AMA
AMERICAN MEDICAL ASSOCIATION

John Whyte, MD, MPH
CEO, EXECUTIVE VICE PRESIDENT

john.whyte@ama-assn.org

April 13, 2026

The Honorable Melissa Minor-Brown
Speaker of the House
Delaware House of Representatives
411 Legislative Ave.
Dover, DE 19901

The Honorable Nicole Poore
Delaware Senate
411 Legislative Ave.
Dover, DE 19901

The Honorable Alonna Berry
Delaware House of Representatives
411 Legislative Ave.
Dover, DE 19901

Re: AMA Opposition to House Bill 325

Dear Speaker Minor-Brown, Representative Berry, and Senator Poore:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our **strong opposition to House Bill 325 (HB 325)**. This expansive bill would fundamentally alter the existing collaborative relationship between physicians and physician assistants by allowing physician assistants with more than 6,000 clinical practice hours to practice without any physician involvement. This would result in removing physicians from critical medical decision-making – something we believe would be a mistake for health care delivery in Delaware. Moreover, while the bill is intended to expand access to care in rural areas of the state and secure additional federal dollars through the Rural Health Transformation Program (RHTP), the AMA believes that HB 325 will not succeed in either respect. Evidence demonstrates that removing physician collaboration requirements fails to improve access to rural health care.[1] In addition, based on RHTP scoring, passage of HB 325 will have minimal, if any, impact on Delaware's overall RHTP funding. Equally important, fragmenting the health care team is not what patients want. **According to an AMA survey, 95 percent of U.S. voters agree that physicians should be involved in their medical diagnoses and treatment decisions.** Patients want and expect physicians to be involved in their care. Allowing physician assistants to remove physicians from the care team is the opposite of what patients expect and as such, we strongly encourage you to stand up for patients and oppose HB 325.

HB 325 is counter to the national trend.

House Bill 325 runs counter to the national trend and would set Delaware apart from most of the country, including the 45 states that currently require physician supervision of or collaboration with physician assistants, and one state that requires a practice agreement. In addition, the overwhelming trend by state legislatures across the country, year in and year out, has been to defeat legislation like HB 325. In fact, more than a dozen states defeated similar proposals in 2025 and four states have defeated similar legislation so far this year. Most states recognize that health care delivery is optimized when physicians and physician assistants are part of a collaborative health care team. Yet, HB 325 fragments this team-

[1] Bernard R., Shafer PB, D'Souza SL, et al., Autonomous Nurse Practitioners in Florida Frequently Practice Outside Their Legal Scope of Primary Care: A Cross-Sectional Study, *Family Practice*, 2025.

based approach, which can lead to higher costs and worse outcomes for a patient population that is becoming increasingly complex. For all of these reasons, in order to preserve the team-based model of care in Delaware, HB 325 must be defeated.

Physician assistants are valuable members of the physician-led health care team but not a replacement for physicians.

The reason states across the country tend to defeat this type of legislation is simple: there is clear recognition that maintaining physician-led teams is in the best interest of patients. In the physician-led team approach supported by the AMA, each member of the team plays a critical role in delivering efficient, accurate, and cost-effective care to patients. The AMA has long valued physician assistants' commitment to the team-based model of care and greatly respects their contributions to patient care; however, physician assistants are uniquely educated to provide care as part of a physician-led team—not without physician involvement.

Scope of practice for any health care professional should be based on standardized, adequate training and demonstrated competence in patient care. The well-proven pathway of education and training for physicians includes medical school, residency training, and years of caring for patients under the expert guidance of medical faculty. Physicians complete more than **12,000 hours** of clinical education and training during their four years of medical school and three-to-seven years of residency training.

By sharp contrast, the current physician assistant education model is two years in length with 2,000 hours of clinical care—and includes no residency requirement. This abbreviated education and training model assumes that in practice, physician assistants will engage in supervision by, or collaboration with, a physician. This makes sense and indeed, many physician assistants may not anticipate the degree of independent practice provided by HB 325. Instead, many physician assistant students are under the impression that they will be practicing under a high degree of physician collaboration. **In fact, Physician Assistant Education Association data indicate that 91 percent of physician assistant students nearing graduation described the collaborating physician relationship as "essential" or "very important."**[2]

A recent 2025 AMA survey also confirms that physician assistants highly value physician leadership on care teams, with 100 percent of physician assistant respondents stating that they practice as part of a physician-led team.[3] **Respondents to the survey also report high satisfaction with this model, citing the ability to collaborate with physicians on complex and routine cases, the value of physician mentorship, and enhanced patient safety as key benefits to physician-led care.** It is clear that physician assistants are trained to work within physician-led teams and that they value this model of care. The AMA emphatically agrees. As such, we strongly encourage the Delaware House of Representatives to oppose HB 325.

