



May 6, 2019

The Honorable Elijah Haahr
Speaker of the House
201 W Capitol Ave., Rm. 308
Jefferson City, Missouri 65101

The Honorable Dave Schatz
Senate President Pro Tem
201 W Capitol Ave., Rm. 326
Jefferson City, Missouri 65101

Dear Speaker Haahr and Senator Schatz:

On behalf of the American Academy of Family Physicians (AAFP), representing 134,600 family physicians and medical students across the country, I write to share our strong opposition to Missouri House Bill 710, which if enacted would dangerously erode the level of medical care for all Missourians and further divide the medical field through the continued expansion of assistant physicians. Assistant physician certification is deficient because it allows non-residency trained medical school graduates to practice medicine with very limited patient care experience. Acceptable training in an accredited residency program following medical school graduation cannot be bypassed and allowing for the certification of individuals without this training is dangerous for patients and quality health care. For these reasons, we urge you to oppose this bill.

In 2014, the Missouri legislature enacted legislation creating a new professional clinical designation of “assistant physician.” Missouri law allows assistant physicians to provide primary care services to individuals in rural and underserved areas without completing postgraduate residency training and with limited physician supervision.¹ The Missouri legislature is now considering expanding the assistant physician role. House Bill 710 would allow for advance practice registered nurses and physician assistants to collaborate with an assistant physician and more alarming, would create a process for an assistant physician to become a fully licensed physician without the completion of any residency program. This, in our opinion, is the wrong approach and exposes patients receiving care from these individuals to a substandard level of medical care in the state of Missouri.

Assistant physicians have completed medical school but have not matched in nor completed a residency program. Assistant physicians lack the meaningful direct patient care experience and education achieved during residency training – which represents an additional 12,000 to 16,000 hours of clinical patient care beyond medical school – that is critical to provide quality and comprehensive primary care to patients. The AAFP supports the practical training provided by an accredited family medicine or other primary care residency as it provides hands on practice and guidance in the realities of delivering independent high-quality patient care. Residency education is critical to providing extensive patient care experiences under a high level of supervision. Over the course of a resident’s training, residents are exposed to many different patients (especially those with multiple chronic and complex conditions), pathologies, practice

¹ Mo. Rev. Stat. §334.036

STRONG MEDICINE FOR AMERICA

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settings, and additional circumstances such as those patients who initially present with a set of undifferentiated signs and symptoms which requires further experience in critical thinking and differential diagnosis which is not provided through just a medical school experience. 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 instructed in professional development opportunities, effective communication with patients, families and peers, leadership, and other necessary skills.

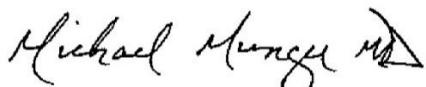
Assistant physicians receive none of this training. The AAFP believes that allowing medical school graduates to practice without completing residency training to provide independent care will jeopardize safety and undermine quality patient care. Graduates of medical school require intensive proximate – not remote – supervision. Care delivered by individuals without adequate training, competence, and supervision is inappropriate, confusing, and dangerous to patients and the public. Furthermore, research shows that patients want a fully trained physician to lead their health care team and value the years of education and training of residency-educated physicians.² Those in rural and underserved areas should not be exposed to physicians with lesser training and are equally deserving of the same level of safe, high quality care. No amount of collaboration between a physician and an assistant physician can replace the robust residency portion of a physician's training. If a medical school graduate does not match into a residency program, it is imperative that they re-apply for such training instead of working around it. Additionally, the legislation would allow these individuals to supervise other health professionals who rely on appropriate residency trained physician leadership and supervision of health care teams. Anything less is unacceptable.

The AAFP stands ready to work with stakeholders to promote proactive, patient-first solutions to the primary care workforce shortage in Missouri and across the country. However, diminishing the critical training needed for medical professionals is not the answer. All patients deserve to have their health care directed by a residency trained and licensed physician.

The AAFP remains seriously concerned with existing Missouri law on assistant physicians and strongly opposes further expansion of this provider category under HB 710. This legislation is not an innovative policy solution to address the rural health crisis in Missouri – it is a dangerous proposal that jeopardizes patient health and safety.

Thank you for your consideration. If you have questions or would like additional information, please contact Robert Hall, Director of Government Relations, at rhall@aafp.org.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

² AMA, Truth in Advertising Survey, <https://www.ama-assn.org/delivering-care/patient-support-advocacy/truth-advertising> (2018).