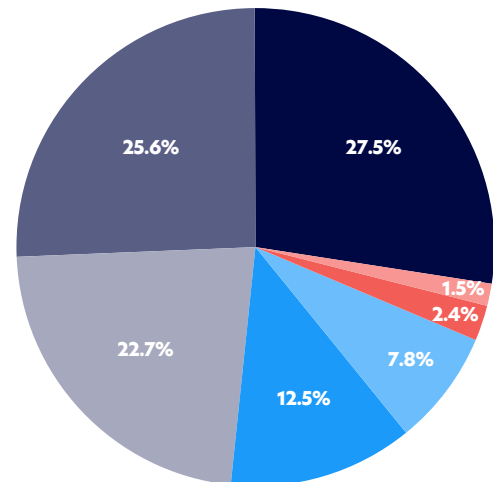
PA WORK ENVIRONMENT

At the profession's onset, PAs were found mainly in primary care settings. During the 1980s, the role of PAs began to expand as demand within a variety of other specialties further solidified their importance in healthcare teams. By 1995, almost half of all PAs were working in primary care (47.3%).⁴

Another 30 years later, in 2024, 22.4% practiced in primary care, indicating a trend that PAs are seeking employment in specialty services, aligning with a growing trend of specialty service demands from patients and health systems.⁵

Additionally, supervisory and administrative roles PAs hold in healthcare continue to evolve. While some PAs were able to create opportunities outside of a traditional clinical role in the past, most PAs during those early years were either clinicians or educators. Today, nearly 40% of PAs indicate they are in a formal or informal leadership role at their place of employment. In addition, the expertise, broad medical knowledge, and skillsets of PAs are being utilized beyond the bedside in roles such as executive leadership, population health management, clinical informatics, research, and academia.⁶

Figure 1. PAs Specialties



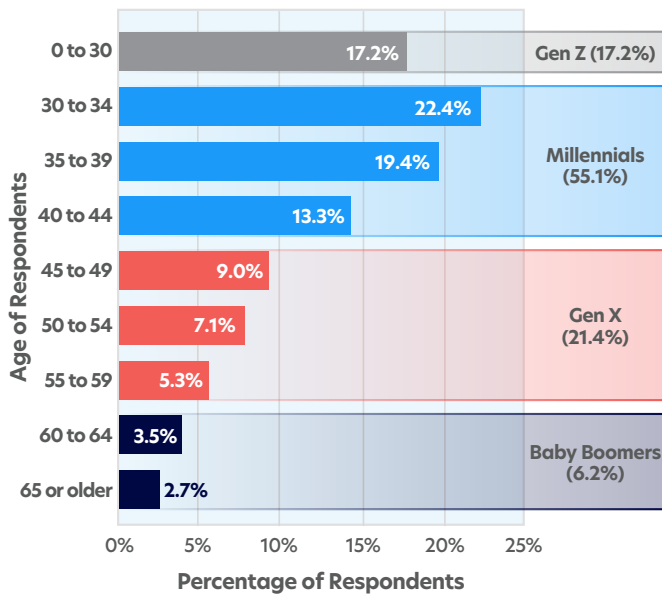
Note: All data based on clinically practicing PAs in the U.S.
*Other refers to a variety of healthcare settings including but not limited to psychiatry, hospice and palliative care, obstetrics and gynecology, addiction medicine, pain management, public health and dermatology.
Data Source: American Academy of Physician Associates. (2025). 2025 AAPA Salary Survey. Alexandria, VA.⁵

AGE AND GENDER

The 1970s saw a shift from PA student cohorts who were all former military veterans to a mix of veterans and civilians, though the students remained predominantly male.⁸ In 1975, approximately 23.9% of PAs identified as female. As the profession continued to grow over the next 30 years, the cohort shifted to predominantly female; the most recent data indicates that approximately 71.6% of the PA workforce is female.⁷ Coupled with changing gender characteristics, the profession is also becoming younger, as more than 73% of all PAs are considered part of the Gen Z or millennial generations. Generation X currently makes up about 21% and baby boomers round up the remaining 6%.⁵

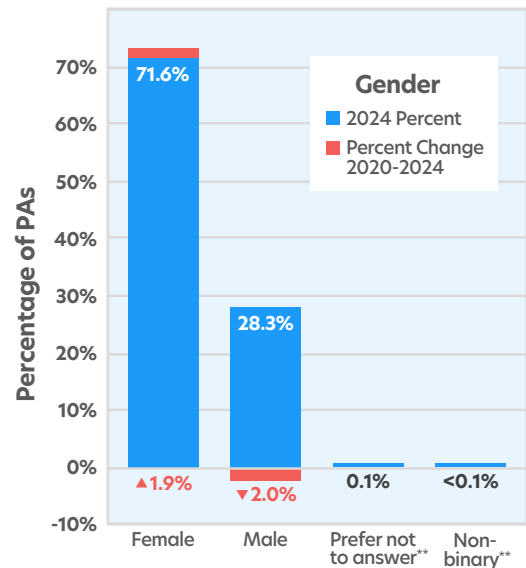


Figure 2: Distribution of PAs by Age in 2025



Note: The data reflect all PAs who responded to the 2025 AAPA Salary Survey.
Data Source: American Academy of Physician Associates. (2025). 2025 AAPA Salary Survey. Alexandria, VA.⁵

Figure 3: Percentage of PAs by Gender in 2024



*Percent change reflects proportional change from 2020 to 2024
 **Gender identity choice first included in 2021

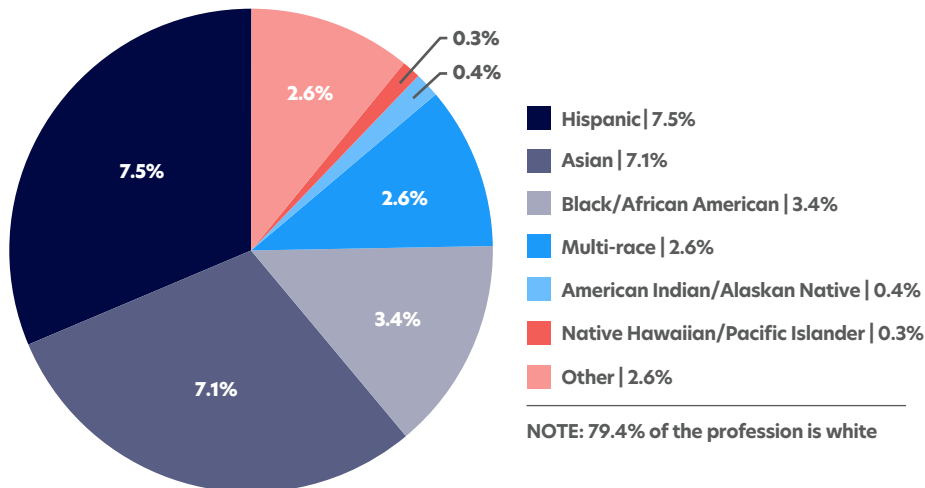
Data Source: National Commission on Certification of PAs, Inc. (2025, May). Statistical Profile of Board Certified PAs. Retrieved from: <https://www.nccpa.net/resources/nccpa-research/>⁷

RACE AND ETHNICITY

The lack of racial and ethnic diversity is nothing new in medicine, including in the PA profession. According to the 2024 NCCPA Statistical Profile of Board-Certified PAs, only 3.4% of current PAs identify as Black, 7.1% Asian, 0.3% as Native Hawaiian/Pacific Islander, and 7.5% as Hispanic.⁹⁻¹⁰ Also noted is that although the number of PAs continues to rise, the racial and ethnic diversity of the profession remains relatively constant.⁹ While the profession has taken several steps to increase the racial and ethnic diversity of PAs practicing in the profession, progress has been slow and significant disparities in gender, race, and ethnicity still exist compared to the general U.S. population.¹¹



Figure 4: Percentage of Minority PAs in 2024



NOTE: 79.4% of the profession is white

Data Source: National Commission on Certification of PAs, Inc. (2025, May). Statistical Profile of Board Certified PAs. Retrieved from: <https://www.nccpa.net/resources/nccpa-research/>.

