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# 2017 Full Practice Authority and Responsibility Survey Report

Report to the Joint Task Force on the Future of PA Practice Authority

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AAPA Research Department

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Joint Task Force on the Future of PA Practice Authority

February 17, 2017

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## Methodology

The 2017 Full Practice Authority and Responsibility Survey (“the Survey”) was conducted by AAPA Research Department on behalf of the Joint Task Force on the Future of PA Practice Authority (“Joint Task Force”). The Survey was available from January 12 through February 1, 2017 and was open to PAs, PA students and retired PAs for whom AAPA had valid email addresses. The Survey went to 102,101 PAs. A total of 12,485 PAs, PA students and retired PAs completed at least a portion of the survey as a result of the targeted email campaign for a response rate of 12.6%. The overall margin of error is +/- 0.83% at the 95% confidence level.

## Measures

In order to protect the identity of respondents, only data based on 5 or more respondents are included in this report.

On the tables that follow:

- “N” refers to the number of respondents and is generally the first column in the data tables.
- “%” refers to the percent of respondents who indicate a particular response. The denominator is the total number of responses to the question.
- “Mean” is the average, or the sum of numerical scale responses divided by the total number of respondents.
- “Median” represents the value at the 50th percentile; i.e., 50 percent of responses are above the median and 50 percent are below the median.

## About the Data

All comments made by survey respondents are included in a separate Addendum. Only personally identifying information has been redacted. All other comments are provided unedited to maintain the integrity of the voices of those who provided them.

The margin of error of +/-0.83% is a measure of the amount of sampling error in a survey. The lower the number, the closer the survey findings are to the total population. For example, within the Survey, 71.5% of respondents supported the Joint Task Force’s overall recommendations for FPAR. If the same survey was conducted 100 times, 95 times its results would vary from 70.7% and 72.3% in support of FPAR. The margin of error for the Survey is considered very low.

The data was compared to the most recent PA population numbers available from the National Commission on Certification of Physician Assistants. Some states may be slightly underrepresented in the survey responses. These include: California, Florida, New Jersey, New York, and Pennsylvania. Some states may be slightly overrepresented. These include: Idaho and Washington (Table 1).

Table 1. Number of Respondents to the Survey and Number of PAs in 2015 by State

State	Respondents		Number of PAs in State in 2015	
	N	%	N	%
Alabama	74	0.7	677	0.6
Alaska	72	0.7	526	0.5
Arizona	289	2.8	2,377	2.2
Arkansas	77	0.8	329	0.3
California	671	6.6	8,605	8.0
Colorado	318	3.1	2,855	2.6
Connecticut	174	1.7	1,918	1.8
Delaware	38	0.4	299	0.3
District of Columbia	34	0.3	232	0.2
Florida	453	4.4	6,765	6.3
Georgia	272	2.7	3,240	3.0
Hawaii	22	0.2	290	0.3
Idaho	127	1.2	855	0.3
Illinois	302	3.0	2,964	2.7
Indiana	159	1.6	1,173	1.1
Iowa	119	1.2	1,026	0.9
Kansas	108	1.1	1,050	1.0
Kentucky	121	1.2	1,230	1.1
Louisiana	94	0.9	1,009	0.9
Maine	80	0.8	735	0.7
Maryland	259	2.5	2,661	2.5
Massachusetts	256	2.5	2,710	2.5
Michigan	374	3.7	4,461	4.1
Minnesota	251	2.5	2,180	2.0
Mississippi	34	0.3	172	0.2
Missouri	106	1.0	951	0.9
Montana	69	0.7	548	0.5
Nebraska	115	1.1	991	0.9
Nevada	86	0.8	714	0.7
New Hampshire	76	0.7	653	0.6
New Jersey	137	1.3	2,451	2.3
New Mexico	70	0.7	708	0.7
New York	600	5.9	10,843	10.0
North Carolina	524	5.1	5,236	4.8
North Dakota	35	0.3	304	0.3
Ohio	315	3.1	2,858	2.6
Oklahoma	146	1.4	1,337	1.2
Pennsylvania	566	5.5	7,143	6.6
Rhode Island	55	0.5	315	0.3
South Carolina	128	1.3	1,352	1.2
South Dakota	42	0.4	522	0.5
Tennessee	178	1.7	1,744	1.6
Texas	687	6.7	7,335	6.8
Utah	179	1.8	1,169	1.1

Table 1 cont. Number of Respondents to the Survey and Number of PAs in 2015 by State

State	Respondents		Number of PAs in State in 2015 <sup>1</sup>	
	N	%	N	%
Vermont	40	0.4	335	0.3
Virginia	318	3.1	2,806	2.6
Washington	349	3.4	2,623	2.4
West Virginia	92	0.9	947	0.9
Wisconsin	273	2.7	2,296	2.1
Wyoming	24	0.2	233	0.2
<b>Total</b>	<b>10,199</b>	<b>99.7</b>	<b>108,207</b>	<b>99.5</b>

Notes: The percentage of PAs in the state in 2015 does not sum to 100%. This is a reflection of the data source.

It is important to view the findings as survey data. The Survey was not designed to be used as a tool for PAs to vote on their support of FPAR. The information contained within this Report is intended to be used by the Joint Task Force as it considers whether to make modifications to its draft proposal. It may also provide information to the AAPA Board of Directors and the House of Delegates as they seek to understand the issues involved and the range of views of PAs. It should not be viewed as a vote on whether the draft proposal or any revised proposal should be supported by the Board of Directors or adopted by the House of Delegates.

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<sup>1</sup> National Commission on Certification of Physician Assistants. 2015 statistical profile of certified physician assistants: An annual report of the National Commission on the Certification of Physician Assistants.  
<http://www.nccpa.net/Uploads/docs/2015StatisticalProfileofCertifiedPhysicianAssistants.pdf>.  
 Published March, 2016. Accessed February 13, 2017.



## Overview of the Findings

### Highlights

- Overall, almost three out of four respondents were in support of the FPAR proposal as described by the Joint Task Force (Table 2).
- Nearly all respondents (96%) supported the proposal's commitment to team-based practice, making it the FPAR element with the highest level of support (Table 2).
- The vast majority of respondents (93%) also supported ensuring that PAs are eligible to be reimbursed directly by public and private insurance (Table 2).
- Four out of five respondents (80%) said they supported the establishment of autonomous state boards, with a voting membership comprised of a majority of PAs, to license, regulate, and discipline PAs (Table 2).
- Almost two-thirds of respondents (63%) said they supported the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician (Table 2).
- When offered a choice of the current formulation or alternative formulations of each of the four elements of the Joint Task Force proposal, a higher percentage of respondents preferred the proposal made by the task force than any of the alternatives (Tables 3, 4, 5, and 6).
  - The only alternative formulation that garnered support from more than half of the respondents dealt with state boards: 53% of respondents expressed agreement with having a state board that is the same as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of voting members (Table 4).
- Less than half of the respondents (39%) said they are either willing to or already are advocating for these changes at the state level; 43% said they don't have time to advocate and 11% said they are unwilling to do so (Table 6).
- Almost two-thirds of the respondents (62%) said they agreed that employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician; 16.3% said they disagreed (Table 7).
- Nearly half of the respondents (45%) said that they had personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician; 26% said they had not personally had that experience (Table 7).
- About 60% of respondents agreed that physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides; 17% disagreed (Table 7).
- Just over half of respondents (51%) said they agreed that it doesn't matter what the law says about who is liable for the care a PA provides because people will sue whomever they want; 22% disagreed (Table 7).
- Almost one third of respondents (28%) said they are concerned that the proposal will negatively impact the relationships they have with physicians; 45% said they were not concerned (Table 7).
- More than half of respondents (54%) said that the PA profession should pursue FPAR even if it creates conflict with physician organizations; 22% disagreed (Table 7).

- Six out of ten respondents (61%) agreed that FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate; 18% disagreed (Table 7).
- Most respondents indicated some level of familiarity with their state PA practice laws and regulations (90%). Only 5% of respondents indicated they were very satisfied with PA practice laws and regulations in their state; 30% indicated some level of dissatisfaction (Table 8).

Table 2. Overall “Support”/”Do Not Support” FPAR Proposal

FPAR Recommendations	Total	Yes	No	No Opinion
	N	%	%	%
Support FPAR as described by the Joint Task Force	11,187	71.5	12.5	15.9
Support commitment to team-based practice	11,005	95.7	1.1	3.2
Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician	11,012	63.2	19.8	17.0
Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs	11,002	79.4	6.8	13.9
Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance	10,999	93.2	1.4	5.4

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 3. Physician Supervisory Agreements

Physician Supervisory Agreements	Total	Mean	Strongly Agree	6	5	Neither Agree Nor Disagree	3	2	Strongly Disagree	No Opinion
	N		%	%	%	%	%	%	%	%
State law should not require PAs to have a specific, identified relationship with a physician in order to practice	11,230	4.9	33.4	13.4	11.6	11.3	9.3	7.2	10.0	3.7
State law should require PAs to identify a “supervising” physician in order to practice	11,252	3.0	8.0	5.4	8.3	13.1	15.3	14.2	33.0	2.7
State law should require PAs to identify a “collaborating” physician in order to practice	11,234	4.3	18.8	12.4	17.6	16.5	7.4	7.2	16.8	3.4

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.  
 State law should require PAs to identify a “supervising” physician in order to practice.  
 State law should require PAs to identify a “collaborating” physician in order to practice.

Table 4. State PA Oversight Boards

State PA Oversight Boards	Total	Mean	Strongly Agree	6	5	Neither Agree Nor Disagree	3	2	Strongly Disagree	No Opinion
	N		%	%	%	%	%	%	%	%
The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members	10,803	5.6	43.3	16.3	12.6	12.5	4.4	2.4	3.6	5.0
The state board for PA licensing, regulation, and discipline should be the same board as physicians	10,804	3.5	9.9	6.4	8.6	20.9	15.9	12.5	19.7	5.9
The state board for PAs should be the same board as physicians, with some PAs as voting members	10,784	4.0	15.0	9.7	13.5	19.6	12.8	9.5	14.5	5.5
The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members	10,791	4.7	22.1	15.0	16.6	17.9	6.5	5.5	10.7	5.8

Questions

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.  
 The state board for PA licensing, regulation, and discipline should be the same board as physicians.  
 The state board for PAs should be the same board as physicians, with some PAs as voting members.  
 The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 5. PA Eligibility for Insurance Reimbursement

PA Eligibility for Insurance Reimbursement	Total	Mean	Strongly Agree	6	5	Neither Agree Nor Disagree	3	2	Strongly Disagree	No Opinion
	N		%	%	%	%	%	%	%	%
PAs should be eligible to be reimbursed directly by public and private insurers	10,711	6.5	72.7	11.7	6.3	3.9	0.6	0.4	1.3	3.0
PAs should not be eligible to be reimbursed directly by public and private insurers	10,684	1.7	2.6	0.7	0.7	5.4	6.8	11.4	69.3	3.0

Questions

PAs should be eligible to be reimbursed directly by public and private insurers.

PAs should not be eligible to be reimbursed directly by public and private insurers.

Table 6. Willingness to Participate in PA Advocacy Efforts

Willingness to Participate in PA Advocacy Efforts	N	%
No, I am not willing to spend time advocating at the state level for these changes	1,126	10.8
No, I do not have the time to spend advocating at the state level for these changes	4,475	42.9
Yes, I am willing to spend time advocating at the state level for these changes	3,605	34.6
Yes, I already am advocating for some of these changes at the state level	450	4.3
Other	774	7.4
<b>Total</b>	<b>10,430</b>	<b>100.0</b>

Question

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?