Expanding physician assistant scope of practice will not increase access to primary care or care in rural areas of the state.

Passing HB 325 is unlikely to improve access to primary care in Delaware. According to data from the National Commission on Certification of PAs, the number of physician assistants practicing in primary

[2] Physician Assistant Education Association, *Optimal Team Practice: The Right Prescription for All PAs*, OTP Task Force, May 8, 2017.
[3] Data is from a national survey conducted by Public Opinion Strategies from July 16-August 4, 2025. The survey consisted of 500 physician assistants with a credibility rating of ± 5.00 percent.

care continues to decline, with just 22 percent of physician assistants working in primary care nationwide in 2024.[4] **In Delaware only 15.8 percent, of physician assistants practice in primary care, a 1 percent decline from 2020.**[5] Similarly, there is no evidence that HB 325 will increase access to rural parts of the state. Rather, evidence has shown that even when non-physicians have gained independent practice, they have failed to move into rural areas, rather they continue to practice in highly populated areas of the state. Simply put, asserting that HB 325 will increase access to rural or primary care is a false promise. Instead of relying on this false narrative, the AMA has several ideas on how to increase access to care for patients in your state including, but not limited to, expanding access to telehealth, increasing graduate medical education positions, and providing loan repayment programs for physicians practicing in rural areas. We would welcome the opportunity to discuss these further—to find real and lasting solutions to your concerns related to increasing access to health care for those that need it most.

Passage of HB 325 would likely have minimal, if any, impact on Delaware's overall RHTP funding.

The RHTP funding scoring mechanism included a scope factor based on a state's scope of practice laws for four non-physicians: physician assistants, dental hygienists, nurse practitioners, and pharmacists. Together, these account for 1.75 percent of a state's technical score. To calculate the scope of practice score, each state's respective scope of practice laws for these four non-physicians were assessed and assigned a score from 0 to 100; the state's final scope factor is a weighted average of these four scores relative to other states. For physician assistants, Delaware received an initial score of 75 out of 100 – nearly the maximum available and well above average compared to other states. Therefore, even if passed, HB 325 would likely have minimal, if any, impact on Delaware's overall RHTP funding.

Specialty switching by physician assistants underscores the importance of physician-led care.

While fewer physician assistants are practicing in primary care, a growing number are electing to practice in various medical specialties, such as orthopaedic surgery, dermatology, and emergency medicine. With many physician assistants electing to switch specialties during their career, typically without completing any formal training in the specialty. A recent AMA survey found that 42 percent of physician assistants have switched specialties at least once during their career.[6] **The survey also confirms that physician assistants depend on physicians for guidance, mentorship, and training, especially when transitioning to new specialties where they have limited or no formal preparation**. As mentioned previously, physicians must complete a three-to-seven-year residency program, this training is vitally important in providing the time and experience necessary for physicians to hone their skills and become trusted experts in their field. By contrast, physician assistant programs provide a generalist education with no specialty-specific path. During their training, physician assistant students complete a series of rotations in specialties such as family medicine, emergency medicine, and surgery. The standards do not specify the length of these rotations, some of which are required and some elective, but rotations in many programs last just four weeks. This is a fraction of the highly standardized three-to-seven-year residency training completed by physicians. **Altogether, these findings underscore the vital importance of maintaining physician-led care which is critical to support patient safety and the high-quality care that patients expect and deserve.**

[4] National Commission on Certification of PAs, *Statistical Profile of Board Certified PAs*. 2024. Accessed April 12, 2026.
[5] National Commission on Certification of PAs, *Statistical Profile of Board Certified PAs by State,* 2024. Accessed April 12, 2026.
[6] American Medical Association survey conducted of 500 physician assistants from July 16-August 4, 2025.

Physician assistants practicing without physician involvement will increase overall health care costs – something Delaware cannot afford.

