



February 27, 2018

The Honorable Richard Briggs  
Tennessee State Senate Health and Welfare Committee  
425 5th Avenue North  
Suite 770 Cordell Hull Building  
Nashville, Tennessee 37243

Dear Senator Briggs:

**The American Osteopathic Association (AOA) and the Tennessee Osteopathic Medical Association (TOMA) are writing in opposition to SB 1926.** This bill 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. The AOA and TOMA 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](http://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 “new healthcare practitioner” designation for 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. This bill allows PAs who complete a newly created **two-year DMS program** (of which there is currently only one in the country) following a **two-year master’s** and three years of practice to provide primary care to patients under limited physician supervision.

- The bill **does not provide any curriculum or testing requirements** for DMS degree programs, **nor does it define the scope of practice or controlled substance prescribing authority** for new healthcare practitioners.
- The bill requires 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 intent of this bill is to address primary care workforce shortages; however, **it does 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 this bill will solve the problem it attempts to address.<sup>1</sup>
- The legislation also fails to address who will bear the ultimate legal responsibility for the well-being of patients treated by new healthcare practitioners, and it does 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 new healthcare practitioners and physicians who collaborate with them would be able to receive payment for their services.

- 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 new healthcare practitioners to provide care and receive payment** for services provided to their patients.

Without adequate payment, neither new healthcare practitioners 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.

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<sup>1</sup> American Medical Association Geomap Primary Care Physicians to Nurse Practitioners. 2013.

The Honorable Richard Briggs

February 27, 2018

Page 2

- More than **50% of DOs practice in primary care.**<sup>2</sup>
- 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.**<sup>3</sup>
- Overall, **40% of all physicians** who are **located in medically underserved areas** or who treat medically underserved populations are **osteopathic physicians.**<sup>4</sup>

The AOA and TOMA believe that all patients deserve access to high-quality medical care provided by a fully trained and licensed physician. 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.

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 [richards@osteopathic.org](mailto:richards@osteopathic.org) or (312)-202-8199.

Sincerely,



Mark A. Baker, DO  
President, AOA



Michael Bernui, DO  
President, TOMA

CC: William S. Mayo, DO, President-elect, AOA  
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<sup>2</sup> 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>.

<sup>3</sup> 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>.

<sup>4</sup> National Center for the Analysis of Healthcare Data (NCAHD)'s Enhanced State Licensure. 2013.