Table 7. PA Experiences and Opinion Statements

Statement	Total	Mean	Strongly Agree	6	5	Neither Agree Nor Disagree	3	2	Strongly Disagree	No Opinion	Do Not Know
	N		%	%	%	%	%	%	%	%	%
Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician	10,916	5.2	33.8	14.3	13.4	13.1	5.4	4.7	6.2	2.4	6.7
I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician	10,895	4.6	27.7	8.4	8.7	15.0	5.0	7.0	13.7	3.8	10.6
Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides	10,917	5.1	28.5	15.4	15.5	16.8	6.4	5.1	5.5	2.7	4.1
It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want	10,903	4.7	22.3	12.0	16.4	19.9	8.2	5.9	7.9	3.5	4.1
I am concerned that the proposal will negatively impact the relationships I have with physicians	10,907	3.5	8.2	6.9	12.9	19.7	11.6	11.3	22.5	3.2	3.8
Even if FPAR creates conflict with physician organizations, I think we should still pursue it	10,888	4.8	27.2	11.8	14.5	13.8	8.2	5.4	8.8	5.9	4.4

Table 7 cont. PA Experiences and Opinion Statements

Statement	Total	Mean	Strongly Agree	6	5	Neither Agree Nor Disagree	3	2	Strongly Disagree	No Opinion	Do Not Know
	N		%	%	%	%	%	%	%	%	%
FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate	10,896	5.1	32.9	14.3	13.8	14.2	6.5	4.7	6.4	3.3	3.9
FPAR will be hard to get passed into law in my state	10,878	4.8	15.2	12.0	14.7	22.7	6.2	3.7	3.9	3.8	17.9
Only physicians can be leaders of healthcare teams	10,904	2.2	3.3	2.8	4.3	9.3	12.4	14.5	51.8	1.0	.5
The lack of FPAR has impacted my ability to volunteer as a PA	10,887	4.5	18.2	6.4	7.5	26.7	3.6	3.9	9.4	8.0	16.3

Question

How much do you agree or disagree with the following?

Table 8. Familiarity and Satisfaction with PA Practice Laws and Regulations

Familiarity and Satisfaction	Total	Very Familiar/Satisfied	6	5	Somewhat Familiar/Satisfied	3	2	Not At All Familiar/Satisfied	No Opinion
	N	%	%	%	%	%	%	%	%
Familiarity with laws & regulations	12,390	19.2	17.5	20.7	33.0	4.5	3.2	1.9	0.0
Satisfaction with laws & regulations	12,472	4.5	13.5	21.0	24.8	16.6	7.7	5.6	6.2

Questions

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?

Table 9. Independent Practice for NPs in State

Independent Practice for NPs in State	Total	Yes	No, but they are currently attempting it	No	Do Not Know
	N	%	%	%	%
NPs have independent practice in state	12,484	69.1	10.0	5.4	15.5

Question

Nurse practitioners have independent practice in my state.

## PA Practice Demographics

Table 10. Role as a PA

Role	N	%
PA (in clinical practice including educators who practice clinically)	9,426	75.5
PA (not clinically practicing including educators who do not practice clinically)	406	3.3
PA (retired)	146	1.2
PA student	1,827	14.6
Unknown	680	5.4
<b>Total</b>	<b>12,485</b>	<b>100.0</b>

Question

Which of the following best describes you?

Table 11. Certification Status of PA

Currently Certified	N	%
Yes	8,532	83.0
No	1,748	17.0
<b>Total</b>	<b>10,280</b>	<b>100.0</b>

Question

Are you currently certified and hold the designation PA-C?

Table 12. Gender

Gender	N	%
Female	6,005	58.6
Male	4,124	40.2
I prefer not to answer	127	1.2
<b>Total</b>	<b>10,256</b>	<b>100.0</b>

Question

What is your gender?

Table 13. Military Experience

Military Experience	N	%
Never served in the military	8,754	85.3
Only previously on active duty for training in the Reserves or National Guard	170	1.7
Currently on active duty	193	1.9
On active duty in the past, but not now	1,099	10.7
Part of uniformed services, nonmilitary	44	0.4
<b>Total</b>	<b>10,260</b>	<b>100.0</b>

Question

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Table 14. Primary Specialty

Primary Specialty	N	%
<b>Primary care</b>		
Family medicine	1,465	21.0
Internal medicine: General	330	4.7
Pediatrics: General	112	1.6
<b>Internal medicine subspecialties</b>		
Internal medicine: Cardiology	171	2.5
Internal medicine: Critical care	64	0.9
Internal medicine: Endocrinology	41	0.6
Internal medicine: Gastroenterology	98	1.4
Internal medicine: Hematology & oncology	103	1.5
Internal medicine: Infectious disease	37	0.5
Internal medicine: Nephrology	31	0.4
Internal medicine: Neurology	50	0.7
Internal medicine: Pulmonology	35	0.5
Internal medicine: Rheumatology	19	0.3
Internal medicine: Other internal medicine subspecialties	29	0.4
<b>Pediatric subspecialties</b>		
Pediatrics: Other pediatric subspecialties	77	1.1
<b>Surgical subspecialties</b>		
Surgery: General	162	2.3
Surgery: Bariatric	22	0.3
Surgery: Cardiovascular/cardiothoracic	137	2.0
Surgery: Colon & rectal	11	0.2
Surgery: Neurological	129	1.9
Surgery: Oncology	21	0.3
Surgery: Orthopaedics	676	9.7
Surgery: Otolaryngology	72	1.0
Surgery: Pediatric	9	0.1
Surgery: Plastic	50	0.7
Surgery: Transplant	11	0.2
Surgery: Trauma	42	0.6
Surgery: Urology	87	1.2
Surgery: Vascular	49	0.7
Surgery: Other surgery subspecialties	53	0.8
<b>Emergency medicine</b>		
Emergency medicine	793	11.4



Table 14. Primary Specialty

Primary Specialty	N	%
<b>All other specialties</b>		
Addiction medicine	22	0.3
Allergy/immunology	36	0.5
Anesthesiology	20	0.3
Dermatology	262	3.8
Geriatrics	72	1.0
Hospice & palliative care	10	0.1
Hospital medicine	238	3.4
Obstetrics/gynecology	88	1.3
Occupational medicine	127	1.8
Ophthalmology	6	0.1
Pain management	119	1.7
Pathology	<5	*
Physical medicine/rehabilitation	42	0.6
Psychiatry	148	2.1
Public health	9	0.1
Radiation oncology	9	0.1
Diagnostic radiology	7	0.1
Interventional radiology	56	0.8
Urgent care	466	6.7
Other	243	3.5

Note: Data cells with fewer than 5 respondents are left blank.

Question

Please select the primary specialty in which you practice.

Table 15. Number of Years' Experience as a PA

Role	N	Mean	Median	N	%
<b>Current PAs</b>					
Total Experience	8,541	12.9	10.0		
<b>Retired PAs</b>					
Years Since Retirement	125	3.5	2.0		
<b>Student PA Graduation Year</b>					
2017				572	41.4
2018				667	48.2
2019				140	10.1
2020				<5	*

Note: Data cells with fewer than 5 respondents are left blank.

Question

When did you complete, or do you anticipate completing, your PA program?

Table 16. States by the Number of Key Elements

State	N	%
<b>1 Key Element</b>		
Iowa	119	1.2
West Virginia	92	0.9
<b>2 Key Elements</b>		
Alabama	74	1.2
Georgia	272	0.9
Kentucky	121	2.1
Mississippi	34	0.7
Missouri	106	2.7
Oklahoma	146	1.2
Pennsylvania	566	0.3
South Carolina	128	1.0
<b>3 Key Elements</b>		
Colorado	318	3.1
Kansas	108	1.1
Nebraska	115	1.1
Nevada	86	0.8
Virginia	318	3.1
<b>4 Key Elements</b>		
Arkansas	77	0.8
California	671	6.6
Columbia	34	0.3
Florida	453	4.4
Hawaii	22	0.2
Idaho	127	1.2
Indiana	159	1.6
Maryland	259	2.5
Montana	69	0.7
New Hampshire	76	0.7
New Mexico	70	0.7
Oregon	211	2.1
Tennessee	178	1.7
Utah	179	1.8
Washington	349	3.4
Wisconsin	273	2.7
<b>5 Key Elements</b>		
Alaska	72	0.7
Arizona	289	2.8
Connecticut	174	1.7
Delaware	38	0.4
Illinois	302	3.0
Louisiana	94	0.9
Maine	80	0.8
New Jersey	137	1.3
New York	600	5.9
Ohio	315	3.1
South Dakota	42	0.4
Texas	687	6.7
Wyoming	24	0.2

Table 16 cont. States by the Number of Key Elements

State	N	%
<b>6 Key Elements</b>		
Massachusetts	256	2.5
Michigan	374	3.7
Minnesota	251	2.5
North Carolina	524	5.1
North Dakota	35	0.3
Rhode Island	55	0.5
Vermont	40	0.4
<b>Total</b>	<b>10,199</b>	<b>100.0</b>

[Question](#)

State/Organize by 6 KE

Table 17. Percent of Respondents in Urban and Rural Counties by the Number of Key Elements in the State

Urban/Rural Status	N	%
Urban - more than 1 million people	4,557	48.5
Urban - 250,000 to 1 million people	2,246	23.9
Urban - less than 250,000 people	1,025	10.9
Rural - more than 20,000 people adjacent to metro area	328	3.5
Rural - more than 20,000 people not adjacent to metro area	164	1.7
Rural - 2,500 to 19,999 people adjacent to metro area	448	4.8
Rural - 2,500 to 19,999 people not adjacent to metro area	265	2.8
Rural - less than 2,500 people adjacent to metro area	118	1.3
Rural - less than 2,500 people not adjacent to metro area	241	2.6
<b>Total</b>	<b>9,392</b>	<b>100.0</b>

[Question](#)

Urban Rural by 6 KE

Table 18. Membership in Medical Associations

Memberships	N	%
AAPA	7,574	90.7
State PA organization	5,169	59.0
PA specialty organization	1,679	20.1
PA caucus	212	2.5
PA special interest group	207	2.5
Federal or military chapter affiliated with AAPA	228	2.7
Volunteer group affiliated with AAPA	72	0.9
AAPA House of Delegates	142	1.7
Physician organization	716	8.6
Other medical organization	844	10.1
Current or past the board of directors of NCCPA, PAEA, or ARC-PA	266	3.2
Other group	636	7.6
<b>Total</b>	<b>8,353</b>	<b>*</b>

[Question](#)

Are you currently a member of any of the following groups? Please check all that apply.

## Analysis by Role PAs Hold

### About this section

The following tables are based on respondents' answer to the question "Which of the following best describes you?"

### Highlights

- More clinically practicing PAs (71%), retired PAs (78%) and PA students (77%) indicated that they support FPAR overall compared to non-clinically practicing PAs (61%). Consistent with this finding, a lower percentage of non-clinically practicing PAs reported support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating, or other specific relationship with a physician (54%), as well as the establishment of autonomous state boards (71%), in comparison to all others. There was no substantial difference in the percentage who supported continued commitment to team-based care or ensuring that PAs are eligible to be reimbursed directly among these different groups of PAs (Table 19).
- PA students (64%) and retired PAs (65%) were more likely to agree that state laws should not require PAs to have a specific, identified relationship with a physician in order to practice than clinically practicing PAs (58%) and non-clinically practicing PAs (52%). PAs registered the highest rate of agreement with this concept (65%). The lack of differences may be related to the number of respondents. Both PA students (69%) and retired PAs (70%) were more likely to disagree that state law should require PAs to identify a "supervising" physician in order to practice (Table 20).
- Across all roles, respondents indicated support for PAs having their own autonomous state board, with PAs as the majority of the voting members, ranging from 66% of non-clinically practicing PAs to 77% of students.
- Strong majorities of each group (ranging from 85% of retirees to 92% of PA students) agreed that PAs should be eligible to be reimbursed directly by public and private insurance (Table 21).
- Across all groups except retired PAs, respondents most frequently indicated that they were not willing to spend time advocating at the state level for the recommended changes due to time constraints (range of 38% to 45%). PA students were more likely to be willing to spend time advocating for the recommended changes at the state level (38%). (Table 23).
- The same percentage (58%) of clinically practicing PAs and non-clinically practicing PAs agreed that physicians would be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides (Table 24).
- Clinically practicing PAs (29%) were less likely than non-clinically practicing PAs (38%) to be concerned that the FPAR proposal will negatively impact the relationships they have with physicians. That result is consistent with the finding that clinically practicing PAs (54%) were more likely than non-clinically practicing PAs to say that the PA profession should pursue FPAR even if it creates conflict with physician organizations (Table 24).

