

New California Law Increases Maximum Physician-to-PA Supervision Ratio from 1:4 to 1:8 as of January 1, 2026

Insights

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Effective January 1, 2026, a new California law increased the maximum number of physician assistants (PAs) a physician may supervise at any one time from four to eight in any practice setting. This regulatory change is on par with the state's general trend towards increasing independent practice for mid-level practitioners in order to enable them to practice at the top of their licenses and address health care workforce shortages. Health care providers that employ or contract with PAs should review their practice agreements and governing documents, and educate their clinical leaders and PAs regarding the updated supervision ratio.

[Assembly Bill No. 1501](#) (AB 1501) was signed by Governor Gavin Newsom on October 1, 2025, and went into effect on January 1, 2026. The bill made a number of amendments to the state's Physician Assistant Practice Act, which is the set of laws regulating PAs' licensure and practice.

Most significantly, AB 1501 increased the maximum number of PAs that a physician may supervise at any one time from four to eight [\[1\]](#). Previously, the 1:8 ratio was only permitted for PAs performing in-home health evaluations—a narrow exception that was added in 2024 (though the PA supervision requirement was waived entirely for three years during the state's COVID-19 state of emergency). Now, the 1:8 ratio is permitted in all practice settings. The other provisions regarding PA supervision have not changed. For example, the statutes still provide an exception from the supervision requirements during a declared emergency, and a supervising physician is still required to hold a current, unrestricted license and be available to the PA for consultation.

Note that an increase in the legally permitted supervision ratio to 1:8 does not obligate organizations to adopt this maximum threshold. Organizations should assess whether modifying their internal supervision policies is appropriate for their clinical environment. While expanding the supervision ratio may introduce heightened risk to patient safety by potentially limiting the availability and oversight capacity of supervising physicians, it may also be beneficial in settings where physician resources are limited. Moreover, payers may have supervision requirements that are more stringent than state law, so organizations that decide to expand their internal supervision ratio should verify compliance with relevant payer requirements.

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