July 9, 2015

Benjamin A. Lampert, MD
President
Missouri State Board of Registration for the Healing Arts
PO Box 4
Jefferson City, MO 65102

RE: DRAFT Assistant Physician Rules

Dear Dr. Lampert:

The American Osteopathic Association (AOA), the American College of Osteopathic Family Physicians (ACOFP) and the American College of Osteopathic Internists (ACOI) are writing to encourage the Missouri State Board of Registration for the Healing Arts (Board) to amend the draft Assistant Physician rules. The proposed rules make several changes to Missouri's licensure regulations to accommodate for the creation of the Assistant Physician (AP) designation. The changes define several terms, establish the licensing application and renewal requirements, and create collaborative agreement standards between APs and physicians (DO/MD).

The AOA, ACOFP and ACOI are committed to working with Missouri to help address physician workforce shortages, in an attempt to provide adequate access to high quality health care for Missouri patients in rural and underserved areas. However, we maintain strong concerns with the new AP designation and will therefore share our recommendations to deliberately and carefully implement the proposed rule with the interests of our patients at top of mind.

The AOA proudly represents its professional family of more than 109,000 osteopathic physicians and osteopathic medical students, including the more than 2,700 DOs currently licensed in Missouri. The AOA works to promote public health, encourages scientific research and serves as the primary certifying body for DOs. The AOA is also the accrediting agency for osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities. 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, with more than 60% of DOs practicing in primary care. Additionally, a disproportionate amount of osteopathic physicians provide services in these areas when compared to other professionals. While DOs make up 7% of all US physicians, they are responsible for 16% of patient visits in communities with populations of fewer than 2,500.[1] Overall,

[1] 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.

40% of all physicians that are located in medically underserved areas or who treat medically underserved populations are osteopathic physicians.[2]

While the AOA, ACOFP and ACOI understand that the Board is required to establish licensing requirements and standards for APs, we believe that all patients deserve care delivered by fully trained physicians. In keeping with the law's intent to provide additional educational opportunities for osteopathic and allopathic medical students who did not match while they continue to search for graduate medical education (GME) programs, while helping to alleviate primary care access issues for rural and underserved areas, we believe that several changes to the draft rules are necessary.

Over the last five years, more than 2,600 AOA accredited primary care residency slots have gone unfilled.[3] Individuals who do not match and are licensed as APs for a year could apply to fill these slots and ultimately become fully trained and licensed physicians. To this end we recommend that the Board consider limiting the number of license renewals to three years after initial licensure. This change would encourage APs 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 also request several technical corrections as outlined below.

The AOA, ACOFP and ACOI request that the following sections be amended (in approximate wording) to the following:

20 CSR 2150-2.001 Definitions
"(9) Hospitals Approved by the Board — all hospitals which are approved and accredited to teach graduate medical education by the Accreditation ~~Counsel~~ Council on Graduate Medical Education (ACGME) ~~of the American Medical Association~~ or the ~~Education Committee~~ Program and Trainee Review Council of the American Osteopathic Association."

The ACGME is an independent organization and not owned by or affiliated with the American Medical Association. Additionally, the American Osteopathic Association currently approves and accredits teaching hospital graduate medical education programs through its Program and Trainee Review Council, not through its Education Committee.

"(11)(A) Medically Underserved Area –
~~(A) An area in this state with a medically underserved population;~~"

Part (A) of the definition is too broad and leaves the term open to further interpretation. Parts (B) through (E) provide a clear and generally accepted definition of what is considered to be a medically underserved area.

"(15) Primary Care – physician services in family ~~practice~~ medicine..."

[2] 2013 National Center for the Analysis of Healthcare Data (NCAHD)'s Enhanced State Licensure
[3] National Matching Service. Match Data, 2011-2015, AOA Intern/Resident Registration Program.

The current convention is to use the term "family medicine" rather than "family practice" when referring to primary care physicians who are trained to provide continuing and comprehensive health care for the individual and the family.

"(16) Telehealth – means the use of medical information exchanged from one site to another via ~~electronic communications~~ live, interactive video to improve the health status of a patient"

This amendment will ensure that the definition of telehealth is consistent with that in 20 CSR 2150-513(H) regarding the use of telehealth in collaborative practice agreements for Advanced Practice Registered Nurses.

20 CSR 2150-2.200 Assistant Physician Application

"(D) Proof that the applicant has passed step 2-or level II~~ of the USMLE or step 2 of any other board approved medical licensing examination~~ of any Approved Medical Licensure Examination within the two (2) year period immediately preceding application for licensure as an assistant physician, but in no event more than three (3) years after graduation from medical college or osteopathic medical college. ~~However, if the applicant was serving as a resident physician in a residency program accredited by the Accredidation Counsel on Graduate Medical Education Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association or the Education Committee Program and Trainee Review Council of the American Osteopathic Association in the United States within thirty (30) days of filing his or her application for an assistant physician license, the two (2) year time period shall not apply;~~"

The draft rules already define what is acceptable as an Approved Medical Licensure Examination, so we believe that this term should be used to eliminate confusion. Additionally, COMLEX-USA refers to "levels" and not "steps" so it would be technically accurate to make this change.