Evolution of PA Education and Training

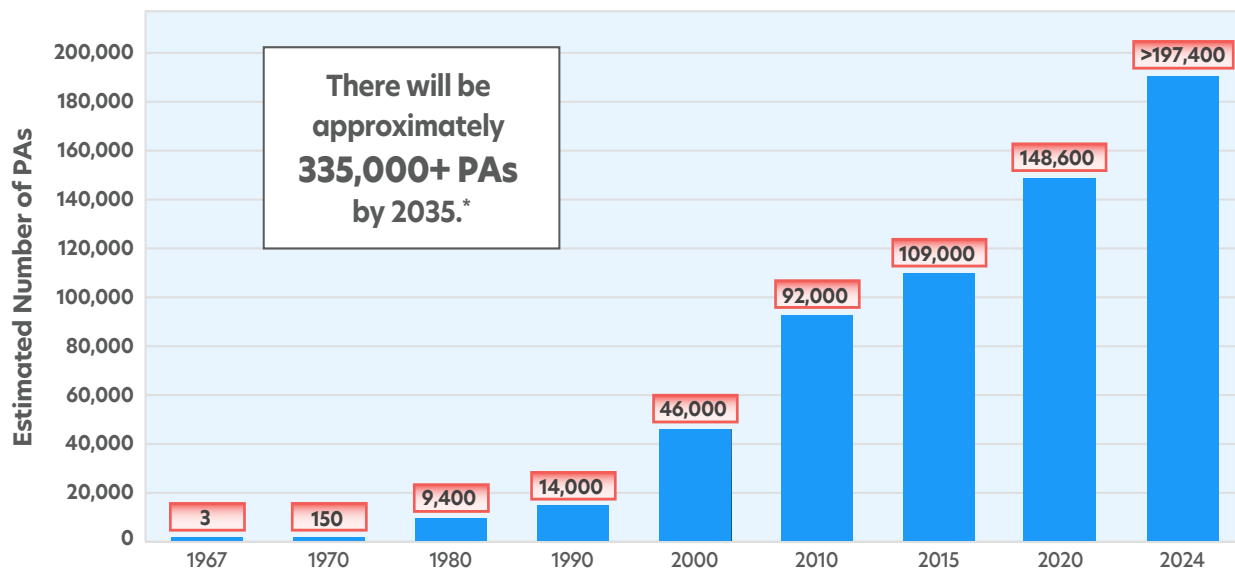
The PA profession's training environment has undergone significant advancements since its inception at Duke University. As of September 2025, there are 317 accredited PA educational programs throughout the United States, with a projection of 43 more programs by 2029.¹²⁻¹³ PA education itself has undergone an evolution commensurate with a changing healthcare environment. In the early 1970s, many PA programs offered certificate, associate, and bachelor's degrees, while simultaneously, national PA certification was becoming widely adopted as a requirement for licensure by states.¹⁴ The PA profession scored a significant victory when, in 1986, legislative advocacy efforts were successful in including PAs in the *U.S. Omnibus Budget Reconciliation Act*, which allowed PA services to be eligible for reimbursement in some settings under Medicare Part B, and again with the passage of the Balanced Budget Act of 1997, which

expanded coverage in all settings. This set the stage for another period of rapid growth in the education evolution of the profession to meet the growing demands for patient care in America.¹⁵

By the 1990s and early 2000s, the number of PA program applicants rose rapidly with most pre-PA student applicants already possessing a bachelor's degree prior to entry.⁸ PA programs, like other health professions in the U.S. at the time, began to expand and offer master's degree options to students. Large colleges and universities took notice as states updated legislation to reflect the expertise and skillset of PAs, and the demand for PA services continued to grow.

In 2010, passage of The Affordable Care Act (ACA) further expanded access to care and the demand for PA services was solidified.¹⁶ The number of PA programs continued to grow rapidly, and by 2020, all entry-level programs were required to offer a master's degree as the terminal degree to students.¹⁷

Figure 5. Growth of the PA Profession Over Time



*Based on AAPA's estimated projections of NCCPA data

Data sources: PA Historical Society (2025, August). Retrieved from: <https://pahx.org/timeline/> and National Commission on Certification of PAs, Inc. (2025, May) Statistical Profile of Board Certified PAs. Retrieved from: <https://www.nccpa.net/resources/nccpa-research/>

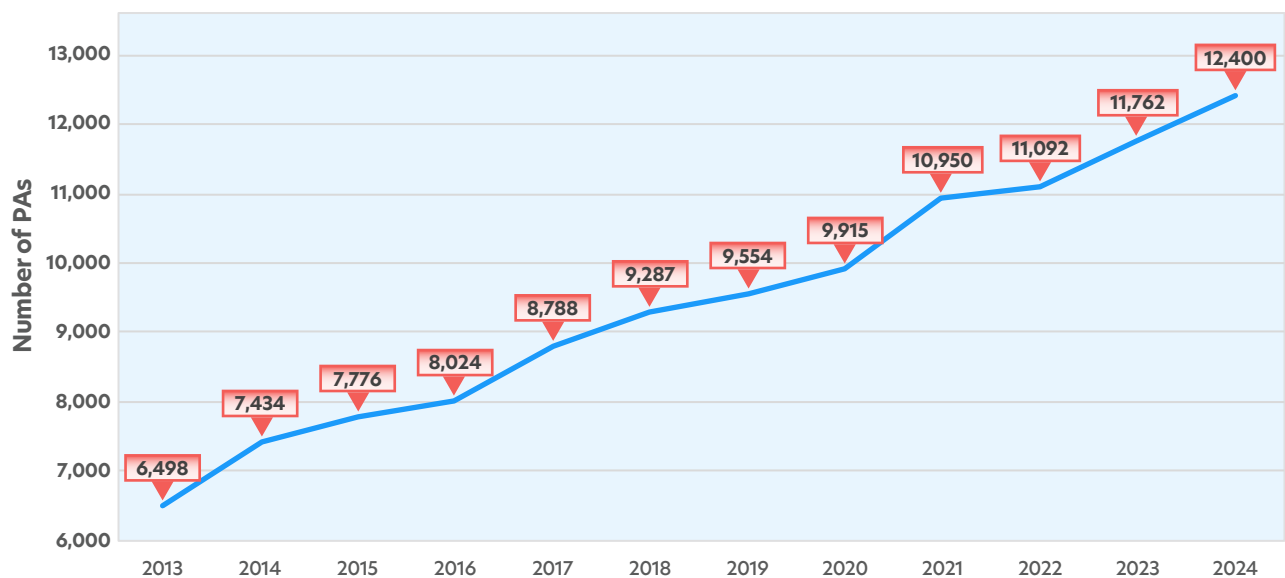
PA DOCTORATE-LEVEL EDUCATION

After passage of the ACA and as the demand for PAs continued to grow, so did the need and want for PAs interested in higher-level education. There is no doubt that the master's degree curriculum prepares all PAs for clinical practice. However, it is recognized that both the credits and cost of those master's programs are comparable to the doctoral degrees of several other non-physician professions.¹⁸ Despite the comparable credits, PAs, especially those in healthcare leadership roles, began to seek higher-level degrees such as Doctor of Medical Science (DMSc), Doctor of Health Science (DHSc), or Doctor of Philosophy (PhD) degrees to advance their administrative careers and

