

**Ohio Academy of Family Physicians  
HB353 Opponent Testimony  
Ohio House Health Committee  
November 19, 2025**

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the Ohio House Health Committee, thank you for the opportunity to provide written testimony. My name is Dr. Mary Krebs, President of the Ohio Academy of Family Physicians (OAFP), representing approximately 5,000 family physicians, residents, and medical students. I write in opposition to House Bill 353. For more than 77 years, the OAFP has been guided by principles rooted in patient-centered, team-based care and the belief that every team member should contribute meaningfully within the scope of their training. Physician Assistants (PAs) are valued members of this model, working collaboratively under physician leadership to provide safe and coordinated care.

A core component of effective team-based care is transparency. Patients must be able to clearly understand who is providing their care and the level of training and expertise each team member brings. This clarity is essential for informed decision-making, trust, and patient safety. Within this framework, the differing training pathways of physicians, PAs, and other clinicians are highly relevant and must be communicated accurately.

Physicians complete four years of medical school followed by a multi-year residency—typically three to seven years—resulting in 10,000 to 16,000 hours of supervised patient care. Residency provides extensive exposure to diverse patients and conditions and develops advanced diagnostic skills, communication, leadership, and professional judgment. By comparison, PA education is structured as a shorter, focused graduate-level program with roughly two years of instruction and about 2,000 clinical training hours. This equips PAs to provide excellent care as part of the physician-led team but does not mirror the depth or breadth of physician training.

House Bill 353, which proposes changing the PA title from Physician Assistant to Physician Associate, undermines the clarity patients deserve regarding differences in training and clinical roles. The proposed title closely resembles physician and may lead patients to assume PAs practice at a level equivalent to physicians or medical graduates who have completed residency. In many fields, *associate* denotes progression and expanded responsibility, such as the transition from *assistant* to *associate* professor, potentially creating an impression of physician-comparable training that does not reflect PA preparation. Even a small change in terminology can significantly alter public perception and introduce misunderstanding.

Patients deserve care led by physicians, the health professionals with the most extensive medical education and clinical training, and full transparency about who is involved in their care and in what capacity. Because HB 353 provides no patient benefit and risks creating confusion about qualifications and roles, the OAFP respectfully opposes House Bill 353 and urges the committee to do the same.

Thank you for your consideration,



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President