



August 12, 2024

Shalanda Young, MHA, Director
The Office of Management and Budget (OMB)
On behalf of the Standard Occupational Classification Policy Committee (SOCPC)
New Executive Office Building
Washington, DC 20503

Re: BLS–2024–0001, Standard Occupation Classification (SOC)—Updates for 2028

Dear Director Young,

The American Academy of Physician Associates (AAPA), on behalf of the more than 178,700 PAs (physician assistants/physician associates) across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories and the uniformed services, is pleased to provide information on the request for comments for potential revisions to the *2018 Standard Occupational Classification (SOC) Manual* to be made in 2028. As the professional society for PAs, AAPA is the entity most knowledgeable of the PA profession. It is within this context that AAPA requests revisions to the occupational title, definition, “excludes” statement, and illustrative examples of “29-1071 Physician Assistants,” and suggests specific changes.

Suggested Change to the Occupational Title, Definition, “Excludes” Statement, and Illustrative Examples of “Physician Assistants (29-1071)”

Proposed Occupational Title and Definition:

Physician Assistants/Physician Associates (29-1071)

Provide healthcare services traditionally performed by a physician. Diagnose, treat, manage, and prevent diseases or conditions. May order, perform, or interpret laboratory and diagnostic tests. May prescribe medication. May perform medical and surgical procedures and assist in surgery. Must graduate from an accredited educational program for physician assistants/physician associates. Excludes “Physicians” (29-1210) and “Nurse Practitioners” (29-1171).

Illustrative examples: *Family Practice Physician Assistant, Cardiology Physician Associate*

2018 Occupational Title and Definition (for reference):

Physician Assistants (29-1071)

Provide healthcare services typically performed by a physician, under the supervision of a physician. Conduct complete physicals, provide treatment, and counsel patients. May, in some cases, prescribe medication. Must graduate from an accredited educational program for physician assistants. Excludes “Registered Nurses” (29-1141), “Nurse Anesthetists” (29-1151), “Nurse Midwives” (29-1161), “Nurse

Practitioners" (29-1171), "Emergency Medical Technicians" (29-2042), "Paramedics" (29-2043), "Surgical Assistants" (29-9093), and "Medical Assistants" (31-9092).

Illustrative examples: *Anesthesiologist Assistant, Family Practice Physician Assistant*

Rationale for Proposed Changes

AAPA recognizes the importance of the SOC to accurately classify occupations and the intent of the occupational definitions to contain the minimum description needed to determine which workers would be classified in a particular occupation. Accurate information about occupations and the workforce is essential for collecting, analyzing, and disseminating data. This is especially important in healthcare, where professional shortages are projected, and accurate information is needed for educational funding and workforce modeling.

Occupational Title

The occupational title in the SOC is intended to include the occupational title, or titles, by which all workers in the occupation may be identified. As such, the title of "Physician Assistant" should be updated to the titles "Physician Assistant" and "Physician Associate." This accurately reflects the workers within this category who currently graduate with degrees as either "physician assistant" or "physician associate" and are state-licensed as a "physician assistant" or "physician associate," but who all graduate from programs accredited by the same accrediting organization (Accreditation Review Commission on Education for the Physician Assistant) and are certified by the same certifying organization (National Commission on Certification of Physician Assistants). Further, with the same educational background and certification, "Physician Assistants" and "Physician Associates" have the same scopes of practice.

Although the profession has been known as "Physician Assistant," the official title of the profession is now recognized as "Physician Associate."¹ This is reflected in the title of the AAPA, other professional organizations², professional training programs³, and state and territory laws and licensure.⁴ Despite the recognized title of "Physician Associate," it is anticipated to take one or two decades for the title change from "Physician Assistant" to occur in all states and jurisdictions in which PAs practice. Therefore, the SOC should recognize the dual titles.

Occupational Definition

The occupational definitions for SOC are meant to contain the minimum description needed to determine which workers would be classified in a particular occupation. It is in this context that AAPA proposes the suggested changes to the definition of a PA. First, AAPA recommends several changes to the "statement of required

¹ American Academy of PAs, Title Change, <https://www.aapa.org/title-change> (last visited Aug. 9, 2024).

² Several Constituent Organizations, which are independent organizations affiliated with AAPA, have reflected the title Physician Associate in their professional organization's legal name. For example, see: The Academy of Physician Associates in Cardiology available at: <https://www.cardiologypa.org/>; The Association of Physician Associates in Obstetrics and Gynecology available at: <https://apaog.wildapricot.org/>; The Connecticut Academy of Physician Associates available at <https://connapa.org/about-connapa/>; and The Kansas Academy of Physician Associates available at <https://kansaspa.mypanetwork.com/>.

³ Yale School of Medicine, Physician Associate Program, <https://medicine.yale.edu/pa/> (last visited Aug. 9, 2024). See also, Wichita State University, Physician Associate Program, https://www.wichita.edu/academics/health_professions/pa/ (last visited Aug. 9, 2024).