Table 19. Overall “Support”/”Do Not Support” FPAR Proposal by Role

FPAR Recommendation	Role					
	Total	PA (Clinically Practicing)	PA (Not Clinically Practicing)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>Support FPAR as described by the Joint Task Force</b>						
Yes	8,002	70.9	61.4	77.7	76.7	72.7
No	1,402	12.6	18.6	10.1	11.8	8.1
No opinion	1,783	16.5	19.9	12.2	11.5	19.2
<b>Total</b>	<b>11,187</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support commitment to team-based practice</b>						
Yes	10,536	95.5	96.8	94.9	97.2	95.9
No	116	1.2	0.8	1.4	0.6	0.7
No opinion	353	3.4	2.4	3.6	2.2	3.4
<b>Total</b>	<b>11,005</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician</b>						
Yes	6,959	63.0	53.7	67.9	66.1	64.9
No	2,185	20.1	27.7	19.0	17.1	15.5
No opinion	1,868	16.9	18.6	13.1	16.8	19.6
<b>Total</b>	<b>11,012</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs</b>						
Yes	8,734	78.9	70.6	79.4	83.9	81.2
No	744	7.2	11.7	6.6	3.7	3.1
No opinion	1,524	13.9	17.8	14.0	12.4	15.7
<b>Total</b>	<b>11,002</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance</b>						
Yes	10,251	93.4	90.9	91.3	93.0	92.8
No	154	1.5	2.4	0.7	0.9	0.3
No opinion	594	5.1	6.7	8.0	6.1	6.8
<b>Total</b>	<b>10,999</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 20. Support, or Opposition, of Physician Supervisory Agreements by Role

Physician Supervisory Agreements	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>State law should not require PAs to have a specific, identified relationship with a physician in order to practice</b>						
Agree (5-7)	6,562	57.7	52.4	65.2	64.0	57.4
Neutral (4)	1,272	11.5	11.3	10.4	10.2	13.1
Disagree (1-3)	2,981	27.3	32.1	23.7	21.3	25.3
No opinion	415	3.5	4.2	0.7	4.6	4.2
<b>Total</b>	<b>11,230</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a "supervising" physician in order to practice</b>						
Agree (5-7)	2,444	22.3	26.1	19.5	17.4	22.4
Neutral (4)	1,472	13.3	15.5	10.5	10.2	17.7
Disagree (1-3)	7,032	61.8	55.0	69.9	68.6	57.6
No opinion	304	2.5	3.4	0.0	3.8	2.2
<b>Total</b>	<b>11,252</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a "collaborating" physician in order to practice</b>						
Agree (5-7)	5,493	48.5	52.8	41.2	49.7	53.6
Neutral (4)	1,851	16.8	14.2	22.1	14.6	16.7
Disagree (1-3)	3,513	31.3	29.1	36.0	31.9	27.2
No opinion	377	3.3	3.9	0.7	3.8	2.5
<b>Total</b>	<b>11,234</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a "supervising" physician in order to practice.

State law should require PAs to identify a "collaborating" physician in order to practice.

Table 21. Support, or Opposition, of State PA Oversight Boards by Role

State PA Oversight Boards	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members</b>						
Agree (5-7)	7,798	71.6	66.0	74.1	77.3	71.2
Neutral (4)	1,345	13.1	13.3	10.4	8.8	12.7
Disagree (1-3)	1,120	10.8	14.4	11.9	6.7	11.9
No opinion	540	4.6	6.3	3.7	7.2	4.2
<b>Total</b>	<b>10,803</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PA licensing, regulation, and discipline should be the same board as physicians</b>						
Agree (5-7)	2,694	25.8	30.0	27.8	18.7	25.1
Neutral (4)	2,262	21.4	17.4	14.3	18.6	26.3
Disagree (1-3)	5,207	47.8	47.1	53.4	52.0	39.8
No opinion	641	5.1	5.4	4.5	10.7	8.9
<b>Total</b>	<b>10,804</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with some PAs as voting members</b>						
Agree (5-7)	4,114	39.4	40.1	33.8	30.2	40.8
Neutral (4)	2,112	19.7	19.9	20.3	18.8	20.8
Disagree (1-3)	3,961	36.2	36.0	42.1	40.7	29.6
No opinion	597	4.7	4.1	3.8	10.3	8.8
<b>Total</b>	<b>10,784</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members</b>						
Agree (5-7)	5,788	54.4	56.0	47.0	49.1	52.7
Neutral (4)	1,932	17.9	17.1	13.6	18.4	19.8
Disagree (1-3)	2,443	22.8	22.6	34.1	21.3	18.6
No opinion	628	4.9	4.3	5.3	11.2	8.9
<b>Total</b>	<b>10,791</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 22. Support, or Opposition, of PA Eligibility for Insurance Reimbursement by Role

PA Eligibility for Insurance	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>PAs should be eligible to be reimbursed directly by public and private insurers</b>						
Agree (5-7)	9,720	90.8	89.6	85.1	91.7	89.2
Neutral (4)	416	3.9	4.9	9.0	2.9	3.0
Disagree (1-3)	251	2.5	3.0	5.2	1.3	2.2
No opinion	324	2.8	2.5	0.7	4.1	5.6
<b>Total</b>	<b>10,711</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>PAs should not be eligible to be reimbursed directly by public and private insurers</b>						
Agree (5-7)	432	4.2	3.6	5.3	2.8	6.1
Neutral (4)	577	5.5	5.8	9.1	4.4	6.5
Disagree (1-3)	9,353	87.6	87.9	84.8	88.3	81.7
No opinion	322	2.7	2.7	0.8	4.4	5.7
<b>Total</b>	<b>10,684</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

PAs should be eligible to be reimbursed directly by public and private insurers.

PAs should not be eligible to be reimbursed directly by public and private insurers.

Table 23. Willingness to Participate in PA Advocacy Efforts by Role

Willingness to Participate in PA Advocacy Efforts	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (retired)	PA student	Unknown
	N	%	%	%	%	%
Yes, I am willing to spend time advocating at the state level for these changes	3,605	34.4	27.6	21.4	38.4	37.1
Yes, I already am advocating for some of these changes at the state level	450	4.5	5.6	3.1	3.1	2.3
No, I do not have the time to spend advocating at the state level for these changes	774	6.8	13.6	19.8	8.4	9.1
No, I am not willing to spend time advocating at the state level for these changes	4,475	43.5	37.6	27.5	41.7	44.6
Other	1,126	10.8	15.6	28.2	8.3	6.9
<b>Total</b>	<b>10,430</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?



Table 24. PA Experiences and Opinion Statements by Role

Statement	Role					
	Total N	PA (in Clinical Practice) %	PA (Not in Clinical Practice) %	PA (Retired) %	PA Student %	Unknown %
<b>Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician</b>						
Agree (5-7)	6,711	61.2	62.8	70.8	62.0	61.5
Neutral (4)	1,427	13.6	13.9	14.6	10.2	12.2
Disagree (1-3)	1,786	18.0	13.6	5.8	9.0	15.5
No opinion	992	7.3	9.8	8.8	18.8	10.8
<b>Total</b>	<b>10,916</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician</b>						
Agree (5-7)	4,885	48.1	45.1	49.3	26.5	40.7
Neutral (4)	1,639	14.1	17.9	19.6	18.7	19.3
Disagree (1-3)	2,807	28.9	21.5	18.1	11.0	18.9
No opinion	1,564	9.0	15.5	13.0	43.8	21.1
<b>Total</b>	<b>10,895</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides</b>						
Agree (5-7)	6,480	58.0	57.8	62.5	66.0	64.5
Neutral (4)	1,838	17.9	16.7	14.0	11.4	13.3
Disagree (1-3)	1,853	18.1	16.2	16.2	11.4	13.6
No opinion	746	5.9	9.3	7.4	11.2	8.6
<b>Total</b>	<b>10,917</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want</b>						
Agree (5-7)	5,518	53.3	53.7	55.5	35.3	44.0
Neutral (4)	2,169	19.5	21.4	18.2	21.4	22.7
Disagree (1-3)	2,393	21.0	17.8	18.2	28.6	23.8
No opinion	823	6.3	7.1	8.0	14.6	9.4
<b>Total</b>	<b>10,903</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>I am concerned that the proposal will negatively impact the relationships I have with physicians</b>						
Agree (5-7)	3,058	28.6	37.8	23.4	23.4	26.7
Neutral (4)	2,146	19.7	16.6	29.9	18.9	22.7
Disagree (1-3)	4,945	46.8	36.4	38.7	40.3	41.2
No opinion	758	4.9	9.2	8.0	17.4	9.4
<b>Total</b>	<b>10,907</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Even if FPAR creates conflict with physician organizations, I think we should still pursue it</b>						
Agree (5-7)	5,830	53.9	45.6	66.2	52.8	49.6
Neutral (4)	1,501	13.9	14.2	14.0	12.9	15.1
Disagree (1-3)	2,433	23.0	30.6	14.7	18.0	19.8
No opinion	1,124	9.2	9.6	5.1	16.3	15.5
<b>Total</b>	<b>10,888</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate</b>						
Agree (5-7)	6,638	60.3	53.4	61.8	66.1	61.4
Neutral (4)	1,544	14.7	17.0	16.9	10.0	15.2
Disagree (1-3)	1,921	18.5	22.5	15.4	12.4	13.7
No opinion	793	6.5	7.1	5.9	11.6	9.7
<b>Total</b>	<b>10,896</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Table 24 cont. PA Experiences and Opinion Statements by Role

Statement	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>FPAR will be hard to get passed into law in my state</b>						
Agree (5-7)	4,549	43.0	48.9	47.1	34.0	34.7
Neutral (4)	2,465	23.0	20.5	21.3	21.0	26.0
Disagree (1-3)	1,503	14.2	10.7	14.7	12.6	13.0
No opinion	2,361	19.8	19.9	16.9	32.5	26.4
<b>Total</b>	<b>10,878</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Only physicians can be leaders of healthcare teams</b>						
Agree (5-7)	1,137	10.7	13.4	14.6	7.5	10.8
Neutral (4)	1,018	9.5	11.2	13.1	7.4	8.7
Disagree (1-3)	8,587	78.4	74.3	71.5	82.4	79.4
No opinion	162	1.3	1.1	0.7	2.6	1.1
<b>Total</b>	<b>10,904</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The lack of FPAR has impacted my ability to volunteer as a PA</b>						
Agree (5-7)	3,498	35.1	31.5	50.0	14.6	28.2
Neutral (4)	2,904	26.5	28.2	19.1	27.3	29.2
Disagree (1-3)	1,840	18.9	16.4	16.2	6.8	10.5
No opinion	2,645	19.5	23.8	14.7	51.3	32.1
<b>Total</b>	<b>10,887</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

How much do you agree or disagree with the following?