remain competitive with their non-PA peers in the marketplace.⁹

In response to PA workforce demands and the continued growth of the profession, AAPA, the PA Education Association (PAEA), and many of the profession's leaders are continuously evaluating whether or not to shift to an entry-level doctorate or continue with its availability in a post-professional manner.¹⁹ More research is needed on doctoral student outcomes, return on investment, and the impact of advanced education on improved patient outcomes.²⁰ However, one thing is certain: The PA doctoral degree is here to stay. How it evolves is still up for the profession's leaders to decide.

Figure 6. PAs Certified for the First Time



Data Source: National Commission on Certification of PAs, Inc. (2025, May). Statistical Profile of Board Certified PAs. Retrieved from: <https://www.nccpa.net/resources/nccpa-research/>⁷

The Present:

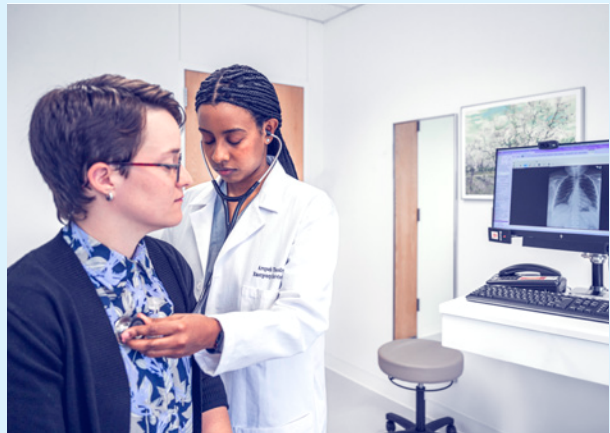
Current Physician Associate Practice

Overview

As of 2025, there are more than 190,000 board certified PAs in the United States.⁷ PAs practice in every medical setting and specialty, providing high-quality, patient-centered, and cost-effective care that benefits patients, employers, and the health of the nation.¹⁸

PAs are highly qualified, capable, and versatile. Their medical and surgical training prepares them to adapt to changing healthcare needs, making them uniquely able to transition between medical specialties without additional formal clinical education or training. This is useful when health systems and communities need to respond to community needs as well as to disasters and public health emergencies, such as the COVID-19 pandemic.

Additionally, the significant contributions of PAs to healthcare extend beyond clinical settings. Approximately 40% of PAs serve in a formal or



informal leadership role, working in administration, management, executive leadership, and other roles.²¹⁻²² Many PAs work in medical education, including as faculty in PA programs, graduate medical education programs (i.e., allopathic and osteopathic training programs), and other disciplines. PAs also regularly contribute to medical research, quality improvement, healthcare policy development, clinical informatics, advocacy, evidence-based medical guideline writing, and other endeavors that benefit the health of Americans.

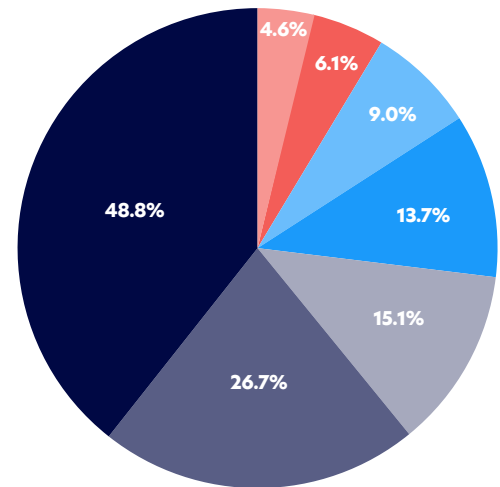
PA Practice

SCOPE OF PRACTICE

PAs are state-licensed and nationally board certified to practice medicine. The Social Security Act and the Centers for Medicare and Medicaid Services specifically recognize PAs as performing *physician services*.²³ These services often include obtaining medical histories, performing physical examinations, diagnosing and treating illnesses, ordering and interpreting diagnostic tests, prescribing medications, performing procedures, assisting with surgery, coordinating care, educating and counseling patients and caregivers, and performing other medical services.

PAs often serve as a patient's primary care provider and, in some cases, are the only medical practitioners on site or in their communities. PAs collaborate with other healthcare team members, including, but not limited to, physicians, when appropriate. Though now outdated, prior models of PA state practice laws assumed a need for physician "supervision" and delegation of services, yet these restrictive models have repeatedly been demonstrated as unnecessary and burdensome, and in fact a misnomer insofar as physicians rarely actually supervise patient care. In reality, the relationship is much more collaborative and consultative in nature, with PAs functioning autonomously and independently. Instead, modernized, flexible collaboration models in which PAs provide care based on the needs of patients have been shown to improve care and health outcomes.²⁴⁻²⁶ As such, PAs in most states practice without a statutory requirement for physician "supervision." See AAPA's website for more information about state laws and regulations governing PA practice.

Figure 7. PAs Non-Clinical Positions Held in Addition to Clinical PA Position in 2024



Non-Clinical Position Percentage



Note: PAs were able to choose more than one secondary non-clinical position

*Percent of PAs who indicated they have a secondary non-clinical position in addition to their principal clinical PA position

**Other non-clinical positions listed include: administration, military, health assessments, quality improvement/control, medical research, IT/medical informatics

Data Source: National Commission on Certification of PAs, Inc. (2025, May). Statistical Profile of Board Certified PAs. Retrieved from: <https://www.nccpa.net/resources/nccpa-research/>

Patterns in shifting specialties



28%

of PAs have changed specialties at least once in their career



28%

of PAs who changed clinical role shifted from primary care to another medical specialty or role



6%

of PAs change their specialty each year. In 2024, 8% indicated they will change their specialty

PAs are the only healthcare providers designed to scale with patient need.

Data source: Quella AK, Hooker RS, Zobitz JM. Retention and change in PAs' first years of employment. *JAAPA*. 2021;34(6):40-43. doi:10.1097/01.JAA.0000750972.64581.b0.⁹²

ROLE IN HEALTHCARE

PAs are important to all aspects of healthcare. Many times, PAs are employed in a “substitutive” manner, whereby they perform similar services to the physicians within a group. PAs may also expand the services offered, such as managing disease-specific clinics within offices or overseeing preventive services. For example, PAs have developed and managed lipid and resistant hypertension clinics within cardiology practices, led obesity management programs in primary care, and overseen infectious disease management within surgical specialties just to name a few. PAs are prepared and equipped to integrate interdisciplinary care and collaborate across specialties. In addition to expanding the services offered, PAs can increase the operating hours and locations of services, making care more accessible.

