

Physician Assistants Want a New Name and More Power. Not Everyone Is Happy.

How increased responsibilities and a push to be called “physician associates” are raising tensions with doctors.



Her name tag still says physician assistant, but in Oregon she’s known as a physician associate. Credit...Amanda Lucier for The New York Times

By [Ben Blatt](#) and [Teddy Rosenbluth](#) – The New York Times

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If you wind up at an urgent care center in America, it’s [increasingly likely you will be treated by a P.A.](#) For a long time, P.A. meant the same thing everywhere: “physician assistant,” a licensed medical professional who can perform patient care, including prescribing medicine, under the supervision of a doctor. But that might be changing. In Oregon, New Hampshire and Maine, P.A. now means “physician *associate*,” and other states may follow this year.

“Assistant” versus “associate” might sound like a trivial semantic debate, but to many practitioners, and to the American Academy of Physician Associates (which changed its own name in 2021), it’s an important part of the expanding role of P.A.s in health care.

“If it’s ‘physician assistant’, even the patient thinks, OK, if you’re just assisting, then when’s the *real* provider going to get here?” said Chantell Taylor, chief of public affairs and advocacy for the A.A.P.A.

Since 2000, the number of P.A.s has quadrupled, while many parts of the country face a shortage of doctors. That means P.A.s are becoming more numerous — and visible — in all fields of medicine, from primary care to dermatology. And along with the name change, they are seeking the ability to operate more independently from doctors.

Not everyone is happy. The American Medical Association, which represents doctors, has called the name change a “branding effort” that will only confuse patients. The A.A.P.A. says the A.M.A. is “fearmongering” over bills being proposed in several states. What’s in a name, it turns out, is a lot. “We have a shortage of doctors and of highly trained professionals,” said Rob Kupec, a Democratic state senator from Minnesota who is pushing for the name change in his state. “There are people that have, maybe, not the same level of education, but have the ability to do some of these things.” While the number of medical doctors since 2000 has increased about 40 percent, the number of P.A.s has grown far more steeply.

An expanding role

The assistant vs. associate conflict is largely about their relationship with doctors. When P.A.s are hired by a hospital, they not only sign an employment contract, but also a separate “supervision agreement” with a doctor. Supervising doctors typically have mandated requirements to review charts and authorize certain prescriptions. And importantly, the supervision agreement means the physician is legally responsible for any patient harm.

But with the rise of P.A.s, and long wait times to see doctors, lawmakers in many states are loosening these agreements to give P.A.s more power to practice.

In 2021, Florida changed its laws so that physicians could supervise 10 P.A.s instead of four. Pennsylvania removed the requirement that doctors review all charts produced by P.A.s. In Arkansas, P.A.s can now submit claims to Medicaid directly, rather than submitting them under their supervising physician. Many states, including California, changed the legal term of “supervising physician” to “collaborating physician.” This name change is favored by the A.A.P.A. to reflect the changing hierarchy, though hierarchy still exists. Collaborating physicians are still mandated to do some chart review and face liability for care.

Rules on P.A.s vary widely by state

The legal agreement between a P.A. and a doctor is called ...

... a **supervising agreement** in Massachusetts.

... a **collaborating agreement** in Rhode Island.

The P.A. must be ...

... **within 30 miles of the supervising physician** in Mississippi.

... **able to reach the supervising physician by phone** in Alabama.

A P.A. can share a supervising doctor with ...

... **two other P.A.s** in Nevada.

... **an unlimited amount of P.A.s** in Utah.

A P.A. can prescribe a Schedule II drug (such as Adderall or OxyContin) ...

... **up to a 30-day supply** in Tennessee.

... **under no circumstances** in Kentucky.

Charts produced by P.A.s ...

... must be reviewed by physicians 10% of the time in Arkansas.
... don't need to be reviewed by physicians in Louisiana.

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Although over 90 percent of P.A.s work as employees for a larger medical practice, a small but [growing number](#) have started their own practice. In most states, independent P.A.s still need a supervising physician, so they must find and pay for one on their own. How much chart review or site visits are needed varies by state.