Table 25. Familiarity With, and Satisfaction of, PA Practices Laws and Regulations by Role

Familiarity and Satisfaction	Role					
	Total	PA (in Clinical Practice)	PA (Not in Clinical Practice)	PA (Retired)	PA Student	Unknown
	N	%	%	%	%	%
<b>Familiarity with laws</b>						
Not familiar (1-3)	1,185	6.8	9.4	6.9	20.7	18.1
Neutral (4)	4,087	30.3	28.6	18.8	45.4	42.6
Familiar (5-7)	7,118	62.9	62.1	74.3	34.0	39.3
<b>Total</b>	<b>12,390</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Satisfaction with laws</b>						
Satisfied (5-7)	4,873	41.2	40.6	39.9	29.2	34.7
Neutral (4)	3,098	24.2	24.4	25.2	27.1	27.9
Dissatisfied (1-3)	3,732	30.9	28.6	30.8	27.2	24.7
No opinion	769	3.7	6.4	4.2	16.5	12.6
<b>Total</b>	<b>12,472</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?

## Analysis by Number of Years as a PA

### About this section

The following tables are based on respondents' answers to the questions "When did you complete, or do you anticipate completing, your PA program?" and "When did you retire?"

The category definitions are those that AAPA has used in its survey research over the past 20 years, as follows: PA Student; Early-Career PA (0 to 5 years of experience); Mid-Career PA (6 to 20 years of experience); and Late-Career PA (21 or more years of experience)

### Highlights

- The percentage of respondents who said they support FPAR as described by the Joint Task Force was highest among PA students (77%), followed by PAs with zero to five years' experience (73%), PAs with six to 20 years' experience (71%), and PAs with 21 or more years' experience (68%) (Table 26).
- Consistent with the finding regarding support for FPAR overall, the percentage of respondents expressing support for each individual element of the proposal was highest among students, and, with minor exceptions, tended to decrease as "years of experience" increased. The highest percentage of respondents in each "years of experience" group expressed support for a continued commitment to team-based practice, followed by support for direct reimbursement, support for autonomous state boards, and, finally, the elimination of supervision requirements in laws and regulations (Table 26).
- Student PA respondents were more likely to agree that state laws should not require PAs to have a specific, identified relationship with a physician in order to practice (64%) (Table 27).
- Generally, groups with fewer years of experience were more likely to express a willingness to spend time advocating for the proposed changes at the state level, ranging from 39% of PA students and early-career PAs, to 33% of mid-career and 28% of late-career PAs. However, a higher percentage of late-career PAs (8%) said they were already advocating for some of these changes at the state level (Table 30).
- Not surprisingly, the likelihood of personally experiencing NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician was impacted by experience, with those with six or more years' experience encountering this more often than those with five or fewer years (Table 31).
- Late-career PAs were also most likely (32%) to say that they are concerned that the proposal will negatively impact their relationships with physicians, compared to 29% of mid-career PAs (which is not significantly different), 26% of early-career PAs, and 23% of PA students. However, a majority of each group (51% to 56%) also said that the PA profession should pursue FPAR even if it creates conflict with physician organizations, with those with six or more years' experience more likely to agree with this compared to those with five or fewer years' experience (Table 31).
- PAs with six to 20 years' experience (44%) and PAs with 21 or more years' experience (49%) were more likely to agree that FPAR will be hard to get passed in their state (Table 31). Those

with the most experience also reported being more familiar with PA practice laws and regulations in their state (80%) and more satisfied with current as well (47%) (Table 32).

Table 26. Overall “Support”/”Do Not Support” FPAR Proposal by Experience

FPAR recommendations	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>Support FPAR as described by the Joint Task Force</b>					
Yes	7,318	77.0	73.2	70.7	67.5
No	1,299	11.4	11.3	13.0	15.4
No opinion	1,575	11.6	15.5	16.2	17.1
Total	10,192	100.0	100.0	100.0	100.0
<b>Support commitment to team-based practice</b>					
Yes	9,704	97.2	97.1	94.8	95.3
No	104	0.6	0.8	1.4	1.0
No opinion	319	2.2	2.2	3.9	3.7
Total	10,127	100.0	100.0	100.0	100.0
<b>Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician</b>					
Yes	6,439	66.7	63.6	63.4	60.8
No	2,014	16.5	19.2	20.3	23.0
No opinion	1,680	16.7	17.2	16.3	16.2
Total	10,133	100.0	100.0	100.0	100.0
<b>Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs</b>					
Yes	8,056	84.1	80.4	78.9	75.8
No	687	3.5	6.2	7.1	9.9
No opinion	1,378	12.4	13.4	13.9	14.2
Total	10,121	100.0	100.0	100.0	100.0
<b>Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance</b>					
Yes	9,431	93.1	93.1	93.7	92.1
No	143	0.9	1.0	1.4	2.7
No opinion	545	6.0	5.8	4.9	5.3
Total	10,119	100.0	100.0	100.0	100.0

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 27. Support, or Opposition, of Physician Supervisory Agreements by Experience

Physician Supervisory Agreements	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>State law should not require PAs to have a specific, identified relationship with a physician in order to practice</b>					
Agree (5-7)	6,002	64.3	58.6	58.3	57.2
Neutral (4)	1,125	10.3	11.9	11.2	10.4
Disagree (1-3)	2,652	20.8	25.9	27.0	29.6
No opinion	367	4.6	3.6	3.6	2.7
<b>Total</b>	<b>10,146</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a "supervising" physician in order to practice</b>					
Agree (5-7)	2,167	16.9	21.3	21.7	24.7
Neutral (4)	1,293	10.4	12.2	14.0	12.6
Disagree (1-3)	6,438	69.0	64.0	61.7	60.8
No opinion	271	3.7	2.5	2.7	1.8
<b>Total</b>	<b>10,169</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a "collaborating" physician in order to practice</b>					
Agree (5-7)	4,926	49.7	49.7	48.4	46.0
Neutral (4)	1,665	14.6	16.8	16.6	17.0
Disagree (1-3)	3,227	31.9	30.7	31.7	33.6
No opinion	339	3.8	2.9	3.3	3.5
<b>Total</b>	<b>10,157</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a "supervising" physician in order to practice.

State law should require PAs to identify a "collaborating" physician in order to practice.

Table 28. Support, or Opposition, of State PA Oversight Boards by Experience

State PA Oversight Boards	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members</b>					
Agree (5-7)	7,279	77.3	73.5	71.5	68.4
Neutral (4)	1,236	8.7	12.8	12.7	13.8
Disagree (1-3)	1,034	6.9	9.1	10.8	13.8
No opinion	508	7.1	4.6	4.9	4.1
<b>Total</b>	<b>10,057</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PA licensing, regulation, and discipline should be the same board as physicians</b>					
Agree (5-7)	2,468	18.5	23.6	26.0	27.9
Neutral (4)	2,082	19.2	21.1	20.9	21.0
Disagree (1-3)	4,908	51.8	49.2	48.3	46.7
No opinion	600	10.6	6.0	4.9	4.4
<b>Total</b>	<b>10,058</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with some PAs as voting members</b>					
Agree (5-7)	3,796	30.3	36.7	40.2	40.4
Neutral (4)	1,950	18.6	20.4	19.6	18.4
Disagree (1-3)	3,738	40.6	37.8	35.6	37.5
No opinion	556	10.5	5.1	4.7	3.7
<b>Total</b>	<b>10,040</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members</b>					
Agree (5-7)	5,384	49.0	55.1	55.1	51.7
Neutral (4)	1,794	18.2	19.2	17.3	17.0
Disagree (1-3)	2,285	21.4	20.6	22.6	27.5
No opinion	586	11.4	5.0	5.1	3.7
<b>Total</b>	<b>10,049</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Questions**

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 29. Support, or Opposition, of PA Eligibility for Insurance Reimbursement by Experience

PA Eligibility for Insurance Reimbursement	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>PAs should be eligible to be reimbursed directly by public and private insurers</b>					
Agree (5-7)	9,142	92.0	91.0	91.3	89.3
Neutral (4)	380	2.7	3.3	4.0	5.0
Disagree (1-3)	228	1.3	1.9	2.3	3.8
No opinion	295	4.0	3.8	2.5	1.9
<b>Total</b>	<b>10,045</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>PAs should not be eligible to be reimbursed directly by public and private insurers</b>					
Agree (5-7)	388	2.8	2.8	4.0	6.1
Neutral (4)	530	4.4	5.0	5.3	6.5
Disagree (1-3)	8,810	88.4	88.3	88.4	85.6
No opinion	293	4.3	3.9	2.3	1.8
<b>Total</b>	<b>10,021</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

PAs should be eligible to be reimbursed directly by public and private insurers.

PAs should not be eligible to be reimbursed directly by public and private insurers.

Table 30. Willingness to Participate in PA Advocacy Efforts by Experience

Willingness to Participate in PA Advocacy Efforts	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
Yes, I am willing to spend time advocating at the state level for these changes	3,451	38.7	38.7	33.4	28.5
Yes, I already am advocating for some of these changes at the state level	428	3.2	3.1	4.1	7.6
No, I do not have the time to spend advocating at the state level for these changes	738	8.5	5.7	6.7	10.7
No, I am not willing to spend time advocating at the state level for these changes	4,272	41.8	43.0	44.8	38.9
Other	1,065	7.9	9.5	11.0	14.3
<b>Total</b>	<b>9,954</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?

Table 31. PA Experiences and Opinion Statements by Experience

Statement	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician</b>					
Agree (5-7)	6,233	62.5	58.5	61.2	66.7
Neutral (4)	1,312	10.0	14.8	13.3	12.4
Disagree (1-3)	1,629	8.8	18.7	18.2	14.0
No opinion	930	18.7	8.0	7.2	6.9
Total	10,104	100.0	100.0	100.0	100.0
<b>I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician</b>					
Agree (5-7)	4,514	27.0	44.3	49.0	51.4
Neutral (4)	1,503	18.8	15.1	13.0	15.8
Disagree (1-3)	2,578	10.8	29.1	29.6	24.2
No opinion	1,487	43.4	11.5	8.4	8.5
Total	10,082	100.0	100.0	100.0	100.0
<b>Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides</b>					
Agree (5-7)	6,012	66.4	59.5	58.1	56.3
Neutral (4)	1,696	11.4	17.3	17.7	18.7
Disagree (1-3)	1,713	11.0	17.1	18.7	17.8
No opinion	686	11.2	6.1	5.4	7.2
Total	10,107	100.0	100.0	100.0	100.0
<b>It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want</b>					
Agree (5-7)	5,083	35.5	45.0	55.1	60.1
Neutral (4)	2,011	21.4	21.3	19.6	17.3
Disagree (1-3)	2,229	28.5	24.3	19.7	18.8
No opinion	772	14.6	9.4	5.6	3.9
Total	10,095	100.0	100.0	100.0	100.0
<b>I am concerned that the proposal will negatively impact the relationships I have with physicians</b>					
Agree (5-7)	2,816	23.2	26.3	28.8	32.3
Neutral (4)	1,963	18.6	19.8	19.3	20.1
Disagree (1-3)	4,605	41.0	48.1	47.2	42.4
No opinion	715	17.2	5.9	4.7	5.2
Total	10,099	100.0	100.0	100.0	100.0
<b>Even if FPAR creates conflict with physician organizations, I think we should still pursue it</b>					
Agree (5-7)	5,424	53.0	51.0	54.8	55.9
Neutral (4)	1,375	12.7	15.2	13.2	13.5
Disagree (1-3)	2,242	17.7	22.9	23.2	23.3
No opinion	1,043	16.6	11.0	8.8	7.4
Total	10,084	100.0	100.0	100.0	100.0
<b>FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate</b>					
Agree (5-7)	6,165	66.3	63.6	59.6	56.4
Neutral (4)	1,410	10.0	13.7	14.8	16.1
Disagree (1-3)	1,778	12.1	15.9	19.1	21.5
No opinion	735	11.5	6.8	6.5	6.0
Total	10,088	100.0	100.0	100.0	100.0



Table 31 cont. PA Experiences and Opinion Statements by Experience

Statement	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>FPAR will be hard to get passed into law in my state</b>					
Agree (5-7)	4,211	33.7	37.7	44.3	49.0
Neutral (4)	2,247	20.5	23.7	22.8	20.7
Disagree (1-3)	1,403	13.0	15.2	13.6	13.8
No opinion	2,212	32.7	23.5	19.3	16.5
<b>Total</b>	<b>10,073</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Only physicians can be leaders of healthcare teams</b>					
Agree (5-7)	1,029	7.4	10.5	10.2	12.3
Neutral (4)	936	7.4	8.8	9.3	11.7
Disagree (1-3)	7,970	82.7	78.9	79.2	74.9
No opinion	156	2.5	1.8	1.2	1.1
<b>Total</b>	<b>10,091</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The lack of FPAR has impacted my ability to volunteer as a PA</b>					
Agree (5-7)	3,239	15.3	33.7	35.7	36.8
Neutral (4)	2,667	26.9	26.7	25.9	27.3
Disagree (1-3)	1,681	6.8	16.5	19.1	20.1
No opinion	2,492	51.0	23.1	19.3	15.8
<b>Total</b>	<b>10,079</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

How much do you agree or disagree with the following?

