AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

SCOPE OF PRACTICE — ASSISTANT PHYSICIANS

Background

In 2014, Missouri became the first state in the nation to enact legislation creating the new professional designation of assistant physician. Assistant physicians (sometimes referred to as associate physicians) are medical school graduates who have passed either Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX) and meet licensure requirements for the state in which they intend to practice. Assistant physicians have not completed an accredited residency program, but (in certain states) they are required to receive a month of clinical training before practicing under physician supervision.

The Importance of Residency Programs

While assistant physicians have completed medical school, they have not matched into or completed a residency program. All family physicians are required to complete a residency program which includes 12,000 to 16,000 hours of clinical patient care. The AAFP supports the practical training provided by residency, as it provides hands-on practice and guidance in the realities of delivering independent, quality patient care.

Residency education is critical to providing extensive patient care experiences under a high level of supervision. Throughout residency, medical school graduates are exposed to many different patients, pathologies, and practice settings. Residents undergo a process of graduated responsibility in which residents take on progressive duties over the course of their training commensurate with their instruction and level of expertise. In addition to extensive clinical experience, residents are also trained in professional development opportunities, effective communication, leadership, and other necessary skills. Because assistant physicians haven't completed a residency program, they lack the meaningful direct patient care experience and education necessary to provide quality care

According to the National Resident Matching Program, in 2022, more than 42,000 students applied for around 39,000 residency positions. Almost 37,000 positions were filled, leaving several thousand applicants unmatched.[1] Advocates for the assistant physician designation say that the role creates an opportunity for individuals who did not match to utilize their medical school education and earn enough money to repay school loans.

The AAFP opposes the concept of assistant physicians and contends that residency slots are not being filled because students try to match into specialties, such as family or emergency medicine, that are not good fits. When residency slots fill up in specialties, students untrained in other areas are in limbo, and unable to apply to an area with open slots. A solution that the AAFP advocates for is the correct allocation of funds to schools, hospitals, and residency programs that allow for graduate students to gain more exposure to underserved communities and a variety of specialties.

[1] Devereaux, Mari. (2022). *Five states think assistant physicians can improve access.Doctors disagree*.Modern Healthcare. https://www.modernhealthcare.com/physicians/efforts-expand-use-assistant-physicians-face-opposition

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State Legislation
The 2014 Missouri law allows assistant physicians to provide primary care services to individuals in rural and underserved areas with limited physician supervision without completing postgraduate residency training. The Missouri Board of Registration for the Healing Arts began accepting applications for the assistant physician designation on January 31, 2017. In 2020, Missouri issued 169 assistant physician licenses, compared with 114 in 2021 and 17 in 2022, according to the Missouri Board of Registration for the Healing Arts.

In 2022, legislation passed in Missouri to tighten certain provisions from the 2014 law. The enactment of Senate Bill 938 no longer allowed applicants for assistant physicians licenses from any medical school. Instead, applicants must have graduated from a medical school accredited by certain organizations. The 2022 bill also repealed a provision of the 2014 law that authorized assistant physicians' collaborative practice arrangement in any pilot project areas established in which assistant physicians may practice.

Since the Missouri law was passed, Arkansas, Kansas, Utah, Arizona and most recently Idaho have enacted assistant physician legislation. Arkansas' new "graduate registered physician" position allows medical school graduates with Arkansas ties to practice before residency with direct continuous supervision. Kansas created a special license for graduates of the University of Kansas School of Medicine who do not match with a residency program to let them practice under continuous direct supervision for a maximum of two years. Recently, Utah created an "associate physician" position that allows medical school graduates to provide primary care services in medically underserved areas with limited physician supervision for up to four years.

In 2022, Louisiana passed Senate Bill 439, which mandates the qualifications for licensure as an assistant physician. The law states that an assistant physician shall only practice medicine in accordance with a collaborative practice agreement with a physician licensed by the LSBME.

Arizona's law, passed in 2021, creates a new assistant physician provider category for medical and osteopathic school graduates who have not completed a residency program. Together, the AAFP and Arizona AFP sent a letter to members of the Arizona Senate Health and Human Services Committee opposing the legislation. Eventually, the bill removed the specific language of an assistant physician licensure category, but edited the text to grant a one-year "transitional training permit" to medical school graduates who have not completed residency but have completed Steps 1 and 2 of the USMLE or equivalent exams. Recipients can renew the permit for two additional one-year periods if they still have not been selected for a residency, but may not hold a permit for an aggregate period of more than 36 months.

Regulation and Scope of Practice
In the states that have created the assistant physician provider category, individuals may apply for licensure, a process that includes submitting exam scores, proof of a medical degree, and letters of recommendation. The state licensing board will decide whether to license the assistant physician after reviewing a medical school graduate's application. A recent *JAMA* study found that assistant physicians in Missouri had "significantly lower" USMLE scores compared to their colleagues who matched into a residency.[2]

Although statutes regulating the practice of assistant physicians vary by state, assistant physicians are typically required to enter a partnership with a licensed physician within six months of receiving their assistant physician license and are considered physician assistants for payment purposes. Assistant physicians can only practice in medically underserved areas and the supervising physician must

[2] Hoekzema G, Stevermer J. (2018). "Characterization of Licensees During the First Year of Missouri's Assistant Physician Licensure Program." *JAMA*. Web.

oversee all activities performed by the assistant physician and accept responsibility – although not necessarily be present – for services rendered by the assistant physician.

Under these laws, assistant physicians are allowed to provide primary care services for a definite, or in the case of Missouri's law, an indefinite amount of time. Furthermore, Missouri law requires assistant physicians to receive only 30 days of clinical training before practicing in a health provider shortage area (HPSA) with patients.

In 2019, Missouri introduced legislation that would expand the assistant physician role. House Bill 710, which did not pass, would have allowed for advanced practice registered nurses and physician assistants to collaborate with an assistant physician and would have created a process for an assistant physician to become a fully licensed physician without the completion of any residency program. The AAFP sent a letter to legislators opposing this bill, saying it would expose patients receiving care from these individuals to a substandard level of medical care in the state of Missouri.

Missouri attempted to pursue similar legislation and broaden assistant physician scope of practice in 2021. House Bill 550 would have allowed an assistant physician to become a fully licensed physician after completing Step 3 of the USMLE, a total of 60 months of cumulative collaborative practice, and at least 100 hours of continuing medical education every two years during those 60 months. The bill did not pass. House Bill 916, which also did not pass, would have reduced review by the collaborating physician of the assistant physician's services from every 14 days to every 30 days for at least two years. This bill also would have expanded the prescription drugs assistant physicians can prescribe including expanding prescriptions from only hydrocodone to any opioid and adding amphetamine or methylphenidate.

As legislators in Missouri continue to attempt further modifications to the regulation of physician assistants, several other states are pursuing their own legislation to permit physician assistants to practice in their states, including Hawaii, Indiana, Montana, Tennessee, Texas and Virginia.

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