



TO: Members of the Hawaii State House Committee on Consumer Protection & Commerce

FROM: American Osteopathic Association
Hawaii Association of Osteopathic Physicians and Surgeons
American College of Osteopathic Family Physicians
American College of Osteopathic Internists

DATE: February 14, 2018

SUBJECT: House Bill 1813

The American Osteopathic Association (AOA), the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS), the American College of Osteopathic Family Physicians (ACOFP) and the American College of Osteopathic Internists (ACOI) are writing in opposition to HB 1813. This bill would create a new category of licensure, the Assistant Physician (AP), allowing medical school graduates who have not completed a residency program to provide primary care services and prescribe drugs to patients under limited physician supervision. For APs practicing in rural health clinics, this bill imposes *no* supervision requirements above those required by federal law, which does not recognize APs. Allowing medical school graduates who have not completed graduate medical education 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 represents 137,000 osteopathic physicians (DOs) and 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. HAOPS is a professional medical organization that represents over 300 DOs providing patient care in Hawaii. 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 over 14,400 osteopathic internists.

The AOA, HAOPS, ACOFP and ACOI are committed to working with the State of Hawaii to help address primary care workforce shortages and provide adequate access to high quality health care for patients. Indeed, 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

¹ 2017 Osteopathic Medical Profession Report, American Osteopathic Association. Available at: <https://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Documents/2017-omp-report.pdf>.

- 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** who are **located in medically underserved areas** or who treat medically underserved populations are **osteopathic physicians**.³

We have strong concerns with an AP license; however, 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 Hawaii 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 Hawaii. In 2015, **99.41%** of osteopathic medical school graduates **matched into a residency slot**; therefore, **the number of potential AP licensees is too small to generate a significant positive impact on the primary care workforce**.⁴
- Although this bill creates AP licensure and allows APs to prescribe drugs, it **omits important details regarding scope of practice, the content of collaborative practice agreements and the manner of supervision** and defers to the Hawaii Medical Board to define these through regulations.
- AP licensure is specifically designed for individuals who were unsuccessful at matching into a residency program, yet **this bill provides them with an alternative pathway to provide primary care services for an indefinite period of time which does not require them to attend an accredited residency program or pass a comprehensive licensure examination series**. Residency programs are highly structured to provide residents with rigorous clinical and educational experiences under physician educators. Along the way, residents must pass standardized evaluations which test their ability to provide safe and effective patient care, as well as identify areas for additional training, before they are eligible to independently care for patients.

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, it is unclear whether APs and their supervising physicians would be able to receive payment for their services.

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.

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>.

- 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 graduate medical education** that leads to full, unrestricted medical licensure **in a primary care specialty**.
- This would ultimately lead to an **increased number of licensed physicians fully trained to provide primary care services** to patients in Hawaii.

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 Hawaii. 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 Hawaii'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.

⁵ National Matching Service. Match Data, 2011-2015, AOA Intern/Resident Registration Program.

The AOA, HAOPS, 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 Raine Richards, JD, Director of State Government Affairs at richards@osteopathic.org or (312)-202-8199.

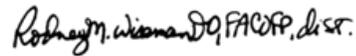
Sincerely,



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