Table 32. Familiarity With, and Satisfaction of, PA Practices Laws and Regulations by Experience

	Years' Experience				
	Total	Student	Early Career (0 to 5 Years)	Mid-Career (6 to 20 Years)	Late Career (21 or More Years)
	N	%	%	%	%
<b>Familiarity with laws</b>					
Familiar (5-7)	6,119	34.1	52.0	65.7	79.5
Neutral (4)	3,321	44.9	37.5	28.5	17.8
Not familiar (1-3)	956	21.0	10.5	5.8	2.7
<b>Total</b>	<b>10,396</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Satisfaction with laws</b>					
Satisfied (5-7)	4,049	28.7	39.6	39.4	47.0
Neutral (4)	2,515	27.1	24.8	23.7	20.3
Dissatisfied (1-3)	3,272	27.6	29.4	34.1	30.8
No opinion	628	16.6	6.2	2.8	1.9
<b>Total</b>	<b>10,464</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?

## Analysis by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

### About this section

The following tables are based on respondents' answer to the question "I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician."

This question was measured on a seven-point scale with additional options of "I have not formed an opinion yet" and "I do not know." Responses of one to four were categorized as "Have Not Experienced NPs Being Hired Over PAs" and responses of five to seven were categorized as "Have Experienced NPs Being Hired Over PAs"

### Highlights

- Respondents who had personally experienced NPs being hired over PAs due to supervisory requirements were much more likely to support FPAR as described by the Joint Task Force (85%), compared to those who had not personally experienced it (49%) (Table 33).
- Those who had personally experienced preferential hiring of NPs due to supervisory requirements were also much more likely to support the elimination of provisions in laws and regulations that require a PA to have a specific relationship with a physician (78% vs. 40%), the establishment of autonomous state boards (85% vs. 69%), and ensuring that PAs are eligible to be reimbursed directly by insurance (97% vs. 88%) (Table 33).
- Respondents who had personally experienced preferential hiring of NPs due to supervisory requirements were almost twice as likely to agree that state laws should not require PAs to have a specific, identified relationship with a physician in order to practice compared to those without that experience (71% vs. 39%). PAs who had not personally experienced NPs being hired over PAs due to the supervision requirement were most likely to express support for having state laws require PAs to identify a "collaborating" physician in order to practice (59%) (Table 34).
- Respondents who had personally experienced preferential hiring of NPs due to supervisory requirements were more likely to agree that the state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members compared to those without that experience (76% versus 64% respectively) (Table 34). They were also more likely to agree that the PAs should be eligible to be reimbursed directly by insurance compared to those without that experience (95% versus 85% respectively) (Table 36).
- Half of all respondents who had personally experienced with NPs being hired over PAs due to supervisory requirements said they were currently advocating level (6%) or willing to advocate for some of these changes (45%) at the state level. This compares to only 24% of those who had not experience preferential hiring of NPs who said they were currently advocating (3%) or willing to advocate (21%) for some of these changes at the state level.

- Almost half (47%) of those who had not experienced preferential hiring of NPs said they didn't have time and 22% said they were unwilling to advocate. Among those who had personally experienced preferential hiring of NPs, 38% said they did not have time to advocate, while only 5% said they were unwilling to do so (Table 37).
- There were significant differences on agreement with each statement of opinion and fact between PAs who did and did not have experience with NPs being hired over PAs due to the no supervision requirement.
- Respondents who had personally experienced NPs being hired over PAs due to supervisory requirements were almost four times more likely than those that had not experienced this, and two times more likely than neutral respondents, to agree that employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician (Table 38).

Table 33. Overall “Support”/”Do Not Support” FPAR Proposal by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

FPAR Recommendations	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>Support FPAR as described by the Joint Task Force</b>				
Yes	7,674	49.0	84.9	71.6
No	1,355	28.8	5.0	10.3
No opinion	1,660	22.1	10.1	18.1
<b>Total</b>	<b>10,689</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support commitment to team-based practice</b>				
Yes	10,170	98.0	94.2	96.3
No	111	0.3	1.9	0.4
No opinion	337	1.7	3.9	3.3
<b>Total</b>	<b>10,618</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician</b>				
Yes	6,736	40.3	77.5	61.8
No	2,117	39.3	10.6	17.3
No opinion	1,773	20.4	11.9	20.9
<b>Total</b>	<b>10,626</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs</b>				
Yes	8,430	69.3	85.0	79.6
No	727	13.9	4.4	4.4
No opinion	1,459	16.8	10.6	16.0
<b>Total</b>	<b>10,616</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance</b>				
Yes	9,898	87.9	96.6	92.8
No	151	3.5	0.6	0.9
No opinion	563	8.6	2.8	6.3
<b>Total</b>	<b>10,612</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 34. Support, or Opposition, of Physician Supervisory Agreements by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

Physician Supervisory Agreements	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>State law should not require PAs to have a specific, identified relationship with a physician in order to practice</b>				
Agree (5-7)	6,285	38.7	71.1	58.3
Neutral (4)	1,193	12.9	8.9	13.3
Disagree (1-3)	2,786	44.2	17.4	23.8
No opinion	386	4.2	2.6	4.7
<b>Total</b>	<b>10,650</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “supervising” physician in order to practice</b>				
Agree (5-7)	2,288	38.8	13.1	18.9
Neutral (4)	1,375	14.9	10.3	15.1
Disagree (1-3)	6,727	43.4	74.7	62.4
No opinion	286	2.8	1.9	3.7
<b>Total</b>	<b>10,676</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “collaborating” physician in order to practice</b>				
Agree (5-7)	5,186	58.9	42.6	48.9
Neutral (4)	1,758	15.4	16.5	17.5
Disagree (1-3)	3,366	22.0	38.5	29.3
No opinion	351	3.7	2.4	4.3
<b>Total</b>	<b>10,661</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a “supervising” physician in order to practice.

State law should require PAs to identify a “collaborating” physician in order to practice.

Table 35. Support, or Opposition, of State PA Oversight Boards by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

State PA Oversight Boards	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members</b>				
Agree (5-7)	7,583	63.6	76.3	73.5
Neutral (4)	1,300	15.3	11.3	11.4
Disagree (1-3)	1,096	16.4	8.3	8.5
No opinion	520	4.6	4.1	6.6
<b>Total</b>	<b>10,499</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PA licensing, regulation, and discipline should be the same board as physicians</b>				
Agree (5-7)	2,611	28.1	24.9	21.9
Neutral (4)	2,191	21.1	20.1	21.8
Disagree (1-3)	5,090	45.6	50.3	48.2
No opinion	611	5.2	4.7	8.1
<b>Total</b>	<b>10,503</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with some PAs as voting members</b>				
Agree (5-7)	3,999	44.0	37.0	34.7
Neutral (4)	2,051	18.7	19.5	20.5
Disagree (1-3)	3,865	32.6	39.0	37.4
No opinion	569	4.7	4.5	7.4
<b>Total</b>	<b>10,484</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members</b>				
Agree (5-7)	5,634	57.1	53.2	51.6
Neutral (4)	1,874	18.2	17.9	17.6
Disagree (1-3)	2,380	19.5	24.7	22.4
No opinion	602	5.2	4.3	8.4
<b>Total</b>	<b>10,490</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 36. Support, or Opposition, of PA Eligibility for Insurance Reimbursement by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

PA Eligibility for Insurance Reimbursement	Total		No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%	%
<b>PAs should be eligible to be reimbursed directly by public and private insurers</b>					
Agree (5-7)	9,521	84.9	94.7	90.5	
Neutral (4)	398	6.6	2.2	3.8	
Disagree (1-3)	246	4.7	1.3	1.9	
No opinion	304	3.8	1.8	3.8	
<b>Total</b>	<b>10,469</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>PAs should not be eligible to be reimbursed directly by public and private insurers</b>					
Agree (5-7)	424	5.3	4.0	3.0	
Neutral (4)	557	8.2	3.5	5.6	
Disagree (1-3)	9,163	82.7	90.7	87.5	
No opinion	300	3.8	1.8	3.8	
<b>Total</b>	<b>10,444</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

PAs should be eligible to be reimbursed directly by public and private insurers.

PAs should not be eligible to be reimbursed directly by public and private insurers.

Table 37. Willingness to Participate in PA Advocacy Efforts by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

Willingness to Participate in PA Advocacy Efforts	Total		No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%	%
Yes, I am willing to spend time advocating at the state level for these changes	3,574	20.8	44.6	31.1	
Yes, I already am advocating for some of these changes at the state level	445	3.1	6.0	2.7	
No, I do not have the time to spend advocating at the state level for these changes	768	7.9	6.6	8.2	
No, I am not willing to spend time advocating at the state level for these changes	4,442	46.7	37.8	47.6	
Other	1,117	21.5	5.0	10.4	
<b>Total</b>	<b>10,346</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?

Table 38. PA Experiences and Opinion Statements by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

Statement	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	6,682	24.2	91.0	49.2
Neutral (4)	1,418	19.9	4.1	20.8
Disagree (1-3)	1,778	47.7	3.0	9.3
No opinion	983	8.1	2.0	20.7
Total	10,861	100.0	100.0	100.0
<b>I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	4,885	0.0	100.0	0.0
Neutral (4)	1,639	0.0	0.0	51.2
Disagree (1-3)	2,807	100.0	0.0	0.0
No opinion	1,564	0.0	0.0	48.8
Total	10,895	100.0	100.0	100.0
<b>Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides</b>				
Agree (5-7)	6,452	36.4	74.2	57.1
Neutral (4)	1,821	20.7	13.8	17.9
Disagree (1-3)	1,844	36.6	8.3	13.0
No opinion	737	6.2	3.7	12.0
Total	10,854	100.0	100.0	100.0
<b>It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want</b>				
Agree (5-7)	5,491	48.3	54.9	46.0
Neutral (4)	2,160	18.1	20.8	20.1
Disagree (1-3)	2,380	27.6	19.0	21.5
No opinion	819	5.9	5.3	12.3
Total	10,850	100.0	100.0	100.0
<b>I am concerned that the proposal will negatively impact the relationships I have with physicians</b>				
Agree (5-7)	3,045	42.9	20.2	27.0
Neutral (4)	2,127	18.1	19.2	21.6
Disagree (1-3)	4,922	33.3	56.5	38.9
No opinion	755	5.8	4.0	12.5
Total	10,849	100.0	100.0	100.0
<b>Even if FPAR creates conflict with physician organizations, I think we should still pursue it</b>				
Agree (5-7)	5,807	31.1	69.7	48.8
Neutral (4)	1,493	14.4	12.3	15.5
Disagree (1-3)	2,423	44.5	11.3	19.9
No opinion	1,112	10.0	6.7	15.8
Total	10,835	100.0	100.0	100.0
<b>FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate</b>				
Agree (5-7)	6,606	37.4	75.7	59.1
Neutral (4)	1,538	17.7	11.1	15.8
Disagree (1-3)	1,913	37.6	8.9	13.5
No opinion	786	7.4	4.3	11.6
Total	10,843	100.0	100.0	100.0



Table 38 cont. PA Experiences and Opinion Statements by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

Statement	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>FPAR will be hard to get passed into law in my state</b>				
Agree (5-7)	4,526	43.4	43.9	37.3
Neutral (4)	2,454	23.6	22.9	21.5
Disagree (1-3)	1,496	12.4	16.0	11.7
No opinion	2,343	20.6	17.1	29.5
<b>Total</b>	<b>10,819</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Only physicians can be leaders of healthcare teams</b>				
Agree (5-7)	1,129	13.6	9.8	8.6
Neutral (4)	1,011	10.4	9.0	8.8
Disagree (1-3)	8,548	74.9	80.2	80.1
No opinion	160	1.1	0.9	2.6
<b>Total</b>	<b>10,848</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The lack of FPAR has impacted my ability to volunteer as a PA</b>				
Agree (5-7)	3,482	20.2	46.5	20.7
Neutral (4)	2,888	26.0	24.8	30.1
Disagree (1-3)	1,829	33.9	10.9	11.1
No opinion	2,629	19.9	17.8	38.1
<b>Total</b>	<b>10,828</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

How much do you agree or disagree with the following?