⁴ American Academy of PAs, Oregon Governor Tina Kotek Signs Law Changing PA Title (April 5, 2024), available at <https://www.aapa.org/news-central/2024/04/oregon-governor-tina-kotek-signs-law-changing-pa-title/>. See also, Or. Rev. Stat. § 677. See also, Wis. Stat. § 448.974(1)(a)(2)-(6). See also, 185 N. MAR. I. ADMIN. CODE § 185-10-4101(p).

duties,” including removing the statement that PAs practice “under the supervision of a physician,” as this would not describe most PAs. PAs in a majority of states work in collaboration with a physician or have no requirement for a formal relationship with a physician.⁵ Additional suggested revisions to the “statement of required duties” have been made to better reflect PA scope of practice. Second, changes to the “may” statements have been suggested. As “may” statements should reflect the duties that are frequently performed by all workers in the occupation, AAPA believes the suggested changes better reflect PA scope of practice. Specifically, the qualifier that PAs may prescribe medications “in some cases” should be removed, as PAs may prescribe medications in all states, the District of Columbia, and all territories except Puerto Rico.

“Excludes” Statement

As noted in the request for information, occupations that are similar to the reference occupation are included in the “excludes” statement of the occupation definition. As such, AAPA recommends that only the professions “Physicians” (29-1210) and “Nurse Practitioners” (29-1171), whose scopes of practice are similar to PAs, be included in the “excludes” statement. Further, PAs, like physicians and nurse practitioners, are recognized by the Social Security Act to provide “physician services.”⁶ AAPA believes the previous inclusion of “Registered Nurses” (29-1141), “Nurse Anesthetists” (29-1151), “Nurse Midwives” (29-1161), “Emergency Medical Technicians” (29-2042), “Paramedics” (29-2043), “Surgical Assistants” (29-9093), and “Medical Assistants” (31-9092) was a definitional error, as these listed professions are dissimilar in training, scopes of practice, and licensure requirements.

PAs are graduate-trained, state-licensed, and nationally certified to take medical histories, perform physical examinations, order and interpret laboratory and other diagnostic tests, diagnose illness, develop and manage treatment plans, prescribe medications, perform medical procedures, and assist in surgery. PAs are trained at the graduate level in an intensive PA program curriculum modeled on the medical school curriculum. The typical PA program extends over 27 continuous months and begins with classroom instruction in basic medical sciences. This is followed by rotations in medical and surgical disciplines including family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry.⁷ PA students complete at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.⁸

Illustrative Examples

AAPA also suggests changes be made to the illustrative examples, which are supposed to be examples of job titles classified only in that occupation. Specifically, AAPA requests the removal of “anesthesiologist assistants” who are a distinct occupation with different training, certification, regulatory authority, and scopes of practice from PAs.⁹

⁵ Six states, Iowa, Montana, New Hampshire (effective Jan. 1, 2025), North Dakota, Utah and Wyoming, have removed in part or in whole, the requirement for a PA to work with a specific physician. See: Iowa Code § 148C; Mont. Code Ann. § 37-20-203; NH H.B. 1222; N.D. Cent. Code § 43-17-02.1; Utah Code Ann. § 58-70a-501; Wyo. Stat. Ann. § 33-26-502.

⁶ 42 U.S.C.S. § 1395x.

⁷ Physician Assistant Education Association, Program report 36: By the numbers, Data from the 2021 program survey (2023), available at: https://paeaonline.org/wp-content/uploads/2024/02/PAEA-PR36-final-v5-3_updated-2-9-24.pdf.

⁸ Physician Assistant Education Association, Nineteenth Annual Report on Physician Assistant Educational Programs in the United States, 2002-2003 (2003), available at: <https://paeaonline.org/wp-content/uploads/imported-files/19th-Annual-Report-on-Physician-Assistant-Educational-Programs-in-the-United-States-2002-2003.pdf>.

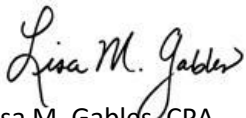
⁹ American Society of Anesthesiologists, Advocacy Topics: Anesthesiologist Assistants, <https://www.asahq.org/advocacy-and-asapac/advocacy-topics/anesthesiologist-assistants> (last visited Aug. 9, 2024).

In Conclusion

AAPA encourages the Standard Occupational Classification Policy Committee to make the suggested changes to the occupational title, definition, “excludes” statement, and illustrative examples of “29-1071 Physician Assistants” in the *2018 Standard Occupational Classification (SOC) Manual*. This will allow for more accurate information about the PA occupation, specifically, and the healthcare workforce, generally, and is essential for collecting, analyzing, and disseminating workforce data.

Thank you for the opportunity to provide feedback on BLS–2024–0001. For any questions you may have, please do not hesitate to contact Sondra DePalma, PA-C, DHSc, AAPA Vice President of Reimbursement & Professional Practice, at SDePalma@aapa.org.

Sincerely,



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American Academy of Physician Associates