



American Academy of Family Physicians

January 30, 2007

The Honorable Max Baucus, Chairman
The Honorable Charles Grassley, Ranking Member
Committee on Finance
United States Senate
Washington DC 20510

RE: Requirement for Mid-Level Practitioner in Rural Health Clinics

Dear Senators:

The American Academy of Family Physicians encourages you consider repealing an out-dated and unnecessary statutory provision requiring the presence of a mid-level practitioner in a Rural Health Clinic (RHC) at least 50 percent of the time the clinic is in operation. These mid-level practitioners include nurse practitioners, physician assistants and certified nurse midwives.

When the authorizing statute for RHCs was amended, Congress included this requirement as a means of assuring access to care. However, the requirement has had and continues to have unintended consequences. This provision has placed a burden on and reduced flexibility of RHCs. For example, a survey of AAFP members indicates that it is frequently easier to recruit and employ a physician than it is to find a mid-level practitioner. In such instances, AAFP members have been threatened with decertification even though all care was being delivered by physicians.

The sample of comments below illustrates just how counter-productive this requirement can be:

- If the requirement for mid-level practitioner were repealed, all patients, especially the medically complex patients would receive care provided by a physician.
- Patients would be more likely to receive a complete treatment plan.
- We would be able to substitute a third physician and still accommodate her or him in our physical space. Although the midlevel is helpful and cost-effective, he/she cannot offer the same intensity of care to a patient with multiple medical problems. Having a midlevel instead of a potential additional physician also puts undue call requirements on the existing physicians, since the midlevel contributes a patient panel to the call burden, but is unable to take call, since he/she is not qualified or credentialed to handle hospital care.

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- Requiring us to have a midlevel practitioner prevents us from hiring another physician due to space and overhead cost. If I did not have to have the midlevel, I would hire another physician.
- This is ridiculous, why should we hire more mid-levels when physicians currently staff our clinic. Stupid rules like this one cause clinics to close permanently and even further reduce access to healthcare for rural patients.

AAFP members contend that the law should not be overly prescriptive but in fact should allow RHCs to employ midlevel practitioners or physicians, whichever is available and deemed to provide the highest quality of care. The Academy urges the repeal of this provision and would be happy to work with you on crafting a suitable and workable replacement.

Sincerely,

Larry S. Fields MD

Larry S. Fields, MD, FAAFP
Board Chair