Table 39. Familiarity With, and Satisfaction of, PA Practices Laws and Regulations by Having Experienced NPs Being Hired Over PAs Due to Supervisory Requirements

	Total	No Experience w/ NPs Hired Due to No Supervision Rqmt	Experience w/ NPs Hired Due to No Supervision Rqmt	Neutral, Do Not Know, No Opinion
	N	%	%	%
<b>Familiarity with laws</b>				
Familiar (5-7)	6,462	59.6	66.9	49.0
Neutral (4)	3,426	31.8	27.5	38.0
Not familiar (1-3)	924	8.6	5.6	13.0
No Opinion	0	0.0	0.0	0.0
<b>Total</b>	<b>10,812</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Satisfaction with laws</b>				
Familiar (5-7)	2,600	21.6	22.3	28.3
Neutral (4)	3,421	16.4	44.3	24.9
Not familiar (1-3)	600	4.6	3.0	10.1
No Opinion	4,264	57.4	30.4	36.6
<b>Total</b>	<b>10,885</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?

## Analysis by the Number of Key Elements in the Respondents' States

### About this section

The following tables are based on respondents' answer to the question "In which state do you practice or reside?" as well as the number of Key Elements of Modern PA Practice that have been enacted in a state, as updated on January 10, 2017.<sup>2</sup>

### Highlights

- The number of Key Elements enacted in a state does not appear to be associated with significant differences in the percentage of respondents who express support for the FPAR proposal overall or for individual elements of the proposal (Table 40).
- Respondents in states with 1 to 2 key elements were more likely to agree that state law should require PAs to identify a collaborating physician to practice (52%) of supervising physician (24%) compared to respondents in states with more key elements (Table 41).
- There were very few differences between respondents based on the number of key elements with regard to the structure of the state board that oversees PA practice (Table 42), nor with regard to whether PAs are reimbursed directly by insurance (Table 43).
- Surprisingly, there is also no difference in how willing respondents are to advocate for change based on the number of key elements that have already been enacted in their state (Table 44).
- However, respondents in states with 1 to 2 key elements were more likely to agree that FPAR will be hard to get passed into law in their state (56%), compared to those with 3 to 4 elements (40%) or 5 to 6 key elements (38%) (Table 45). Those in states with only 1-2 key elements were also less likely to be satisfied with the laws in their states (26%), compared to those with 3-4 key elements (39%) or 5-6 key elements (44%) (Table 46).
- Respondents in states with 5 to 6 key elements were less likely to say that they had personally experienced NPs being hired over PAs due to supervisory requirements (40%) compared to those in states with 1 to 2 key elements (48%) and those in states with 3 to 4 key elements (49%). Those in states with 5 to 6 key elements are also less likely to agree that employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician compared to those in states with 3 to 4 key elements (65%) or 1 to 2 key elements (67%) (Table 45).

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<sup>2</sup> For more information on key elements within a state, please visit <https://www.aapa.org/six-key-elements/>

Table 40. Overall “Support”/”Do Not Support” FPAR Proposal by the Number of Key Elements in the State

FPAR Recommendations	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>Support FPAR as described by the Joint Task Force</b>				
Yes	7,327	71.3	72.8	71.3
No	1,298	12.9	12.3	13.1
No opinion	1,562	15.8	14.9	15.5
<b>Total</b>	<b>10,187</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support commitment to team-based practice</b>				
Yes	9,727	96.2	95.4	96.0
No	105	0.8	1.2	1.0
No opinion	322	3.0	3.4	3.0
<b>Total</b>	<b>10,154</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician</b>				
Yes	6,466	61.1	64.7	63.6
No	2,020	21.1	19.3	20.0
No opinion	1,677	17.8	16.0	16.5
<b>Total</b>	<b>10,163</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs</b>				
Yes	8,074	80.7	79.2	79.5
No	693	6.7	7.5	6.3
No opinion	1,382	12.6	13.4	14.2
<b>Total</b>	<b>10,149</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance</b>				
Yes	9,463	92.4	93.7	93.2
No	140	1.5	1.3	1.5
No opinion	543	6.2	5.0	5.3
<b>Total</b>	<b>10,146</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 41. Support, or Opposition, of Physician Supervisory Agreements by the Number of Key Elements in the State

Physician Supervisory Agreements	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>State law should not require PAs to have a specific, identified relationship with a physician in order to practice</b>				
Agree (5-7)	5,987	57.8	60.4	58.4
Neutral (4)	1,123	10.0	11.0	11.5
Disagree (1-3)	2,655	28.2	25.2	26.5
No opinion	363	4.0	3.4	3.6
<b>Total</b>	<b>10,128</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “supervising” physician in order to practice</b>				
Agree (5-7)	2,169	24.4	20.7	20.8
Neutral (4)	1,278	14.0	12.0	12.6
Disagree (1-3)	6,433	59.0	64.7	63.8
No opinion	272	2.6	2.6	2.8
<b>Total</b>	<b>10,152</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “collaborating” physician in order to practice</b>				
Agree (5-7)	4,915	52.2	48.4	47.1
Neutral (4)	1,657	15.1	16.4	16.8
Disagree (1-3)	3,224	28.9	32.0	32.7
No opinion	340	3.8	3.2	3.4
<b>Total</b>	<b>10,136</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a “supervising” physician in order to practice.

State law should require PAs to identify a “collaborating” physician in order to practice.

Table 42. Support, or Opposition, of State PA Oversight Boards by the Number of Key Elements in the State

State PA Oversight Boards	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members</b>				
Agree (5-7)	7,305	74.2	70.9	72.6
Neutral (4)	1,250	11.1	12.3	12.9
Disagree (1-3)	1,056	10.6	11.6	9.3
No opinion	509	4.1	5.1	5.3
<b>Total</b>	<b>10,120</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PA licensing, regulation, and discipline should be the same board as physicians</b>				
Agree (5-7)	2,495	23.2	26.8	23.2
Neutral (4)	2,103	21.3	20.2	21.2
Disagree (1-3)	4,926	50.2	47.3	49.5
No opinion	594	5.4	5.8	6.2
<b>Total</b>	<b>10,118</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with some PAs as voting members</b>				
Agree (5-7)	3,828	39.6	39.0	36.2
Neutral (4)	1,968	18.9	19.7	19.5
Disagree (1-3)	3,750	36.4	36.0	38.5
No opinion	555	5.0	5.4	5.8
<b>Total</b>	<b>10,101</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members</b>				
Agree (5-7)	5,429	56.2	54.4	52.1
Neutral (4)	1,791	16.4	17.7	18.3
Disagree (1-3)	2,299	22.3	22.4	23.3
No opinion	588	5.2	5.5	6.3
<b>Total</b>	<b>10,107</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 43. Support, or Opposition, of PA Eligibility for Insurance Reimbursement by the Number of Key Elements in the State

PA Eligibility for Insurance Reimbursement	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>PA's should be eligible to be reimbursed directly by public and private insurers</b>				
Agree (5-7)	9,215	90.4	91.5	90.9
Neutral (4)	379	4.5	3.2	4.0
Disagree (1-3)	230	1.9	2.1	2.5
No opinion	296	3.2	3.2	2.5
<b>Total</b>	<b>10,120</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>PA's should not be eligible to be reimbursed directly by public and private insurers</b>				
Agree (5-7)	394	3.7	3.7	4.2
Neutral (4)	535	5.9	4.7	5.7
Disagree (1-3)	8,870	87.1	88.5	87.6
No opinion	293	3.3	3.1	2.5
<b>Total</b>	<b>10,092</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

PA's should be eligible to be reimbursed directly by public and private insurers.

PA's should not be eligible to be reimbursed directly by public and private insurers.

Table 44. Willingness to Participate in PA Advocacy Efforts by the Number of Key Elements in the State

Willingness to Participate in PA Advocacy Efforts	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
Yes, I already am advocating for some of these changes at the state level	435	4.9	4.7	3.7
Yes, I am willing to spend time advocating at the state level for these changes	3,483	35.1	34.5	34.5
No, I do not have the time to spend advocating at the state level for these changes	4,321	42.1	43.2	43.0
No, I am not willing to spend time advocating at the state level for these changes	1,083	10.8	10.2	11.3
Other	743	7.1	7.4	7.5
<b>Total</b>	<b>10,065</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?

Table 45. PA Experiences and Opinion Statements by the Number of Key Elements in the State

Statement	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	6,259	67.1	65.3	56.4
Neutral (4)	1,316	11.9	12.0	14.3
Disagree (1-3)	1,643	13.0	14.6	19.0
No opinion	919	8.1	8.1	10.3
Total	10,137	100.0	100.0	100.0
<b>I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	4,556	47.8	49.2	40.1
Neutral (4)	1,508	14.7	14.1	15.8
Disagree (1-3)	2,601	23.0	23.0	29.4
No opinion	1,445	14.5	13.7	14.7
Total	10,110	100.0	100.0	100.0
<b>Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides</b>				
Agree (5-7)	6,042	59.4	62.2	57.2
Neutral (4)	1,690	17.1	15.3	17.8
Disagree (1-3)	1,725	17.3	16.2	17.7
No opinion	680	6.1	6.3	7.3
Total	10,137	100.0	100.0	100.0
<b>It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want</b>				
Agree (5-7)	5,128	50.9	50.4	50.8
Neutral (4)	2,017	19.2	20.8	19.4
Disagree (1-3)	2,216	22.6	20.9	22.5
No opinion	760	7.3	7.9	7.3
Total	10,121	100.0	100.0	100.0
<b>I am concerned that the proposal will negatively impact the relationships I have with physicians</b>				
Agree (5-7)	2,841	27.8	27.7	28.5
Neutral (4)	1,952	20.2	19.9	18.3
Disagree (1-3)	4,634	44.6	45.6	46.4
No opinion	699	7.4	6.8	6.9
Total	10,126	100.0	100.0	100.0
<b>Even if FPAR creates conflict with physician organizations, I think we should still pursue it</b>				
Agree (5-7)	5,455	52.8	55.4	53.0
Neutral (4)	1,372	15.3	13.3	13.1
Disagree (1-3)	2,252	21.7	21.7	23.0
No opinion	1,033	10.1	9.6	10.9
Total	10,112	100.0	100.0	100.0
<b>FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate</b>				
Agree (5-7)	6,187	63.9	61.5	59.7
Neutral (4)	1,413	12.7	14.3	14.1
Disagree (1-3)	1,782	16.5	17.3	18.4
No opinion	735	6.9	6.9	7.7
Total	10,117	100.0	100.0	100.0

Table 45 cont. PA Experiences and Opinion Statements by the Number of Key Elements in the State

Statement	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>FPAR will be hard to get passed into law in my state</b>				
Agree (5-7)	4,225	55.7	40.7	37.7
Neutral (4)	2,247	17.7	23.2	23.1
Disagree (1-3)	1,414	8.4	13.8	16.3
No opinion	2,209	18.2	22.3	22.8
<b>Total</b>	<b>10,095</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Only physicians can be leaders of healthcare teams</b>				
Agree (5-7)	1,047	11.8	9.8	10.4
Neutral (4)	944	10.2	9.5	8.8
Disagree (1-3)	7,975	76.6	79.4	79.1
No opinion	153	1.3	1.3	1.7
<b>Total</b>	<b>10,119</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The lack of FPAR has impacted my ability to volunteer as a PA</b>				
Agree (5-7)	3,276	32.4	34.9	30.1
Neutral (4)	2,673	26.5	25.6	27.3
Disagree (1-3)	1,693	14.7	16.6	17.7
No opinion	2,463	26.4	23.0	24.9
<b>Total</b>	<b>10,105</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Question

How much do you agree or disagree with the following?