The medical training, critical thinking, and patient-focused aspects of PA practice also make PAs well-suited to quality improvement, healthcare administration, and executive leadership. PAs effectively serve and lead in non-clinical arenas, including operations, finance, human resources, clinical informatics, and regulatory compliance. They contribute favorably to operational management, workflow efficiency, health technology implementation and optimization, change management, patient experience, and other aspects of a high-functioning health system.²¹⁻²² PAs are natural leaders and problem-solvers who work well in all roles in healthcare.



“A large body of research, including both randomized clinical trials and retrospective studies,” demonstrates that care provided by PAs “produces health outcomes that are equivalent to physician-provided care.”

According to MedPAC

PAs Provide Safe, Efficient, High-Quality Care

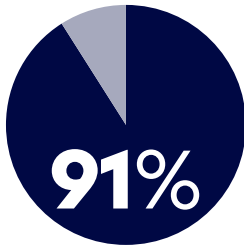
Evidence has consistently demonstrated that PAs provide care comparable to physicians in terms of quality, safety, outcomes, and patient satisfaction. PAs have also been shown to expand access to care, improve care coordination, decrease healthcare costs, and increase revenue for their employers.²⁷ By allowing PAs to practice to the fullest extent of their education, training, and experience, patients and the U.S. healthcare system win.

OUTCOMES

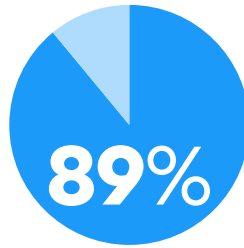
PAs provide equivalent care when compared to the care provided by physicians in terms of patient safety, outcomes, mortality, and chronic disease management.²⁸⁻³³ Researchers have found no

significant difference in adverse events, hospital lengths of stay, readmissions, or transfers to intensive care between PAs and physicians providing inpatient care.³¹⁻³⁵ In addition, PAs perform procedures, including cardiac catheterizations, thoracostomies, sigmoidoscopies, colonoscopies, and others, with similar skill, safety, and outcomes as physicians.³⁶⁻³⁸ A 2019 report by the Medicare Payment Advisory Commission (MedPAC), a bipartisan agency that advises the Congress on healthcare policy, concluded that “a large body of research, including both randomized clinical trials and retrospective studies,” demonstrates that care provided by PAs “produces health outcomes that are equivalent to physician-provided care.”³⁹ However, it is important to note that, although PAs have the knowledge, skills, and abilities, implementing these skills is often limited by organizational policy, state law, or federal restrictions.

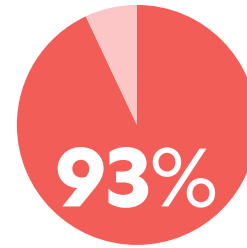
What Patients have to say about PAs...



Agree PAs are part of the solution to healthcare workforce shortages



PAs improve health outcomes for patients



PAs increase access to care

Data Source: 2023 Harris Poll. The research was conducted online in the U.S. by The Harris Poll on behalf of AAPA among 2,519 adults age 18+. The survey was conducted from February 23 – March 9, 2023.⁹⁰

ACCESS TO CARE

When utilized to the fullest extent of their education, training, and experience, PAs increase patient access and shorten wait times when added to healthcare practices.⁴⁰⁻⁴² PAs improve timely access to primary and specialty care in metropolitan, urban, rural, and underserved communities.⁴⁰⁻⁴⁵ The increased access to care that PAs provide can reduce disease and disability burden, prevent premature death, improve quality of life, increase patient satisfaction, and decrease healthcare costs.⁴⁶⁻⁴⁷ In addition, PAs can expand the types of services and the locations and times those services are offered.

PATIENT SATISFACTION

PAs provide high-quality patient-centered care and maintain high rates of patient satisfaction. In fact, patient experience and satisfaction are comparable when PAs provide care versus physicians.³⁹ PAs also have a high rate of acceptance among patients of all ages.⁴⁸⁻⁵⁰ Medicare beneficiaries reported satisfaction with PA-provided care and do not distinguish preferences based on the type of practitioner.⁴⁹ A survey comparing patient preference to see a PA or nurse practitioner (NP) compared to a physician found that nearly a quarter of all people preferred to see a PA or NP, and a plurality (41.2%) of people ages 18-34 years preferred a PA or NP over a physician. In comparison, only a minority of patients (27.7%) preferred a physician.⁵⁰

“PAs are indispensable – delivering high-quality cost-effective healthcare that strengthens our entire health system.”

**Sondra M. DePalma, DHSc, PA-C, DFAAPA,
Vice President of Reimbursement and
Professional Practice, AAPA**



COST AND PRODUCTIVITY

PAs are cost-effective healthcare practitioners who improve practice efficiency, productivity, and revenue.⁵¹⁻⁵³ The Medical Group Management Association found that practices that employed PAs and NPs had increased profit after operating costs, regardless of the medical specialty, and MedPAC stated that “PAs nearly always lower costs (and increase profits) for their employers.”⁵⁷⁻⁵⁸ When PAs practice optimally, they can increase practice and physician productivity through greater efficiency, downstream revenue, and allow physicians to focus on surgeries or other duties specific to their scope of practice.^{41,54}

PAs have also been shown to have comparable or reduced episodes-of-care costs and resource utilization compared to physicians.^{45,55-59} One study found PAs ordered fewer low-value diagnostic tests (i.e., ionizing radiation studies that raised costs and were potentially harmful to patients without adding significant value to care) compared to physicians. Other studies demonstrated lower total care costs for medically complex patients and for chronic disease management by PAs compared to physicians.^{39,51}

Milestones in the History of the PA Profession



1965

First PA Program Established

The nation's first PA program launches at Duke University.



1974

NCCPA Established

The National Commission on Certification of PAs is created to oversee board certification.



1998

Medicare Reimbursement Expanded

PAs are reimbursed by Medicare in all healthcare settings.



2003

CMS Ownership Rule

CMS permits PAs to hold ownership in Medicare practices.



2012

Certification Milestone

More than 100,000 PAs are NCCPA-certified.



1968

AAPA Established

The American Academy of PAs is founded to represent the profession.



1986

Omnibus Budget Reconciliation Act

PA services become eligible for Medicare reimbursement.



2000

Nationwide Recognition

All U.S. states and territories recognize PA practice.



2007

Prescriptive Authority Nationwide

All states and the District of Columbia authorize PAs to prescribe medications.



2017

AAPA Policy Modernization

AAPA adopts major policies to modernize PA practice.



2019

Removing the Legal Tether

North Dakota becomes the first state to remove the legal tether to physicians.



2020

State-Based Collaboration

Medicare defers to state law regarding PA collaboration requirements.



2022

Growth and Payment Reform

More than 300 PA programs are accredited.
PAs authorized to receive direct payment from Medicare.



2024

First Title Change in Practice

Oregon becomes the first state to adopt the Physician Associate title.



2020-23

COVID-19 Pandemic

PAs play vital roles on the front lines of the pandemic.



2021

Title Change Vote

AAPA's House of Delegates votes to change the profession's title to "Physician Associate."



2023

PA Licensure Compact Begins

Utah is the first state to enact PA Licensure Compact legislation.