There is compelling evidence that a physician assistant, practicing without any physician involvement, results in worse patient outcomes while also increasing costs due to overprescribing and overutilization of diagnostic imaging and other services. A case in point is a study conducted by Hattiesburg Clinic (the Clinic), a leading Accountable Care Organization (ACO) in Mississippi. This study found that **allowing non-physicians, including physician assistants, to have their own primary care panel of patients led to higher costs, more referrals, higher emergency department use, and lower patient satisfaction than care provided by physicians.** Based on Medicare cost data, the Clinic found the Medicare ACO patient spend was nearly $43 higher per member per month for patients with a non-physician as their primary care provider compared to those with a physician.[7] These costs could have translated to an additional $10.3 million in spending annually for the clinic. Adjusting for patient complexity, this number jumped to over $119 in extra costs per member per month or $28.5 million in additional costs annually. Data from this study also demonstrated that non-physicians had higher rates of utilization including visits to the emergency department and referrals to specialists. In addition, physicians scored higher in nine out of ten quality metrics and received higher patient satisfaction scores compared to non-physicians.

Moreover, multiple studies have found that physician assistants and other non-physicians order more diagnostic imaging in the emergency department compared to physicians. For example, in a recent study published in *JAMA Network Open,* the authors found that non-physicians, including physician assistants, "are associated with an increased likelihood of an emergency department visit involving imaging, and for emergency department visits with imaging, a greater number of imaging studies were performed per visit."[8] The presence of non-physicians in the emergency department was associated with 5.3 percent more imaging studies per emergency department visit, including CT, radiography, fluoroscopy, MRI, and ultrasound. Finally, the authors note their findings are consistent with other studies that found increased imaging by non-physicians in the outpatient setting and the emergency department.

Alarmingly, other studies have found that physician assistants tend to prescribe opioids more frequently compared to physicians. For example, a 2020 study published in the *Journal of Internal Medicine* found that 8.4 percent of physician assistants prescribed opioids to more than 50 percent of their patients, compared to just 1.3 percent of physicians.[9] Given the tragic impact of the opioid overdose epidemic and resultant human suffering related to opioid misuse in Delaware, this is a particularly startling data point that on its own should result in the defeat of HB 325.

The findings are clear: physician assistants tend to prescribe more opioids than physicians, order more diagnostic imaging, and have higher rates of utilization including visits to the emergency department and referrals to specialists than physicians—all of which increase health care costs. Before allowing physician assistants to practice medicine without any physician involvement, we encourage lawmakers to carefully review these studies. We believe you will agree that the results are startling and have a significant impact

[7] Batson BN, Crosby SN, Fitzpatrick J. Targeting Value-Based Care with Physician-Led Care Teams. *Journal of the Mississippi State Medical Association.* Jan. 2022.

[8] Christensen EW, Liu CM, Duszak R, Association of State Share of Nonphysician Practitioners with Diagnostic Imaging Ordering Among Emergency Department Visits for Medicare Beneficiaries, *JAMA Network Open*, Nov. 2022.

[9] Lozada MJ, Raji MA, Goodwin JS, Kuo YF. Opioid Prescribing by Primary Care Providers: A Cross-Sectional Analysis of Nurse Practitioner, Physician Assistant, and Physician Prescribing Patterns. *Journal General Internal Medicine.* 2020; 35(9):2584-2592.

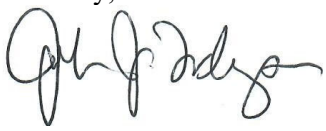
on the assessment of risk to the health and welfare of patients in Delaware, as well as the cost of health care in Delaware.

For all the reasons discussed, we strongly encourage the Delaware House of Representatives to oppose HB 325.

The AMA understands that concerns related to access to health care in Delaware are real and as a result, we want to be partners with you in finding actionable solutions to your workforce concerns. We strongly believe there are alternative solutions that can address workforce challenges in Delaware, particularly when it comes to increasing access to care in rural areas, such as expanding access to telehealth, increasing graduate medical education positions, and providing loan repayment programs for physicians practicing in rural areas. We strongly believe that HB 325 is not the answer and instead proposes a false solution to a very serious problem. We welcome the opportunity to have a constructive dialogue with you and other key lawmakers, alongside the Medical Society of Delaware, on how best to move forward with alternative solutions and in the meantime strongly urge you to defeat HB 325.

Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you would like to discuss our offer for continued dialogue, if you have any questions, or if you need further information.

Sincerely,



John Whyte, MD, MPH

cc: Members, Delaware House of Representatives
Medical Society of Delaware