Table 46. Familiarity with, and Satisfaction of, PA Practices Laws and Regulations by the Number of Key Elements in the State

Familiarity and Satisfaction	Number of Key Elements in State			
	Total	1 to 2 KE	3 to 4 KE	5 to 6 KE
	N	%	%	%
<b>Familiarity with laws</b>				
Familiar (5-7)	6,106	60.6	61.4	59.2
Neutral (4)	3,172	31.0	30.6	32.2
Not familiar (1-3)	843	8.5	8.0	8.6
<b>Total</b>	<b>10,121</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Satisfaction with laws</b>				
Satisfied (5-7)	4,004	25.7	39.3	44.4
Neutral (4)	2,413	22.6	24.4	23.4
Dissatisfied (1-3)	3,226	47.4	30.6	26.7
No opinion	547	4.3	5.7	5.4
<b>Total</b>	<b>10,190</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Questions

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?



## Analysis by Specialty

### About this section

The following tables are based on respondents' answers to the question "Please select the primary specialty in which you practice. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty." Only respondents who were clinically practicing are included in this analysis.

### Highlights

- Among clinically practicing PAs who provided their specialty, there was not a statistically significant difference between PAs who practice in a primary care specialty area (73%) and PAs who practice in other specialty areas (71%) with regard to their overall support for FPAR. Similar percentages of PAs in primary care specialties and PAs in other specialties supported each component of FPAR, as well. Specifically, about 95% of both groups support a continued commitment to team-based practice; 66% of PAs in primary care specialties and 63% of PAs in other specialties support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating, or other specific relationship with a physician; 79% of both PAs in primary care and PAs in other specialties support the establishment of autonomous PA boards with a majority PAs, to license, regulate, and discipline PAs; and about 94% of both groups also support ensuring that PAs are eligible to be reimbursed directly by public and private insurance (Table 47)
- Similarly, there was not a statistically significant difference with regard to support for the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating, or other specific relationship with a physician between PAs who practice in a primary care specialty (66%) compared to those in all other specialties (63%) (Table 47).
- When asked about three alternatives – (1) not requiring identification of a supervising physician in law; (2) requiring identification of a supervising or collaborating physician in law; and (3) requiring identification of a collaborating physician in law – there were similar differences of opinion between PAs in primary care and PAs in other specialties about the three alternatives. More PAs in both primary care specialties (61%) and PAs in other specialties (59%) said they agreed that state laws should not require PAs to have a specific, identified relationship with a physician in order to practice. Only 21% of PAs in primary care specialties and 21% percent of PAs in other specialties agreed that state law should require PAs to identify a supervising physician in order to practice. PAs practicing in primary care were statistically more likely (44%) than PAs practicing in other specialties (49%) to agree that state law should require PAs to identify a collaborating physician in order to practice (Table 48)
- When presented with alternative scenarios for the establishment of a state board to oversee PA practice, both PAs in primary care specialties (71%) and PAs in other specialties (72%) were more likely to agree that the board should be an autonomous PA board, with PAs as the majority of the voting members. The alternative that was supported by the next largest

percentage of the respondents was to create a subgroup of the state board that oversees physicians, comprised of a majority of PAs, to oversee PA practice. Among PAs in primary care specialties, 51% said they would support that alternative, while 56% of PAs in other specialties said they would support it (Table 49).

- Among clinically practicing PAs, those in primary care specialties were somewhat more likely to indicate that they were already advocating for some of the changes recommended by the Joint Task Force (6% compared to 4% of those in other specialties). However, those in specialties other than primary care (36%) were somewhat more likely to indicate that they are willing to advocate for these changes at the state level than those in primary care specialties (32%) (Table 51).
- PAs in primary care specialties were more likely to agree that NPs are easier to hire (67%) compared to those in other specialties (60%). Similarly, PAs in primary care specialties were more likely to say that they had personally experienced NPs being hired over PAs due to the requirement to identify and register a supervising or collaborating physician (52% versus 47%, respectively) (Table 52).
- PAs in primary care specialties (62%) were more likely to agree that physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides compared to those in other specialties (58%) (Table 52).
- Slightly more PAs in non-primary care specialties (29%) were concerned that the proposal will negatively affect their relationships with physicians compared to those in primary care specialties (26%). However, a majority of respondents in both groups agreed that the PA profession should pursue FPAR, even if it creates conflict with physician organizations (58% of PAs in primary care specialties compared to 55% of PAs in other specialties) (Table 52).

Table 47. Overall “Support”/”Do Not Support” FPAR Proposal by Specialty

FPAR Element	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
<b>Support FPAR as described by the Joint Task Force</b>				
Yes	6,229	73.2	70.9	68.6
No	1,107	12.3	12.7	12.6
No opinion	1,449	14.5	16.4	18.8
<b>Total</b>	<b>8,785</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support commitment to team-based practice</b>				
Yes	8,289	95.0	95.7	95.2
No	100	1.3	1.1	1.0
No opinion	295	3.7	3.2	3.7
<b>Total</b>	<b>8,684</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician</b>				
Yes	5,471	66.3	63.3	58.6
No	1,750	18.8	19.9	22.0
No opinion	1,468	14.8	16.8	19.4
<b>Total</b>	<b>8,689</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs</b>				
Yes	6,848	78.5	79.4	78.1
No	626	7.8	7.3	6.5
No opinion	1,203	13.7	13.4	15.3
<b>Total</b>	<b>8,677</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Support ensuring that PAs are eligible to be reimbursed directly by public and private insurance</b>				
Yes	8,105	93.6	93.6	92.5
No	129	1.2	1.5	1.7
No opinion	446	5.2	4.9	5.8
<b>Total</b>	<b>8,680</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs

Questions

Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Do you support the PA profession’s continued commitment to team-based practice?

Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Table 48. Support, or Opposition, of Physician Supervisory Agreements by Specialty.

Physician Supervisory Agreements	Specialty			
	Total	Primary Care	Not Primary Care	Unknown Specialty
	N	%	%	%
<b>State law should not require PAs to have a specific, identified relationship with a physician in order to practice</b>				
Agree (5-7)	5,072	60.7	58.9	51.6
Neutral (4)	1,009	10.1	11.	13.9
Disagree (1-3)	2,404	25.8	26.4	31.2
No opinion	312	3.4	3.7	3.3
<b>Total</b>	<b>8,797</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “supervising” physician in order to practice</b>				
Agree (5-7)	1,966	20.7	21.4	26.1
Neutral (4)	1,175	11.2	13.1	16.
Disagree (1-3)	5,450	65.5	63.	55.4
No opinion	224	2.6	2.5	2.6
<b>Total</b>	<b>8,815</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>State law should require PAs to identify a “collaborating” physician in order to practice</b>				
Agree (5-7)	4,268	43.8	48.9	52.
Neutral (4)	1,480	17.2	16.4	17.5
Disagree (1-3)	2,757	35.5	31.3	27.4
No opinion	292	3.5	3.3	3.1
<b>Total</b>	<b>8,797</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Questions

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a “supervising” physician in order to practice.

State law should require PAs to identify a “collaborating” physician in order to practice.

Table 49. Support, or Opposition, of State PA Oversight Boards by Specialty

State PA Oversight Boards	Specialty			
	Total	Primary Care	Not Primary Care	Unknown Specialty
	N	%	%	%
<b>The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members</b>				
Agree (5-7)	6,128	71.1	72.0	70.8
Neutral (4)	1,119	12.8	13.0	13.6
Disagree (1-3)	921	11.3	10.5	10.8
No opinion	395	4.8	4.5	4.9
<b>Total</b>	<b>8,563</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PA licensing, regulation, and discipline should be the same board as physicians</b>				
Agree (5-7)	2,205	25.6	25.4	27.1
Neutral (4)	1,835	20.3	21.5	22.5
Disagree (1-3)	4,089	48.7	48.2	45.3
No opinion	434	5.4	5.0	5.1
<b>Total</b>	<b>8,563</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with some PAs as voting members</b>				
Agree (5-7)	3,370	39.5	38.8	41.1
Neutral (4)	1,680	18.3	19.7	21.1
Disagree (1-3)	3,094	37.4	36.8	33.2
No opinion	401	4.8	4.7	4.6
<b>Total</b>	<b>8,545</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members</b>				
Agree (5-7)	4,659	50.8	55.9	54.2
Neutral (4)	1,529	18.4	17.3	19.0
Disagree (1-3)	1,952	25.9	22.2	21.2
No opinion	417	4.9	4.6	5.6
<b>Total</b>	<b>8,557</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Questions

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

Table 50. Support, or Opposition, of PA Eligibility for Insurance Reimbursement by Specialty

PA Eligibility for Insurance Reimbursement	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
<b>PA's should be eligible to be reimbursed directly by public and private insurers</b>				
Agree (5-7)	7,726	90.8	91.5	88.7
Neutral (4)	336	3.5	3.7	5.1
Disagree (1-3)	209	2.7	2.2	3.0
No opinion	241	3.0	2.6	3.2
<b>Total</b>	<b>8,512</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>PA's should not be eligible to be reimbursed directly by public and private insurers</b>				
Agree (5-7)	357	4.1	4.0	4.9
Neutral (4)	464	5.2	5.2	6.5
Disagree (1-3)	7,443	87.7	88.3	85.5
No opinion	233	3.0	2.5	3.2
<b>Total</b>	<b>8,497</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Questions

PA's should be eligible to be reimbursed directly by public and private insurers.

PA's should not be eligible to be reimbursed directly by public and private insurers.

Table 51. Willingness to Participate in PA Advocacy Efforts by Specialty

Willingness to Participate in PA Advocacy Efforts	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
Yes, I already am advocating for some of these changes at the state level	378	5.8	4.4	3.4
Yes, I am willing to spend time advocating at the state level for these changes	2,869	33.3	35.5	31.9
No, I do not have the time to spend advocating at the state level for these changes	3,636	43.1	42.7	46.9
No, I am not willing to spend time advocating at the state level for these changes	903	10.6	10.5	12.1
Other	564	7.2	6.9	5.7
<b>Total</b>	<b>8,350</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Question

Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force?