2025

Rapid Expansion of Modernization

By the end of 2025:

- ▶ 19 states join the PA Licensure Compact
- ▶ 3 states adopt the Physician Associate title
- ▶ 6 states remove the legal tether to physicians

The Future:

Unlocking Physician Associate Potential

A Professional Evolution

The PA profession is poised to experience substantial growth and assume increasingly critical leadership roles within the evolving healthcare landscape, driven by factors such as an aging population, evolving barriers in access to care, increasing prevalence of chronic diseases, and ongoing healthcare workforce shortages. Now more than ever, the skillset and expertise of PAs are needed in healthcare and our communities.



JOB OUTLOOK

The PA profession continues to have tremendous interest and desirability. The 2025 U.S. News and World Report rankings list PA as the #2 Best Health Care Job and the #3 Best Job overall.⁶⁰ What started with just four Navy corpsman has now grown to more than 190,000 strong and counting. As of 2025, approximately 12,000 students graduate from PA programs annually. With more than 50 programs awaiting provisional accreditation, the PA profession will continue to grow to meet the healthcare needs of the US public.^{12,61} Additionally, there are currently 28 PA-specific doctoral post-graduate programs, indicating a rapidly evolving health education environment.⁶²

LEADERSHIP AND INFLUENCE

As discussed in the previous section, the PA profession has evolved in terms of recognition, visibility, education, scope of practice, and economic impact. Given the demands and challenges of healthcare, the role of a PA extends beyond the bedside.

40% of PAs hold formal or informal leadership roles, including executive-level hospital and health system leadership positions, academic deans, and professorships.²¹⁻²² Many PAs are business owners and CEOs of their own medical clinics and healthcare companies.⁶³ PAs are also entrepreneurs, board and community leaders, and philanthropists. These positions in healthcare create an opportunity for PAs to utilize their unique experience, skill set, and medical expertise within the dynamic healthcare landscape, while continuing to focus on cost-effective, safe, and patient-centered care.⁶⁴

Figure 7. PAs by State in 2024

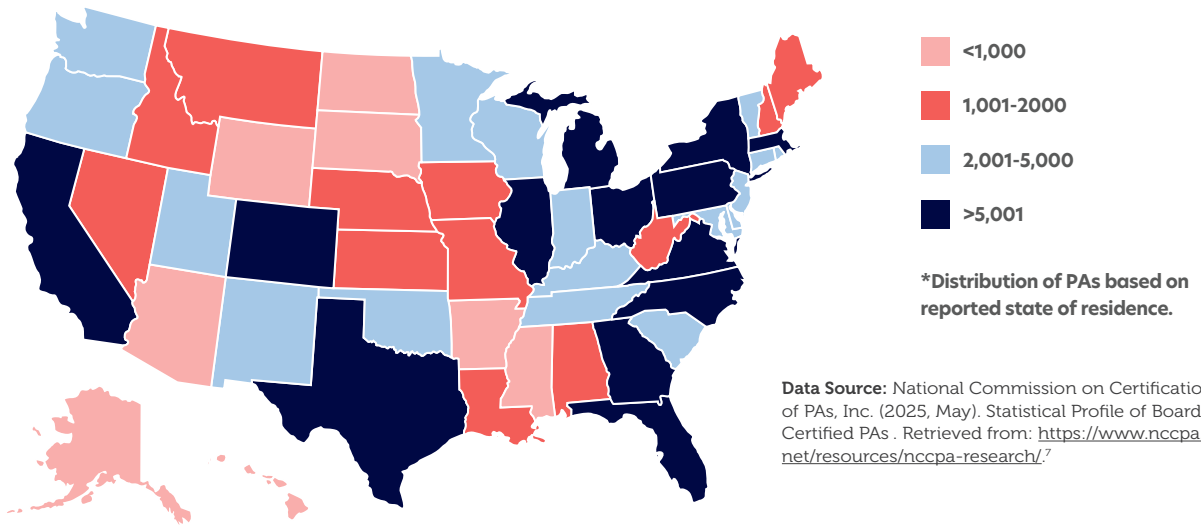
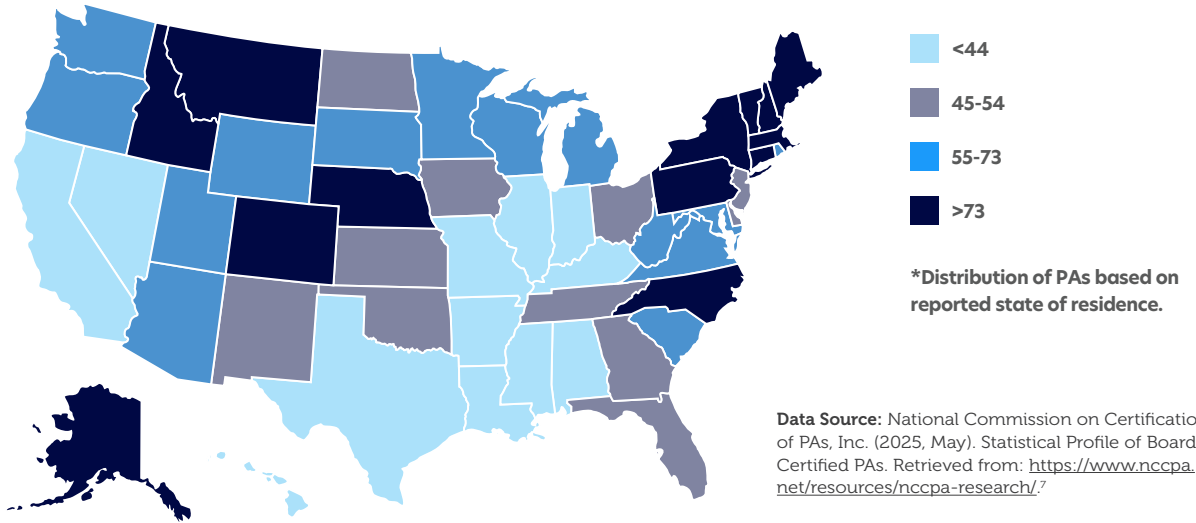


Figure 8. PAs per 100,000 Population in 2024



Health Equity and Population Health

PAs play a crucial role in promoting population health by implementing evidence-based interventions to address health disparities and improve health outcomes at the community level. With their commitment to holistic, patient-centered care, PAs are poised to address the complex interplay of social, economic,

and environmental factors that influence health, and advocate for policies and programs that promote health equity and improve patient outcomes.⁶⁵ Through collaborative partnerships, PAs can leverage their diverse skill sets and perspectives to implement innovative solutions that address complex healthcare challenges, ultimately improving patient outcomes and advancing the goals of healthcare transformation.

