March 6, 2018

The Honorable Cameron Sexton
Tennessee State House Health Committee
425 5th Avenue North
Suite 646 Cordell Hull Building
Nashville, Tennessee 37243

Dear Chairman Sexton:

The American Osteopathic Association (AOA) and the Tennessee Osteopathic Medical Association (TOMA) are writing in opposition to HB 2122 and companion bill SB 1926 (Amendment No. 1). These bills would create a special licensing pathway to allow physician assistants (PAs) who complete a newly created Doctor of Medical Science (DMS) degree program to provide primary care services under limited physician supervision. While the AOA and TOMA strongly support efforts to increase patient access to health care, we are very concerned that authorizing the practice of medicine by PAs, who have not completed comprehensive medical education, training and competency demonstration requirements, could place the safety of Tennessee patients at risk.

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. TOMA is a professional medical organization that represents over 1,000 DOs providing patient care in Tennessee.

We believe that only fully trained physicians are equipped to provide comprehensive primary care services to patients, and we have the following strong concerns with the creation of a special licensing pathway to grant physician practice rights to lesser-trained DMS degree holders.

- Allowing non-physician clinicians to **circumvent current, standardized requirements for medical licensure** across the United States **disregards the decades of evidence and experience** behind established medical school and graduate medical education programs, which assure patient safety.
- Primary care **physicians complete four years of medical school and 12,000 to 16,000 hours of supervised postgraduate medical education** (i.e. residencies) over the course of **three to seven years** before they are able to independently care for patients. These bills allow PAs who complete a newly created **two-year DMS program** following a **two-year master's** and three years of practice to provide primary care to patients under limited physician supervision. The bills do not provide any curriculum or evaluation requirements for DMS programs.

* The DMS degree program is not accredited by the AOA.

- **No state currently licenses DMS degree holders,** and there is only one program in the country (at Lincoln Memorial University-DeBusk College of Osteopathic Medicine*) that meets the program length criteria set forth in these bills. That program offers two tracks leading to the DMS degree: the "clinical track," and the "medical education track." For both tracks**, the curriculum consists of *online* didactics,** and for the medical education track, ***no clinical component* is required.** Further, although the bills require DMS degree holders to pass a "national exam," **no such exam exists.**
- The bills require that new healthcare practitioners "function only in collaboration with a patient care team," but **does not contain specifics regarding collaboration with a *physician***, including the manner and frequency of collaboration, or geographic proximity requirements.
- The bills' **definition of "primary care" is ambiguous** and needs clarification. For example, the requirement that PAs enrolled in a DMS program be supervised by a "licensed physician, board certified or board eligible in primary care cannot be met, as "primary care" encompasses several medical specialties in which physicians can complete residencies and become board certified or board eligible, but there are no generically termed "primary care" residencies and thus no board certification in "primary care."
- The bills **do not define the scope of practice or controlled substance prescribing authority** for these practitioners. Although the bills refer to "opioid awareness…and training," they are silent on DMS degree holders' authority to prescribe opioids, which could be granted through rulemaking without any meaningful collaborative practice requirements with a physician in place. This contravenes efforts to combat the opioid epidemic and strengthen education and training requirements for prescribers.
- The intent of the bills is to address primary care workforce shortages; however, **they do not require DMS degree holders to provide care in rural areas or to underserved populations**. Evidence shows that nurses granted independent practice authority choose to practice in largely the same areas where physicians already practice; thus, it is unlikely that these bills will solve the problem they are supposed to address.[1]
- The bills also fail to address **who will bear the ultimate legal responsibility** for the well-being of patients treated by DMS degree holders, and they do not require them to have **appropriate malpractice insurance.**

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 DMS degree holders and physicians who collaborate with them would be able to receive payment for their services.

[1] American Medical Association Geomap Primary Care Physicians to Nurse Practitioners. 2013.

- Currently, there is **no federal recognition for new healthcare practitioners** and therefore **it is unknown if these individuals or their collaborating 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 DMS degree holders to provide care and receive payment** for services provided to their patients.

Without adequate payment, neither DMS degree holders nor collaborating physicians would be able to sustain their practice, putting into question the viability of the entire model.

The AOA and TOMA are committed to working with the State of Tennessee 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.**[2]
- 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**.[3]
- Overall, **40% of all physicians** who are **located in medically underserved areas** or who treat medically underserved populations are **osteopathic physicians**.[4]

These bills represent the latest front in efforts by PAs to expand into independent practice without having to undergo the extensive training that physicians complete, a sentiment exemplified by the American Academy of PAs' definition of a "PA" as "a healthcare professional who meets the qualifications for licensure and is *licensed to practice medicine*."[5]

The AOA and TOMA believe that all patients deserve access to high-quality medical care provided by a fully trained and licensed physician. We implore the legislature to reconsider granting broad practice authority to a new type of provider without any evidence regarding patient safety or the availability of the "national licensing exam" required by these bills. Instead, we urge you to consider proven, evidence-based approaches to addressing primary care workforce shortages, such as loan repayment assistance and tax deductions tied to providing care in rural and underserved areas, and increased funding for primary care residency programs. We believe that this is the best approach to addressing the state's growing physician workforce shortage needs.

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[2] 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.
[3] 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.
[4] National Center for the Analysis of Healthcare Data (NCAHD)'s Enhanced State Licensure. 2013.
[5] 2017 American Academy of PAs Guidelines for State Regulation of PAs. Available at: https://www.aapa.org/wp-content/uploads/2017/02/Guidelines_for_State_-Regulation_of_-PAs-1.pdf.

Thank you for considering our concerns. Should you need any additional information, please feel free to contact Raine Richards, JD, Director of State Government Affairs at rrichards@osteopathic.org or (312)-202-8199.

Sincerely,

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