February 15, 2016

The Honorable David R. Suetterlein
Education and Health Committee
Virginia Senate
General Assembly Building, Room 322
Richmond, VA 23218

Dear Senator Suetterlein:

The Virginia Osteopathic Medical Association (VOMA), American Osteopathic Association (AOA), American College of Osteopathic Family Physicians (ACOFP) and American College of Osteopathic Internists (ACOI) are writing in opposition to House Bill 900. While we appreciate the recognition of physician workforce shortages in Virginia and can understand the desire to address this issue, we have several concerns with this bill. Creating an Associate Physician (AP) provider is an inadequate attempt to address the workforce shortage needs of Virginia. In 2015, 99.41% of osteopathic medical school graduates matched into a residency slot.\(^1\) Additionally, AP licenses under this bill are limited to a two-year period. 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.

The AOA proudly represents its professional family of more than 123,000 osteopathic physicians and osteopathic medical students. 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. VOMA is a professional organization that represents over 1,500 DOs licensed to provide patient care in Virginia. 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.

care are constantly trying to advance. This assures patient safety. The osteopathic medical profession has long emphasized the importance of providing primary care to patients in rural and underserved areas, with more than 50% 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. Overall, 40% of all physicians that are located in medically underserved areas or who treat medically underserved populations are osteopathic physicians.

The 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, 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 customers. 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. Qualified individuals who do not match into a specialty graduate medical training programs are eligible and should be encouraged to pursue advanced medical training 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 Virginia.

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 Virginia.** 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.

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2 Osteopathic Medicine and Medical Education in Brief, American Association of Colleges of Osteopathic Medicine. Available at: [http://www.aacom.org/about/osteo/med/Pages/default.aspx](http://www.aacom.org/about/osteo/med/Pages/default.aspx).

3 National Center for the Analysis of Healthcare Data (NCAHD)’s Enhanced State Licensure. 2013.
Sincerely,

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President, AOA

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