PA Practice Modernization

PAs' involvement in health policy and advocacy is essential to shaping evidence-based, patient-centered healthcare legislation and regulation, as well as shaping funding priorities at the federal, state, and local levels. By engaging in advocacy efforts, PAs can influence policy decisions that impact access to care, scope of practice, reimbursement, and patient safety. Individual PAs, PA leaders, PA programs, and PA professional organizations have a responsibility to address healthcare issues facing federal and state officials.⁶⁶

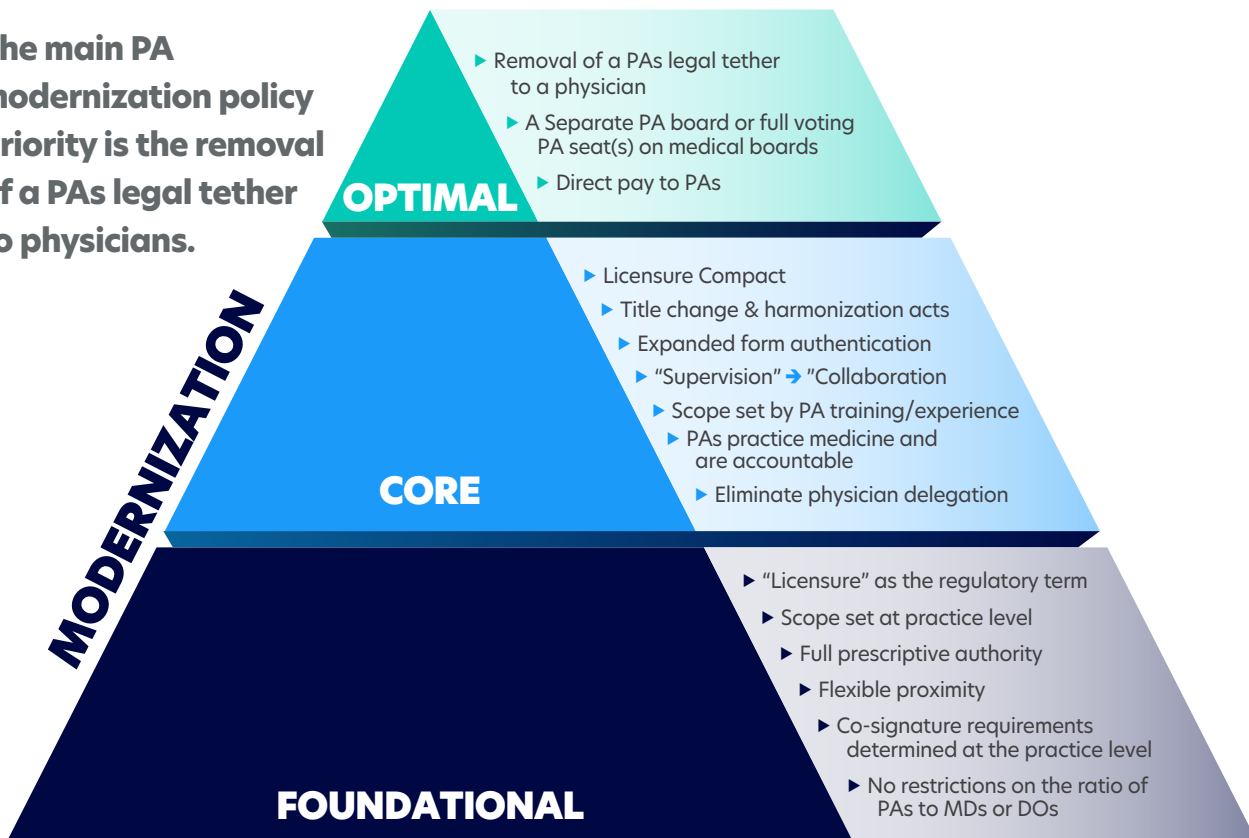
AAPA has long advocated for modernized PA practice laws to allow PAs to practice to the full extent of their

education, training, and experience. The ultimate goal is to ensure PAs and other clinicians can work collaboratively and adaptively to provide high-quality, safe, reliable patient-centered care without burdensome administrative constraints.⁶⁷ The importance of PA practice modernization cannot be overstated. By increasing flexibility and reducing administrative burdens, modernization allows healthcare teams to be more responsive and efficient. This is particularly crucial in underserved and rural areas where healthcare provider shortages persist, and patient outcomes are often poor. Modernization fosters PA autonomy, coupled with a team-based approach to patient care, thus enhancing communication and collaboration among healthcare providers and improving patient outcomes.

Figure 9: PA Practice Modernization

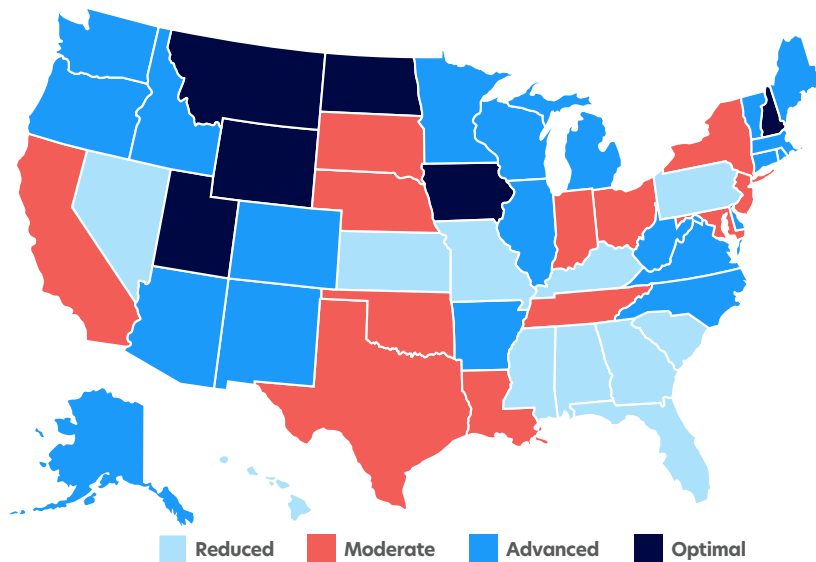
The main PA modernization policy priority is the removal of a PAs legal tether to physicians.

MODERNIZATION



Data Source: American Academy of Physician Associates. Advocacy Central. PA Practice Modernization. September 2025. <https://www.aapa.org/advocacy-central/pa-practice-modernization>.⁶⁷

Figure 10: PA State Practice Environment



- ▶ **Optimal** - PAs practice to the full extent of their medical education, training, and experience. PAs continue to collaborate, consult, and/or refer to the appropriate member(s) of the healthcare team as indicated by the patient's condition, the PA's competencies, and the standard of care. The healthcare team, and/or their employer, may establish guidelines for collaboration, consultation, and/or referral beyond state laws and regulations.
- ▶ **Advanced** - PAs practice to the full extent of their medical education, training, and experience, but must comply with additional administrative requirements as mandated in state law and/or regulation.

- ▶ **Moderate** - State law and/or regulation requires additional administrative burdens that impact the practice environment. The PA and the healthcare team are limited in flexibility due to these administrative burdens.
- ▶ **Reduced** - State law and/or regulation restrict the healthcare team and PAs' ability to practice in at least one element of PA practice. Requires outdated practice models of limited delegated authority and/or restrictive supervision requirements.