“The more work those rules require, the higher the fees physicians tend to charge,” said Christopher Turitzin, who runs a company that matches independent P.A.s and supervising doctors. He said the average agreement completed through his site, Single Aim, is \$670 a month. In Minnesota, which has fewer restrictions, the average is \$500 a month, while in Tennessee it's over \$900. But in New Hampshire, which removed the requirement for a supervising physician, experienced P.A.s don't have to pay a doctor at all.

A long debate over names

Callie Peters is a P.A. at an urgent care clinic in Hillsboro, Oregon. Her company and co-workers refer to her as a physician associate, but she still has an old name tag with physician assistant on it. Either way, many patients don't know the exact nature of her job.

A [study](#) commissioned by the A.M.A. in 2024 found that 22 percent of people thought P.A.s were “medical doctors.” The group has argued the name change to physician associate would lead to even more patient confusion. But the A.A.P.A. says the associate title better reflects the actual job.

“There are resources that are being fought over,” said Dr. Caleb Alexander, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health who has studied the practices of doctors and P.A.s. “These sort of professional boundaries have been contested for years and years and years.”

When the first class of P.A.s graduated in 1965, the title had an apostrophe: *physician's* assistant, meant to reflect the role as an “[extra right hand](#) for the doctor.” The P.A. then was expected to perform smaller tasks, like taking patient histories and performing physical examinations.

In the early 1980s, after much debate, the A.A.P.A decided to [cut the apostrophe](#) to indicate that P.A.s were not assistants to physicians (though you may still see apostrophes in news articles and even state legislation).

The A.A.P.A. had also made the switch to physician *associate* for a few years in the 1970s, before the A.M.A. pushed the organization to change the name back, fearing patients would “think that they were on par with doctors,” said Michelle Schabowski, an archivist for the P.A. History Society. The A.M.A. has lobbied against name changes in other medical fields, too. It has argued against legislation that would let a podiatrist go by “[podiatric physician](#)” or a nurse anesthetist go by “[nurse anesthesiologist](#).”

Same job, different names

P.A.s can call themselves ...

... a physician assistant in Vermont.

... a physician associate in New Hampshire.

D.P.M.s can call themselves ...

... a podiatrist in New York.

... a podiatric physician in Ohio.

C.R.N.A.s can call themselves ...

... a nurse anesthetist in Oregon.
... a nurse anesthesiologist in Idaho.
Chiropractors can call themselves ...

... a doctor of chiropractic in Virginia.
... a chiropractic physician in West Virginia.

Note: In Idaho, C.R.N.A.s are allowed to use "nurse anesthesiologist" in marketing, but not as part of their practice.

In many fields, research has shown P.A.s provide high-quality care, though circumstances matter in the policy debate.

Roughly 25 percent of P.A.s work in assisting surgery or on a team at a hospital. [Several studies](#) have found similar patient outcomes compared with care provided exclusively by doctors. The data is less settled for the 20 percent of P.A.s that work in primary care.

David H. Aizuss, chair of A.M.A.'s board of trustees, said physician-led care, with its more extensive training, is the highest quality of care for patients.

Others argue availability of care is an overlooked aspect of quality care. Pointing to the shortage of physicians in her state, Rachael Cabral-Guevara, a Wisconsin state senator, sponsored a bill to expand the role of P.A.s.

"Getting into appointments can be days or weeks," she said. It also matters that P.A.s generally charge less than doctors, she said. "We look at affordability and accessibility."

Ms. Peters said many of her patients at the urgent care clinic were "unable to get same-day appointments to see their primary care provider for a urinary tract infection, and so they come see us."

Lawmakers in South Carolina and Illinois have also proposed scaling back supervision agreements. This year, New Jersey and Ohio will debate whether to adopt the physician associate title.

In states where the title has already been changed, it's unclear how much it has mattered to patients, especially since the job is still often referred to simply as "P.A."

"I'm frequently asked, 'When are you going to finish your schooling and become a doctor?'" Ms. Peters said. "The answer is, of course, never."

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