

March 9, 2026

The Honorable Evan Worrell
Chair
Health and Human Services Committee
West Virginia House of Delegates
Room 217E, Bldg. 1
State Capitol Complex
Charleston, WV 25305

The Honorable Michael Hite
Vice Chair
Health and Human Services Committee
West Virginia House of Delegates
Room 215E-C, Bldg. 1
State Capitol Complex
Charleston, WV 25305

Re: AMA Opposition to Senate Bill 956

Dear Chair Worrell and Vice Chair Hite:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our **strong opposition to Senate Bill 956 (SB 956)**. This expansive bill would eliminate the existing collaborative relationship between physicians and physician assistants and allow physician assistants to practice without any physician involvement. Compelling evidence from multiple studies demonstrates that removing physician collaboration leads to worse patient outcomes and higher health care costs, and—contrary to proponents’ claims—fails to improve access to rural health care. Equally important, this 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 West Virginians and oppose SB 956.

SB 956 is counter to the national trend.

Senate Bill 956 runs counter to the national trend and would set West Virginia apart from most of the country, including the 45 states that currently require physician supervision or collaboration of physician assistants, and one state that requires a practice agreement. In addition, the overwhelming trend by state legislatures across the country has been to defeat legislation like SB 956. In fact, more than a dozen states defeated similar proposals in 2025. Most states recognize that health care delivery is optimized when physicians and physician assistants are part of a collaborative health care team. In collaborative team models, physicians and physician assistants co-manage patients and as such, fragmentation risks are low. Allowing for the independent practice of physician assistants goes counter to what the nation understands – that with fragmentation comes risk for higher costs and worse outcomes for a patient population that is becoming increasingly complex. For all of these reasons and in order to preserve the team-based model of care in West Virginia, SB 956 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 repeatedly 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 SB 956. 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.”**¹

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.² **Physician assistants who responded 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.** Physician assistants themselves know this to be true: 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 West Virginia Health and Human Services Committee to oppose SB 956.

Expanding physician assistant scope of practice will not increase access to primary care.

Despite proponent claims, passing SB 956 is unlikely to improve access to primary care in West Virginia. According to data from the National Commission on Certification of Physician Assistants, the number of physician assistants practicing in primary care continues to decline, with just 22 percent of physician assistants working in primary care nationwide in 2024.³ In West Virginia this number is slightly higher at 30 percent, a 2.2 percent decline from 2020.⁴ Simply put, asserting that SB 956 will increase access to 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 West Virginia's patients including, but not limited to, expanding access to telehealth, increasing graduate medical education positions, and providing loan repayment programs for physicians practicing in rural

¹ Physician Assistant Education Association, *Optimal Team Practice: The Right Prescription for All PAs*, OTP Task Force, May 8, 2017.

² 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.

³ National Commission on Certification of Physician Assistants, *Statistical Profile of Board Certified Physician Assistants*. 2024. Accessed Feb. 26, 2026.

⁴ *Id.*

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.

Specialty switching by physician assistants and nurse practitioners 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.⁵ **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.**

Physician assistants practicing without physician involvement will increase overall health care costs – something West Virginia 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.⁶ 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

⁵ American Medical Association survey conducted of 500 physician assistants from July 16-August 4, 2025.

⁶ Batson BN, Crosby SN, Fitzpatrick J. Targeting Value-Based Care with Physician-Led Care Teams. *Journal of the Mississippi State Medical Association*. Jan. 2022.

studies were performed per visit.”⁷ 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.

Alarminglly, 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.⁸ Given the tragic impact of the opioid overdose epidemic and resultant human suffering related to opioid misuse in West Virginia, this is a particularly startling data point that on its own should result in the defeat of SB 956.

Looking at the studies noted above, 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 on the assessment of risk to the health and welfare of patients, as well as the cost of health care in West Virginia.

For all the reasons discussed above, we strongly encourage the West Virginia Health and Human Services Committee to oppose SB 956.

The AMA understands that concerns related to access to health care in West Virginia 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 West Virginia, 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 SB 956 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 West Virginia State Medical Association, on how best to move forward with alternative, real solutions addressing access to health care in your state and in the meantime, we **strongly urge you to defeat SB 956.**

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: West Virginia State Medical Association

⁷ 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.

⁸ 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.