Data Source: American Academy of Physician Associates. PA State Practice Environment. Updated July, 2025. <https://www.aapa.org/advocacy-central/state-advocacy/state-maps/pa-state-practice-environment>⁶⁸

In the PA profession, there are numerous opportunities for modernizing legislation and regulations that, if enacted, could reshape healthcare and improve the lives of patients everywhere. As mentioned above, AAPA's main advocacy priority is PA practice modernization, which at its foundation prioritizes and authorizes PAs to have their scope of practice determined at the practice level, full prescriptive authority, and adaptable collaboration with a physician. Optimal modernization includes removing any legal tether between a PA and a physician or any other healthcare provider, a separate PA regulatory board or one or more full PA voting member(s) on the medical/healing arts board, and direct pay to PAs.⁶⁷

Every patient deserves access to healthcare, including an opportunity for PA-led care. PAs are high-quality practitioners who are responsible for the care they provide. The reality is, in today's healthcare environment,

there is no such thing as "independent practice." Medicine is fast-moving, ever-changing, and as evidence demonstrates, patient outcomes are better with a team-based, patient-centered approach. Just like other licensed clinicians, PAs will continue to collaborate with, consult with, and refer patients to other healthcare providers whenever the patient's condition falls outside of their education, training, and experience. Nothing in the law should restrict or impede the ability of a PA to provide the care they are trained and competent to provide, hence why it's important that every PA utilize their voice in the advocacy arena.

The US healthcare ecosystem is only as strong as its laws and regulations allow it to be. PAs, lawmakers, and other healthcare personnel alike have a duty to understand and communicate both the positive and negative impacts of current and proposed healthcare policy.



"Healthcare is at a crossroads. Demand is rising. Systems are overburdened. And the success of our entire system will depend on rethinking how care is delivered."

**Jennifer M. Kolb, DMSc, PA-C, DFAAPA,
Chief Medical Officer, AAPA**

The Modern PA

PAs are poised to assume an even more pivotal role in the ever-evolving landscape of modern healthcare, offering a unique blend of medical expertise and health systems management acumen that can significantly improve the nation's health and patient outcomes.⁶⁹⁻⁷⁰ PAs are no longer viewed merely as extensions of physicians but as autonomous healthcare providers capable of delivering high-quality care, often serving as the patient's sole or primary care provider in a variety of care settings.⁷¹ Intensive, comprehensive medical education and lifelong commitment to learning, ensures they are well positioned to spearhead some of our nation's most challenging health needs including the management of acute and chronic diseases, access to care, and preventive medicine.⁷²

HEALTHCARE ENVIRONMENT

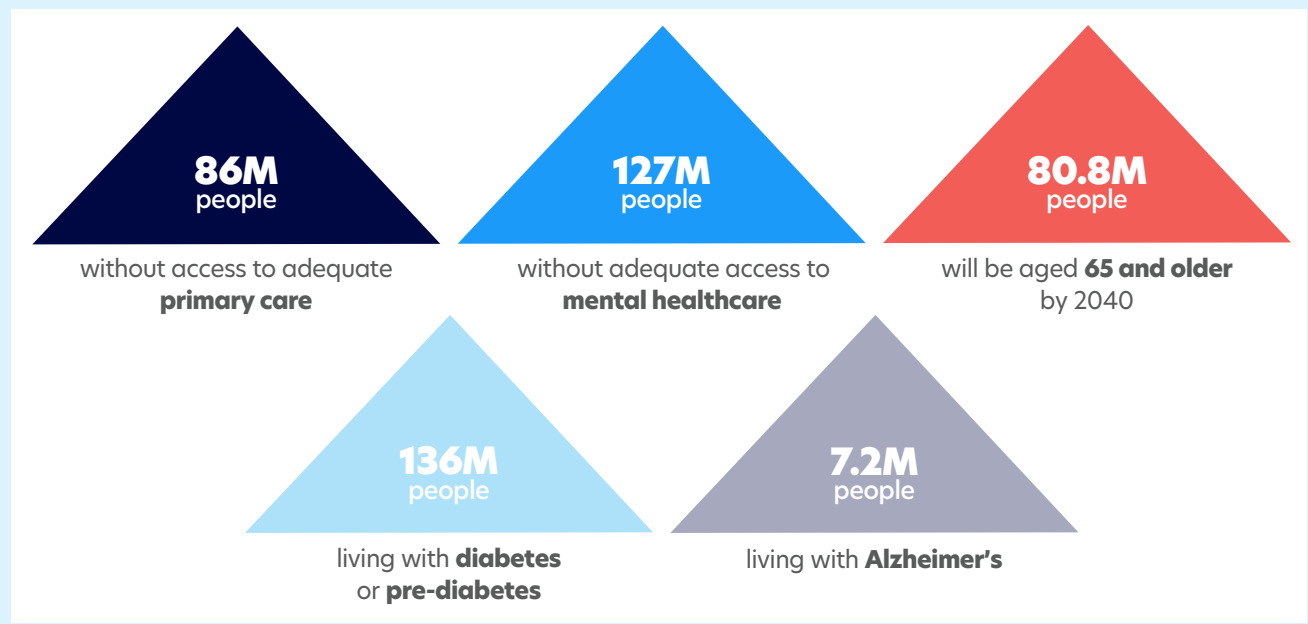
As the PA profession is rapidly growing, the healthcare landscape continues to be challenged by a rapidly decreasing number of physicians. It is projected that physician demand will continue to outpace supply, with a potential shortage of up to 86,000 physicians by 2036. This shortage is expected to have the largest impact on primary care, behavioral and mental health, and most non-primary care specialties.⁷³

Clinician burnout is also a significant challenge, impacting many in the healthcare industry, including PAs. Approximately 41% of PAs and 56% of PA students are experiencing one or more symptoms of burnout.⁷⁴ Fortunately, there is evidence that team-based, collaborative care mitigates burnout, improves clinician well-being, and decreases clinician exhaustion while increasing employee satisfaction and engagement.⁷⁵

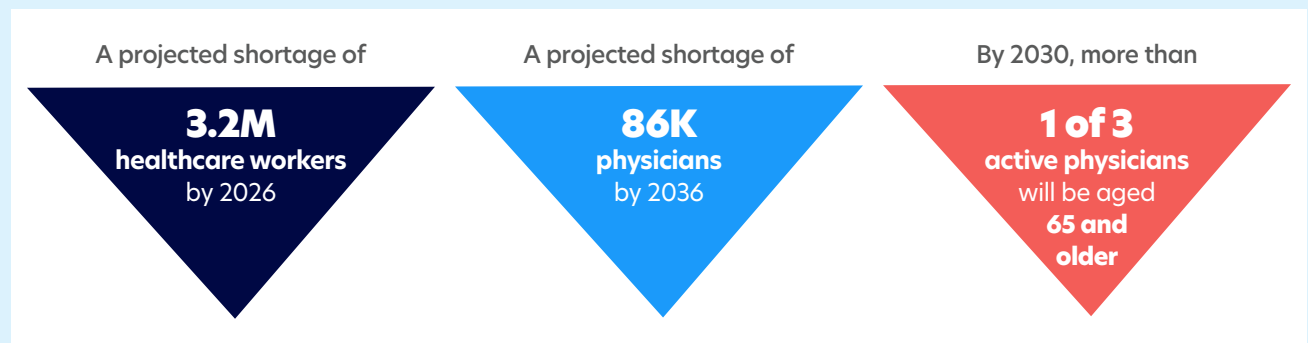
Additionally, the U.S. healthcare system also faces other factors challenging the provision of healthcare and leading to changes in workforce composition and structure. These factors include a growing trend of solo- or group-owned practices being acquired by large health systems, changes in reimbursement, and increased labor and supply chain costs, all of

which can have a tremendous impact on the bottom line. Healthcare systems are also experiencing a higher volume of patients with chronic diseases and comorbidities, rapidly evolving medical technologies such as AI and sophisticated therapies, changing patient preferences and expectations, and other challenges.

