Opponent Testimony HB 353
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Hello Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee. My name is Mehraeel Saleh and I am a second-year medical student. Thank you for the opportunity to provide an opposition testimony to House Bill 353.

I am here as a member of the Academy of Medicine of Cleveland & Northern Ohio's Future Leaders Council. The AMCNO represents more than 7,500 physicians and medical students in Northeast Ohio. Our mission is to promote and protect the highest quality practice of medicine for our patients and the public at large.

Medical school has challenged me in ways that sometimes feel completely impossible. It was not just medical school. It was everything I had to do before getting here in order to even have a chance to be accepted. As an undergrad student, while taking rigorous courses, I also had to study for what many consider one of the hardest entrance exams in the nation, the MCAT. I studied for four months during my junior year. I had to take it twice and pay for it twice. The journey was only the beginning. I had to complete shadowing hours, make sure I was a well-rounded student, and do research.

The work did not stop after getting into medical school. I quickly realized the journey of training never ends. As many student physicians and current physicians like to say about medical school, it is like "drinking out of a fire hose." I do not think that even begins to describe what medical students, including myself, go through. I wake up at five every morning to study, then attend class, then go back to my books and modules for another eight hours. This does not include the time I have to set aside for research, which is not technically in the curriculum but is still expected, or the time I try to make for family and friends. Right now, I am studying for my school block exam and for STEP 1, the United States Medical Licensing Examination, which we must pass to move on to M3 where we begin rotations, and then M4 where we prepare for residency applications and take STEP 2. After that comes residency, which is usually four years for most specialties but can be up to seven years with subspecialties, where we continue taking board exams throughout our entire careers. Along with all the material we learn, we

also receive extensive training in patient communication and how to provide the safest and most effective care.

Physician assistants have their own curriculum that prepares them to be excellent providers in their field. PA school is typically two to three years long, usually about twenty-seven months, and includes both classroom instruction and clinical rotations, resulting in a master's degree.

The title change in this bill puts patients in a position where they may incorrectly assume that the provider is a doctor or has physician level training. Clear titles protect informed consent, trust, and transparency.

This title change would most likely blur team roles. For example, to the average person, physician associate could easily be confused with associate physician, which is what many medical students in their third year are called, or associate attending, or associate professor of medicine. This change could cause communication errors, especially in high risk environments like the emergency department, ICU, and operating room. The bottom line is that this alteration would not improve patient outcomes, patient understanding, or patient navigation. It would increase confusion in all of those areas and does not push the field of healthcare to the ultimate goal of creating the best outcome for the most important person in the room, the patient.

In fact, the opposite debate over the proper title for PAs is underway in the United Kingdom. There, the current title of "physician associate" (PA) is changing to "physician assistant" to clarify the supportive nature of the role, resolve patient confusion, and prevent them from seeing undiagnosed patients. This change is part of a review that also recommends PAs get at least two years of hospital experience before working in General Practitioner practices. The new name is intended to improve public understanding and safety, and to position the role in line with its original intent as a supportive one.[1]

The term physician assistant accurately reflects the collaborative and supervised physician led model of care that protects patients, supports clear communication, and maintains safe team structure. The term "associate" risks misleading the public and does not help the people we took an oath to serve and protect.

[1] https://www.bbc.com/news/articles/c70r7d7z0wro