The AOA, ACOFP and ACOI again point out that the intent of this law was to provide additional time to expand the medical knowledge of an osteopathic or allopathic medical graduate who did not match into a residency program. Additionally, current requirements for physician licensure in Missouri require completion of one year of postgraduate training. If an individual was accepted and is participating in residency training for any period of time, it begs the question of why they would remove themselves from that program to seek AP licensure. For these reasons, we believe that if an individual was accepted into a residency program they should not be eligible for licensure as an AP. Deletion of this portion of (D) would also require amendment to (E)(5).

20 CSR 2150-2.210 License Renewal

The AOA, ACOFP and ACOI strongly believe that the criteria for license renewal should reflect the original intent of the Missouri legislature in creating the AP designation; that is, to give individuals who did not match into a residency time to continue to develop their skills as they continue to seek GME opportunities. This designation should not be used as an alternative to full-and unlimited physician licensure. With this in mind, the AOA, ACOFP, ACOI urge you to limit the number of license renewals that an AP may receive in order to incentivize them to continue to pursue and achieve full physician licensure status. This will better address Missouri's physician workforce shortage by ensuring a steady number of fully licensed, independently practicing physicians in the state.

20 CSR 2150-2.230 Continuing Education
The AOA, ACOFP and ACOI strongly believe that an initial assessment and demonstration of competency should be required for each new licensee before providing patient care outside of direct physician supervision. Therefore we recommend changing "may" to "shall" in (1)(B) as follows: "In order that the collaborating physician ~~may~~ shall assess the assistant physician's competency and engage in teaching and mentoring, for at least the initial first six (6) months an assistant physician practices he or she ~~may~~ shall only provide patient care under direct supervision."

In addition, not all collaborating physicians will be aware of ACGME Milestones and requirements that may need to be developed for collaborating physicians to assure adequate knowledge in mentorship, assessment and advanced medical training. We recommend that the Board reexamine this section and develop appropriate training standards for collaborating physicians providing mentorship and competency assessment.

If the Board decides not to eliminate a pathway to AP licensure for those who have participated in a residency, the AOA, ACOFP and ACOI also request a technical change as follows: "(2) … In order to count toward the required fifty (50) hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1 or by the American Academy of Family Physicians (AAFP) or the American Osteopathic Association (AOA) as Category 1-A or 2-A, or offered by residency program or hospital approved by Accreditation ~~Counsel~~ Council on Graduate Medical Education (ACGME) ~~of the American Medical Association~~ or the ~~Education Committee~~ Program and Trainee Review Council of the American Osteopathic Association (AOA)."

We support the concept of an ongoing competency demonstration, but recommend that "Step 3" of the USMLE and COMLEX in (3) be changed to "Step 2 or Level III of any Approved Medical Licensing Examination" in order to remain consistent with defined terminology.

In addition, we urge the Board to again consider restricting AP license renewal to three years from initial licensure. We believe that using a licensee's complete passage of an Approved Medical Licensing Examination after the third anniversary of their initial licensure as a point where he or she would then qualify for full licensure with additional GME training is appropriate. This would encourage individuals to seek advanced medical training and become fully-licensed physicians.

20 CSR 2150-2.240 Assistant Physician Collaborative Practice Agreements
The requirement in (C) that an AP practice together with his or her collaborating physician at the same site for at least one month before practicing at a site where the collaborating physician is not present is in conflict with the language in 2150-2.230(1) regarding direct supervision of APs by a collaborating physician for at least six months. The AOA, ACOFP and ACOI recommend that the rules be amended to clarify the difference between collaborative agreements for initial licensees and those who have been in practice for over a year, but are establishing an agreement with a new collaborating physician.

20 CSR 2150-2.250 Supervision Change Requirements
The AOA, ACOFP and ACOI recognize that in the initial licensure application, an individual would need to attest that they understand that a collaborative practice agreement must be in place. However,

we are concerned the draft rule could be interpreted to allow an AP to practice for up to 6 months without a collaborative agreement after initial licensure and before renewal. We believe that the collaboration agreement is essential to the protection of the public and urge the Board to provide greater clarity in this section to specify that APs can only practice under a current and active collaborative practice agreement.

We strongly urge the Board to take a slow and deliberate approach to finalizing these rules. There are still several unanswered questions regarding the lack of federal recognition for Assistant Physicians, including their ability to be paid for services provided through Medicare/Medicaid, practice in federally qualified health centers, or eligibility for registration by the Drug Enforcement Administration. We believe Missouri's efforts to address overall physician workforce needs will be best served by facilitating opportunities for completion of formal GME training.

The AOA, ACOFP and ACOI appreciate the opportunity to comment and provide input as the Board works to finalize this rule. We look forward to continuing this dialogue throughout the process. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

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