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November 7, 2025

Members of the Wisconsin Senate
State Capitol
PO Box 7882
Madison, WI 53707

Dear Members of the Wisconsin Senate,

On behalf of the more than 17,000 U.S. physician members of the American Academy of Dermatology Association, we urge you to oppose SB 435, which authorizes independent practice for physician assistants and allows them to assume the title of "physician associate."

Board-certified dermatologists diagnose and treat over 3,000 different diseases and conditions. Dermatologists see patients of all ages, from newborns to the elderly. We urge you to retain current safeguards to ensure our patients have access to physician-led team-based care.

The best and most effective care occurs when a team of health care professionals with complementary—not interchangeable—skills work together. Dermatologists and physician assistants have long worked together to meet their patients' needs. Efforts to disassemble the physician-physician assistant relationship will further compartmentalize the delivery of health care. The optimal way to provide dermatologic care is under the direction of a board-certified dermatologist, who retains ultimate responsibility for patient care and tasks delegated to care team members.¹ The dermatologist also remains responsible for ensuring that all delegated activities are within the scope of each care team member's training and level of experience.

¹ AAD Position Statement on the Practice of Dermatology: Protecting and Preserving Patient Safety and Quality Care, <https://server.aad.org/Forms/Policies/Uploads/PS/PS-Practice%20of%20Dermatology-Protecting%20Preserving%20Patient%20Safety%20Quality%20Care.pdf>

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A board-certified dermatologist undertakes a minimum of 8 years of exhaustive medical education and training (4 years of medical school, 1 year of internship, 3 years (minimum) of dermatology residency), during which they complete 12,000 to 16,000 hours of direct patient care, before they can practice independently.

In stark contrast, physician assistants complete a 26-month physician assistant program followed by 2,000 hours of clinical rotations, which emphasize primary care in ambulatory clinics, physician offices and acute or long-term care facilities. Unlike physicians, physician assistants are not required to complete a residency program. Physician assistants who elect to practice in dermatology are trained in the clinic by dermatologists. There are no uniform training requirements in such a setting. Training requirements, including length of time, vary from practice to practice.

By any measure, the differences in training are significant. Given the wide array of challenges and complexity that confront health care practitioners, particularly as the population ages, physicians' additional training and expertise allows them to substantively reduce the incidence of complications and to recognize and treat complications appropriately should they occur.

Studies demonstrate differences in patient outcomes and utilization rates. A 2015 study from the University of Wisconsin comparing malignancy rate of biopsies performed by dermatologists versus non-physicians suggests that non-physicians, having less acute diagnostic skills, perform more biopsies, thus increasing patient morbidity and the cost of care.² Removing physician supervision of physician assistants would lead to misdiagnoses, adverse events, and increased health care costs. This is a public health hazard that will be aggravated by this legislation.

After the Hattiesburg Clinic expanded its use of non-physician clinicians to address its primary care shortage it concluded that nurse practitioners and physician assistants should not practice independently.³ The findings are based on ten years of data from more than 33,000

² Bennett, D., Xu, Y (2015, August). Biopsy Use in Skin Cancer Diagnosis: Comparing Dermatology Physicians and Advanced Practice Professionals, *JAMA Dermatol.* August 2015 Volume 151, Number 8.

³ Batson, B., Crosby, S., Fitzpatrick, J. (2022, January). Mississippi Frontline – Targeting Value-based Care with Physician-led Care Teams. *JMSMA: 2022.*

Medicare patients and 208,000 patient survey responses. The clinic failed to meet its expectations regarding utilization, cost, quality, or patient satisfaction. Costs increased by \$43 per patient per month, and \$119 if adjusted for patient complexity, totaling more than \$10.3 million per year.

The public supports physician-led team-based care. According to four nationwide surveys, 84% of respondents prefer a physician to have primary responsibility for diagnosing and managing their health care and 91% of respondents said that a physician's years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.⁴

Existing law does not prevent physician assistants from practicing in rural and underserved areas. Existing state law does not set geographic boundaries nor is there evidence that eliminating the supervisory relationship will improve access to care. A geographic mapping initiative of the American Medical Association demonstrates that there is not a noticeable increase in non-physician clinicians practicing in rural or underserved areas, but rather, non-physicians are concentrated in the same geographic areas as physicians.

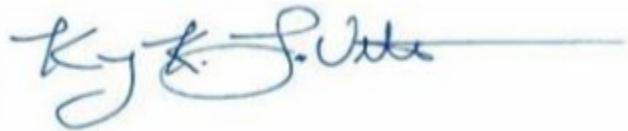
Further, allowing physician assistants to use the title "physician associate" is intentionally misleading to patients and suggests that they have the same education and training as a physician. In a clinical setting, many patients are reluctant to ask about one's training and certification. A recent survey conducted by the American Medical Association confirms increasing patient confusion about the education and training of physicians and non-physician clinicians, and who is delivering their care. The survey revealed that 55 percent of patients believe it is difficult to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials.

As physicians, our number one priority is the health and welfare of our patients. We appreciate the opportunity to provide written comments on this important public health issue. We respectfully urge you to carefully consider the ramifications of SB 435, as articulated above. We

⁴ Surveys of nearly 1,000 adults on behalf of the AMA Scope of Practice Partnership were conducted in 2008, 2010, 2012, and 2018.

remain committed to providing high quality care and serving the best interests of our patients through physician-led team-based care. For further information, please contact Lisa Albany, director of state policy for the American Academy of Dermatology Association, at LAlbany@aad.org or (202) 842-3555.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karry La Violette", is written over a horizontal line.

Karry La Violette
Senior Vice President, Advocacy and Policy
American Academy of Dermatology Association