Table 52. PA Experiences and Opinion Statements by Specialty

Statement	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
<b>Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	5,277	66.5	60.0	58.9
Neutral (4)	1,169	11.8	13.9	14.4
Disagree (1-3)	1,550	14.7	18.5	20.0
No opinion	630	7.0	7.6	6.7
<b>Total</b>	<b>8,626</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician</b>				
Agree (5-7)	4,139	51.7	46.8	47.9
Neutral (4)	1,211	12.7	14.4	14.7
Disagree (1-3)	2,484	26.2	29.8	28.9
No opinion	772	9.4	9.0	8.5
<b>Total</b>	<b>8,606</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides</b>				
Agree (5-7)	5,010	62.4	58.4	52.3
Neutral (4)	1,549	16.0	18.0	19.8
Disagree (1-3)	1,563	16.1	17.9	20.9
No opinion	509	5.4	5.7	7.1
<b>Total</b>	<b>8,631</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want</b>				
Agree (5-7)	4,591	52.2	53.6	53.4
Disagree (1-3)	1,680	19.1	19.9	18.9
Neutral (4)	1,805	21.2	20.4	22.1
No opinion	539	7.4	6.1	5.5
<b>Total</b>	<b>8,615</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>I am concerned that the proposal will negatively impact the relationships I have with physicians</b>				
Agree (5-7)	2,461	26.2	29.4	28.7
Neutral (4)	1,696	17.7	19.1	23.3
Disagree (1-3)	4,037	51.8	47.2	40.7
No opinion	425	4.4	4.3	7.3
<b>Total</b>	<b>8,619</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Even if FPAR creates conflict with physician organizations, I think we should still pursue it</b>				
Agree (5-7)	4,642	57.9	54.6	47.8
Neutral (4)	1,195	12.1	13.9	15.7
Disagree (1-3)	1,976	22.0	22.9	24.1
No opinion	794	7.9	8.6	12.3
<b>Total</b>	<b>8,612</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Table 52 cont. PA Experiences and Opinion Statements by Specialty

Statement	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
<b>FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate</b>				
Agree (5-7)	5,194	63.5	60.7	55.8
Neutral (4)	1,267	13.7	14.3	17.0
Disagree (1-3)	1,593	17.8	19.0	17.7
No opinion	558	5.0	5.9	9.5
<b>Total</b>	<b>8,612</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>FPAR will be hard to get passed into law in my state</b>				
Agree (5-7)	3,702	40.1	44.9	40.9
Neutral (4)	1,975	22.7	22.4	24.9
Disagree (1-3)	1,220	17.6	13.7	11.8
No opinion	1,706	19.6	19.0	22.4
<b>Total</b>	<b>8,603</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Only physicians can be leaders of healthcare teams</b>				
Agree (5-7)	925	10.4	11.0	10.5
Neutral (4)	823	8.9	9.9	9.3
Disagree (1-3)	6,757	79.5	77.7	79.0
No opinion	115	1.2	1.4	1.2
<b>Total</b>	<b>8,620</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>The lack of FPAR has impacted my ability to volunteer as a PA</b>				
Agree (5-7)	3,017	37.0	35.5	31.8
Neutral (4)	2,283	24.3	26.3	29.6
Disagree (1-3)	1,627	20.1	18.6	18.5
No opinion	1,677	18.6	19.6	20.0
<b>Total</b>	<b>8,604</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Question

How much do you agree or disagree with the following?



Table 53. Familiarity with, and Satisfaction of, PA Practices Laws and Regulations by Specialty

Familiarity and Satisfaction	Specialty			
	Total N	Primary Care %	Not Primary Care %	Unknown Specialty %
<b>Familiarity with laws</b>				
Familiar (5-7)	5,874	69.2	64.7	54.7
Neutral (4)	2,828	26.0	28.9	36.2
Not familiar (1-3)	638	4.7	6.4	9.1
<b>Total</b>	<b>9,340</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Satisfaction with laws</b>				
Satisfied (5-7)	3,882	42.7	40.1	42.4
Neutral (4)	2,279	22.6	23.7	26.4
Dissatisfied (1-3)	2,908	32.0	32.7	26.4
No opinion	350	2.7	3.5	4.9
<b>Total</b>	<b>9,419</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Note: The data reflect responses from clinically practicing PAs.

Questions

How familiar are you with the PA practice laws and regulations in your state?

How satisfied are you with the PA practice laws and regulations in your state?

## Appendix 1: Full Survey

1) Which of the following best describes you?\*

- PA (in clinical practice; including educators who practice clinically)
- PA (not clinically practicing; including educators who do not practice clinically)
- PA (retired)
- PA student
- Not a PA or current PA student (please specify)\_\_\_\_\_\*

2) How familiar are you with the PA practice laws and regulations in your state?

- 1 Not at all familiar
- 2
- 3
- 4 Somewhat familiar
- 5
- 6
- 7 Very familiar

3) How satisfied are you with the PA practice laws and regulations in your state?

- 1 Extremely dissatisfied
- 2
- 3
- 4 Neither satisfied nor dissatisfied
- 5
- 6
- 7 Extremely satisfied
- I have not formed an opinion yet

4) Nurse practitioners have independent practice in my state.

- Yes
- No, but they are currently attempting it
- No
- I do not know

5) How much do you agree or disagree with the following?

*1 Strongly disagree 2 3 Neither agree nor disagree 4 5 6 Strongly agree 7  
I have not formed an opinion yet I do not know*

Employers think NPs are easier to hire because they do not need to identify and register a supervising or collaborating physician.

I have personally experienced NPs being hired over PAs because NPs don't need to identify and register a supervising or collaborating physician.

Physicians will be more willing to work with PAs if they do not have to assume legal liability for the care a PA provides.

It doesn't matter what the law says about who is liable for the care that a PA provides because people will sue whomever they want.

I am concerned that the proposal will negatively impact the relationships I have with physicians.

Even if FPAR creates conflict with physician organizations, I think we should still pursue it.

FPAR will enhance PAs ability to work as members of healthcare teams because PAs will no longer be considered subordinate.

FPAR will be hard to get passed into law in my state.

Only physicians can be leaders of healthcare teams.

The lack of FPAR has impacted my ability to volunteer as a PA.

As a reminder, the Joint Task Force makes these four recommendations:

Emphasize the PA profession's continued commitment to team-based practice.

Support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice.

Advocate for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs.

Ensure that PAs are eligible to be reimbursed directly by public and private insurance.

6) Do you support full practice authority and responsibility for PAs, as described by the Joint Task Force?

Yes

No

I have not formed an opinion yet

7) Do you support the PA profession's continued commitment to team-based practice?

Yes

No

I have not formed an opinion yet

8) Do you support the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice?

Yes

No

I have not formed an opinion yet

9) Do you support advocating for the establishment of autonomous state boards, with a voting membership comprised of a majority PAs, to license, regulate, and discipline PAs?

Yes

No

I have not formed an opinion yet

10) Do you support ensuring that PAs are eligible to be reimbursed directly by public and private insurance?

Yes

No

I have not formed an opinion yet

11) You indicated that you do not support one or more of the above recommendations put forth by the Joint Task Force. What is your concern with that recommendation?

---

12) How much do you agree or disagree with the following?

*1 Strongly disagree 2 3 Neither agree nor disagree 4 5 6 Strongly agree 7  
I have not formed an opinion yet*

State law should not require PAs to have a specific, identified relationship with a physician in order to practice.

State law should require PAs to identify a “supervising” physician in order to practice.

State law should require PAs to identify a “collaborating” physician in order to practice.

13) Please tell us if you have an alternative suggestion regarding how state laws or regulations should define the relationship between a PA and physician.

---

14) Do you have any additional comments about how state laws and regulations define the relationship between a PA and physician?

---

15) How much do you agree or disagree with the following?

*1 Strongly disagree 2 3 Neither agree nor disagree 4 5 6 Strongly agree 7  
I have not formed an opinion yet*

The state board for PAs should be an autonomous PA board, with PAs as the majority of the voting members.

The state board for PA licensing, regulation, and discipline should be the same board as physicians.

The state board for PAs should be the same board as physicians, with some PAs as voting members.

The state board for PAs should be the same board as physicians, with a subgroup that oversees the PA licensing and with PAs as the majority of the voting members.

16) Please tell us if you have an alternative suggestion with regard to the type or composition of state boards responsible for PA licensing, regulation, and discipline.

---

17) Do you have any additional comments about the type or composition of state boards responsible for PA licensing, regulation, and discipline?

---

18) How much do you agree or disagree with the following?

*1 Strongly disagree 2 3 Neither agree nor disagree 4 5 6 Strongly agree 7  
I have not formed an opinion yet*

PAAs should be eligible to be reimbursed directly by public and private insurers.

PAAs should not be eligible to be reimbursed directly by public and private insurers.

19) Please tell us if you have an alternative suggestion regarding PA eligibility for insurance reimbursement.

---

20) Do you have any additional comments about PA eligibility for insurance reimbursement?

---



21) Are you willing to spend time advocating with legislators and/or government officials at the state level for the changes proposed by the Joint Task Force? Please pick the option that best applies.

- Yes, I already am advocating for some of these changes at the state level
- Yes, I am willing to spend time advocating at the state level for these changes
- No, I do not have the time to spend advocating at the state level for these changes
- No, I am not willing to spend time advocating at the state level for these changes
- Other (please explain): \_\_\_\_\_

22) Do you have any additional comments or concerns regarding full practice authority and responsibility that you would like to share with the Joint Task Force?

\_\_\_\_\_

23) Are you currently clinically practicing at least some of the time? \*

Yes

No

24) Please select the primary specialty in which you practice. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty.

Addiction medicine

Allergy/immunology

Anesthesiology

Dermatology

Emergency medicine

Family medicine

Geriatrics

Hospice & palliative care

Hospital medicine

Obstetrics/gynecology

Occupational medicine

Ophthalmology

Pain management

Pathology

Physical medicine/rehabilitation

Psychiatry

Public health

Diagnostic radiology

Interventional radiology

Radiation oncology

Urgent care

Internal medicine: General

Internal medicine: Cardiology

Internal medicine: Critical care

Internal medicine: Endocrinology

Internal medicine: Gastroenterology

Internal medicine: Hematology & oncology

Internal medicine: Infectious disease

Internal medicine: Nephrology

Internal medicine: Neurology

Internal medicine: Pulmonology

Internal medicine: Rheumatology

Internal medicine: Other internal medicine subspecialties

Pediatrics: General

- Pediatrics: Other pediatric subspecialties
- Surgery: General
- Surgery: Bariatric
- Surgery: Cardiovascular/cardiothoracic
- Surgery: Colon & rectal
- Surgery: Neurological
- Surgery: Oncology
- Surgery: Orthopaedics
- Surgery: Otolaryngology
- Surgery: Pediatric
- Surgery: Plastic
- Surgery: Transplant
- Surgery: Trauma
- Surgery: Urology
- Surgery: Vascular
- Surgery: Other surgery subspecialties
- Other (please specify)

25) You selected "Other" as your primary specialty. Please specify.

26) When did you complete, or do you anticipate completing, your PA program?

2020

...

1967

27) When did you retire?

2017

...

1967

28) What is your gender?

Female

Male

I prefer not to answer

29) Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Never served in the military

Only previously on active duty for training in the Reserves or National Guard

Currently on active duty

On active duty in the past, but not now

Part of uniformed services, nonmilitary

30) Are you currently certified and hold the designation PA-C?

Yes

No

31) In which state do you practice or reside?

If you are not currently practicing, please select the state in which you reside. If you practice in one state and reside in another, please provide the state you practice in. If you practice in more than one state, select the state you spend the most time practicing in.

Alabama

...

Wyoming

Other

County by State

32) Are you currently a member of any of the following groups? Please check all that apply.

AAPA

State PA organization

PA specialty organization

PA caucus (e.g., Veterans Caucus of the AAPA)

PA special interest group (e.g. PAs in Legal Medicine)

Federal or military chapter affiliated with AAPA

Volunteer group affiliated with AAPA

AAPA House of Delegates

Physician organization

Other medical organization

Current or past member of the board of directors of NCCPA, PAEA, or ARC-PA

Other (please specify): \_\_\_\_\_

Thank You!

Thank you for providing your feedback to the AAPA Joint Task Force on the Future of PA Practice Authority. We appreciate the insights you have shared.