



February 12, 2020

The Honorable Nancy Barto  
Chair  
House Health & Human Services  
Committee  
1700 W. Washington Street  
Phoenix, AZ 85007

The Honorable Jay Lawrence  
Vice-Chair  
House Health & Human Services  
Committee  
1700 W. Washington Street  
Phoenix, AZ 85007

Dear Members of the Arizona House Health & Human Services Committee:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, and the Arizona Academy of Family Physicians (AzAFP), which represents 2,200 family physicians and medical students in Arizona, I write to share our strong opposition to [H.B. 2419](#). This legislation would create a new licensure category of “assistant physician” for medical and osteopathic school graduates who have not attended or completed an accredited residency program to practice medicine. Simply put, allowing unqualified medical school graduates to practice medicine without the necessary training acquired in residency is dangerous to patient health and safety. Arizona should not create special licensure pathways for those who have not completed a residency program.

Assistant physician refers to medical school graduates who have neither matched with nor completed a residency program. While these individuals successfully completed four years of rigorous medical school instruction, these graduates lack the meaningful direct patient care experience and education achieved during residency training –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 and AzAFP 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. 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 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.

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Assistant physicians receive none of this training. The AAFP believes that allowing medical school graduates to practice collaboratively without completing residency training will jeopardize safety and undermine quality patient care. Graduates of medical school require intensive proximate – not remote – supervision, as this bill would allow. Care delivered by individuals without adequate training and competence is inappropriate, confusing, and dangerous to patients. 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.<sup>1</sup> 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 as those in areas of adequate workforce.

Currently, only four states have passed legislation which would allow for the creation of this designation. In 2014, Missouri became the first to enact legislation creating this new professional designation. Since then, concerns continue to be raised about this licensure category. A recent study in the *Journal of the American Medical Association* found that assistant physicians in Missouri had significantly lower U. S. Medical Licensing Examination (USMLE) scores compared to their colleagues who matched into a residency.<sup>2</sup> These individuals are not ready to practice and should seek placement in a residency program.

The AAFP and AzAFP stand ready to work with the Arizona legislature to promote proactive, patient-first solutions to the primary care workforce shortage in Arizona and across the country. Rural Teaching Health Center residencies are one example. However, diminishing the critical training needed for medical professionals is not the answer. This legislation is not an innovative policy solution to address the rural health crisis in Arizona – it is a dangerous proposal that jeopardizes patient health and safety and threatens to increase health disparities being felt in those communities.

If you have questions or would like additional information, please contact Stephanie Quinn, Director of Government Relations, at [squinn@aafp.org](mailto:squinn@aafp.org), or Gail Guerrero-Tucker, MD, President of the Arizona Academy of Family Physicians, at [christy@azafp.org](mailto:christy@azafp.org).

Sincerely,



John S. Cullen, MD, FAAFP  
AAFP Board Chair



Gail Guerrero-Tucker, MD, MPH  
AzAFP President

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<sup>1</sup> "Truth in Advertising." (2018). AMA. Retrieved from <https://www.ama-assn.org/delivering-care/patient-support-advocacy/truth-advertising>

<sup>2</sup> Hoekzema G, Stevermer J. (2018). "Characterization of Licensees During the First Year of Missouri's Assistant Physician Licensure Program." *Journal of the American Medical Association*. Web.