



OHIO  
Radiological  
Society Inc.

To: Ohio House Health Committee  
From: Rachel Winder, Advisor to the Ohio Radiological Society  
Date: November 18, 2025  
RE: Testimony in Opposition to HB 353

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Dear Chairwoman Schmidt, Vice-Chair Deeter, Ranking Member Somani and House Health Committee members:

Please accept this testimony in opposition to HB 353 on behalf of the Ohio Radiological Society (ORS). My name is Rachel Winder and I serve as an advisor to the ORS.

We greatly value the important contributions physician assistants make to care teams across Ohio, but we oppose the proposal to change the profession's title from *physician assistant* to *physician associate*. Proponents assert that this bill does not alter scope of practice, but in medicine, titles carry operational meaning, regulatory weight, and legal implications. The term "associate" is widely understood within the medical field and by patients as someone who practices *independently*, at a physician level, or as a partner within a practice. Radiology, in particular, is highly dependent on clear, accurate attribution of who is diagnosing, who is interpreting imaging, and who is responsible for clinical decisions. A title implying equivalency or independent practice introduces unnecessary ambiguity and creates a risk that patients may believe they are being evaluated by a physician when they are not. Without any demonstrated need or patient-driven problem that this change solves, HB 353 would add confusion while offering no measurable improvement in care delivery.

Beyond patient confusion, the name change creates significant operational and regulatory challenges for hospitals, imaging centers, malpractice insurers, credentialing offices, and the broader health-care system. Radiology is a specialty in which the distinction between physician-led interpretation and supportive clinical tasks must remain unmistakable. Changing titles to "physician associate" will require rewriting supervision protocols, billing hierarchies, quality assurance systems, compliance documentation, and federal and state reporting structures—all to accommodate a title that signals expanded authority the PA community insists they are *not* seeking. This inconsistency raises real concerns about future attempts to expand scope under the guise of title parity. If the intent is not to gain expanded privileges, then this shift is not only unnecessary but risks undermining long-standing, team-based models of care that protect patient safety and maintain clarity in the delivery of complex diagnostic services. The Ohio Radiological Society respectfully urges the Committee to reject HB 353 to preserve the clarity, transparency, and trust patients deserve.

Thank you for the opportunity to testify.