AMERICAN OSTEOPATHIC ASSOCIATION
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Utah Osteopathic Medical Association
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ACOI
AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS

February 24, 2017

The Honorable Stewart E. Barlow, MD
Vice Chairman
Utah State House Natural Resources, Agriculture and Environment Committee
350 North State, Suite 350
Salt Lake City, Utah 84114

Dear Vice Chairman Barlow:

The American Osteopathic Association (AOA), the Utah Osteopathic Medical Association (UOMA), the American College of Osteopathic Family Physicians (ACOFP) and the American College of Osteopathic Internists (ACOI) are writing to urge you to reconsider your support for HB 396. This bill would create a new class of licensure in Utah, Assistant Physician (AP), allowing medical school graduates who have not completed a residency program to provide primary care services to patients under limited physician supervision. Allowing medical school graduates who have not completed graduate medical training or passed a complete examination series testing their medical knowledge to provide direct patient care lowers the standard of training and competency demonstration that providers across the spectrum of health care are constantly trying to advance. This assures patient safety.

The AOA proudly represents its professional family of nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. UOMA is a professional medical organization that represents over 600 DOs providing patient care in Utah. The ACOFP is a national organization that represents over 20,000 osteopathic family physicians, students and residents across the country. The ACOI is a national organization that represents nearly 6,600 osteopathic internists.

The osteopathic medical profession has long emphasized the importance of providing primary care to patients in rural and underserved areas.

- More than **50% of DOs practice in primary care.**[1]
- While DOs make up **11% of all US physicians**, they are responsible for **16% of patient visits** in communities with **populations of fewer than 2,500**.[2]
- Overall, **40% of all physicians** that are **located in medically underserved areas** or who treat medically underserved populations are **osteopathic physicians**.[3]

[1] 2016 Osteopathic Medical Profession Report, American Osteopathic Association. Available at: https://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Documents/2016-OMP-report.pdf.
[2] Osteopathic Medicine and Medical Education in Brief, American Association of Colleges of Osteopathic Medicine. Available at: http://www.aacom.org/about/osteomed/Pages/default.aspx.
[3] National Center for the Analysis of Healthcare Data (NCAHD)'s Enhanced State Licensure. 2013.

The AOA, UOMA, ACOFP and ACOI are committed to working with the State of Utah to help address primary care workforce shortages, in an attempt to provide adequate access to high quality health care for patients. However, we have strong concerns with an AP license as we believe that only fully trained physicians are equipped to provide comprehensive primary care services to patients. While we appreciate the recognition of physician workforce shortages in Utah and can understand the desire to address this issue, we have several concerns with this bill.

- Creating an AP provider is an inadequate attempt to address the workforce shortage needs of the State of Utah. In 2015, **99.41%** of osteopathic medical school graduates **matched into a residency slot**.[4]
- Additionally, AP licenses under this bill are **limited to two two-year periods**. Given the **small percentage of students who do not match** and the **time limitations**, the **number of potential AP licensees is too small** to generate a significant positive impact on the primary care workforce.

The potential harm that can result from having providers that are not fully qualified to provide patient care is great, and therefore, we believe this is a risky approach to addressing the state's primary care workforce shortage.

Further, this bill assumes that APs would qualify for payment for services provided to patients.

- Currently, there is **no federal recognition for APs** and therefore **it is unknown if these individuals or their supervising physicians would be paid** for the services they provide to Medicare and Medicaid patients.
- **It is unknown** whether they would be **qualified to practice in federally qualified health centers** or if they would **qualify for a registration under the Drug Enforcement Agency**.
- It is also **unclear if third party payors will allow APs to provide care and receive payment** for services provided to their patients.

Without adequate payment, neither the AP nor their supervising physician would be able to sustain their practice, putting into question the viability of the entire model.

Finally, there is a common misconception that there is a shortage of residency slots in all specialties. For many reasons, medical school graduates in recent years have had an increased interest in specialty care. This demand, coupled with the intense competition for these limited slots, prevents some medical school graduates from matching within their preferred specialty.

- **More than 2,600** AOA accredited **primary care residency slots have gone unfilled** over the last five years.[5]
- Qualified individuals who do not match into a specialty graduate medical training program are eligible and **should be encouraged to pursue advanced medical training** that leads to full, unrestricted medical licensure **in a primary care specialty**.

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[4] American Association of Colleges of Osteopathic Medicine. Report on Osteopathic Medicine Placements in 2015 Matches. August 2015. Available at http://www.aacom.org/docs/default-source/data-and-trends/2015-match-report.pdf?sfvrsn=14.
[5] National Matching Service. Match Data, 2011-2015, AOA Intern/Resident Registration Program.

- This would ultimately lead to an **increased number** of **licensed physicians fully trained to provide primary care services** to patients in Utah.

Additionally, providing incentives for these individuals to seek primary care residency training and practice in rural and underserved areas, like loan repayment programs, should be increased. This would encourage those individuals who fail to match into a specialty residency slot to continue to pursue advanced medical training that leads to full, unrestricted medical licensure in a primary care specialty. We believe this is the best approach to addressing the state's growing physician workforce shortage needs.

We strongly oppose this bill and encourage the Committee to continue to look at alternative approaches to address the primary care workforce needs of the State of Utah. This bill will not solve the problem it attempts to address. The current surplus of primary care residency slots, the minimal amount of potential licensees and lack of payment for services provided by APs all highlight the need to examine alternative approaches. We believe Utah's patients would be best served by looking at efforts to address overall physician workforce needs that facilitate opportunities for completion of formal postgraduate medical training.

The AOA, UOMA, ACOFP and ACOI appreciate your consideration of our concerns and look forward to continuing this dialogue throughout the process. Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

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