2025 US Healthcare Environment:⁷⁶⁻⁷⁹



2025 Healthcare Workforce:⁸⁰⁻⁸²



INCREASED DEMAND FOR PAS

These challenges and other contributing factors are increasing the demand for clinical and administrative PAs. The number of PAs has doubled over the last decade and is expected to continue to grow.⁸³ From 2024 to 2034, the employment of PAs is expected to grow 20% compared to 3% for physicians.⁸⁴⁻⁸⁵ As of May 2025, PAs and APRNs make up two out of every five (40%) healthcare providers in the United States.⁸⁶ Within the next decade, reports estimate almost half of the U.S. provider workforce will be composed of physicians, while the other half will be PAs and APRNs.⁸⁷ As such, PAs will continue to provide an increasing number of overall services and services relative to physicians. That, combined with the fact that PAs provide care that is comparable to physicians in outcomes, quality, and patient satisfaction, makes them highly valued and in demand.³⁹

CHALLENGES PAs STILL FACE

Despite the immense potential of PAs to revolutionize healthcare delivery, they continue to face challenges and barriers that hinder their ability to practice to the fullest extent of their education, training, and experience. One of the primary obstacles continues to be outdated and restrictive state laws and regulations that limit PA autonomy and scope of practice, often requiring them to be legally tied to a physician to practice.⁸⁸ Such limitations not only stifle PA professional growth and job satisfaction but also impede patient access to timely and affordable care, particularly in rural and underserved areas where practitioner shortages are most acute. Outdated perceptions of PAs as mere “physician extenders” persist among some healthcare professionals, the public, and other stakeholders, further hindering the

Continued Barriers to PA Modernization



Regulatory & Legal Barriers

- ▶ Outdated state laws restrict autonomy
- ▶ Legal tether to physicians limits the services PAs can provide



Perception & Awareness

- ▶ Persistent misunderstanding of PA education and training
- ▶ Underutilization of PA expertise



Reimbursement & Billing Barriers

- ▶ Opaque billing policies hide PA contributions
- ▶ Misattribution through “incident to” & shared billing



Impact on Access & Patient Care

- ▶ Barriers delay care
- ▶ Underserved areas most affected

recognition and utilization of PAs as qualified and competent medical experts. Many PAs cite legal or regulatory constraints and organizational policies as significant barriers to PA utilization, supporting the need for increased awareness of PA versatility, capability, and training.⁸⁹ These barriers can lead to underutilization of PAs, limiting their ability to contribute fully to patient care and to address healthcare system challenges. To fully realize the potential of PAs in modern healthcare, it is imperative to address these challenges and promote policies that support their professional growth and autonomy.

Additionally, a lack of transparency in some reimbursement policies and practices hides a PA's productivity and contribution to a practice or organization, and the national impact of PAs on the U.S. healthcare system is underestimated. For example, the use of "incident to," split (or shared) billing, and other billing mechanisms attribute the work of a PA to a physician, who may have had little or no involvement in a patient's care. This not only creates misattribution of work but may also unintentionally lead to inefficiencies and duplicative work, attribute quality metrics to the wrong clinician, or propagate suspicions of fraudulent billing. It may also cause policymakers to draw false conclusions about a profession's types and volumes of services, productivity, quality and safety.

"States should consider eliminating requirements for rigid collaborative practice and supervision agreements... that are not justified by legitimate health and safety concerns."

Reforming America's Healthcare System Through Choice and Competition
U.S. Department of Health and Human Services; U.S. Department of the Treasury; U.S. Department of Labor.⁹¹

Conclusion

No matter what one's background, experience, or professional expertise in healthcare, there is one thing all stakeholders can agree on: Patients deserve access to high-quality, safe, effective, and reliable healthcare. For more than 50 years, in study after study, PAs have consistently demonstrated that they can safely and effectively provide exceptional care and improve patient health. PAs have similar patient outcomes to physicians, similar patient satisfaction scores as physicians, and often fewer safety events than physicians. Yet their ability to meet the demands of patient care remains limited by outdated hierarchical perceptions and policies from a healthcare environment of years past.

Modern healthcare requires diverse teams of varying skill and experience, including providers, nurses, pharmacists, social workers, allied health professionals, healthcare administrators and others who shape a patient's journey to optimal health. PAs are central to such successful teams, often vacillating between multiple roles including expert clinician, researcher, educator, healthcare executive, and visionary entrepreneur. PAs are



deeply committed to advancing the health of our nation and as a profession, we must shape a future where PAs lead, govern, and regulate their practice environment. PAs have earned the same rights and privileges as other healthcare providers with advanced training in medicine and surgery – and with that, should also have the authority to oversee their own practice of medicine. No PA should need to seek "permission" from another provider when PAs are highly educated, rigorously trained, and board-certified to deliver exceptional care.

The time to modernize is now. It is crucial for all stakeholders to evolve beyond outdated frameworks and fully recognize the vital role PAs play in modern healthcare. With decades of data proving the value, safety, and effectiveness of PAs, and with today's patient-centered, collaborative, team-based care environments, it's clear that PAs are not just participants in the healthcare system. They are leaders within it.

AAPA is calling on all stakeholders to advocate for a future where PAs have the autonomy, authority, and recognition they've long earned, and patients have needed. PAs should become members of their state or national associations, meet with healthcare policy leaders, and take action for patients in their community. Together all stakeholders should push for modern policies that reflect today's realities of team-based practice, not yesterday's limitations of physician-driven only models of care. To be truly committed to delivering the highest quality care to every patient, empowering PAs is not optional, it's essential.

**Together we should push
for modern policies that
reflect today's realities,
not yesterday's limitations.**

**Empowering PAs
is not optional.**

It's essential.

Calls to Action

► PAs

1. Share your PA story proudly and publicly.
2. Understand what PA modernization means to you and your patients. (Removing the legal tether to physicians, title change, optimal practice environment, etc.)
3. Engage with AAPA. (Be a member, attend important PA related events, support the PAC, understand most pressing federal practice priorities/issues.)
4. Engage with your state constituent organization. (Be a member, attend important PA-related events, understand your state practice laws and legislative priorities.)
5. Engage with your employer. (Understand your organization's policies, rules, and bylaws; advocate for the PA Role and PA modernization.)

► Legislators and Government Officials

1. Recognize PAs publicly and proudly as qualified, safe, competent healthcare providers that increase access to care and drive down healthcare costs.
2. Understand practice barriers and how they impact patients/constituents.
3. Draft PA modernization legislation that expands access to care, removes non-evidence-based restrictions such as provider ratios, and reduces unnecessary administrative burdens on health and hospital systems.
4. Align state payer reimbursement policies that include enrolling PAs as billing providers to improve provider pay transparency.
5. Include PAs as primary care providers in statutory and/or regulatory language if not already.
6. Include PAs as a qualifying profession in state funded tuition assistance and/or grants for healthcare provider training programs.

► Health Care Employers

1. Update outdated, hierarchical policies, procedures, and bylaws.
2. Align recruitment and retention processes of all providers, not just physicians.
3. Elevate PAs publicly as leaders of patient care, healthcare operations, and quality improvement initiatives.
4. Have transparent productivity measures and metrics.
5. Eliminate administrative barriers that are unfounded in state law or federal regulations.

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