



March 13, 2018

The Honorable Cameron Sexton
Chairman
Tennessee House Health Committee
425 5th Avenue North
Suite 646, Cordell Hull Building
Nashville, TN 37243

The Honorable Sabi Kumar
Vice Chairman
Tennessee House Health Committee
425 5th Avenue North
Suite 654, Cordell Hull Building
Nashville, TN 37243

Dear Chairman Sexton and Vice Chairman Kumar,

On behalf of the American Academy of Family Physicians (AAFP), representing over 129,000 family physicians and medical students across the country, I am writing to urge you to oppose HB 2122 and companion legislation SB 1926. These bills create a new provider category to allow physician assistants (PAs), who complete a newly established “Doctor of Medical Science (DMS)” degree, to practice primary care with limited physician supervision. The AAFP strongly opposes this unprecedented proposal to create a new provider designation, offered by a single academic institution, that would undermine physician-led team-based care models as well as jeopardize the safety and quality of patient care in Tennessee.

If enacted, the provisions would allow physician assistants who have master’s level training and three years’ clinical experience in primary care, emergency care, or general internal medicine, to enter the Doctor of Medical Science program at the Lincoln Memorial University-DeBusk College of Osteopathic Medicine. The program is comprised of 50 credit hours, which would be obtained predominantly on-line, over two calendar years. Upon completion of the program, eligible providers would take an examination, which the scope and breadth of, unfortunately, have yet to be determined.

Since these individuals are not recognized under applicable federal law, it is doubtful that they would be allowed to provide care to patients in public health care programs. Furthermore, given the lack of data supporting the competency of the individuals holding the DMS degree, combined with the lack of an accepted national evaluation standard or board exam, it is highly unlikely that commercial insurers would recognize holders of the DMS degree within their programs.

The proposal creates grave danger for patients. No licensing board exists for this new provider, and the legislation does not address the critical absence of a governing body to ensure patient safety. While the program “is designed to fill the educational gaps between the foundation physician and physician assistant curricula,” it falls short and raises alarming patient safety concerns.

In comparison, all fully trained physicians are required to complete a four-year bachelor’s degree, four years of MD/DO education, and a minimum of three years of residency that includes 12,000 to 16,000 hours of clinical patient care. Family physicians are also required to take 150 hours of Continuing

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Medical Education (CME) training every three years and, if board certified, must sit for their board certification exams every six to ten years along with completing an annual requirement to maintain their certification. Physician education is standardized by state medical boards. Each physician is also required by law to carry his/her own medical liability insurance.

The AAFP believes that health professionals should work collaboratively as clinically integrated teams in the best interest of patients. Physician-led team-based care addresses patients' needs for high quality, accessible health care and reflects the skills, training and abilities of each of the health care team members to the full extent of their state-based licenses. Furthermore, family physicians are particularly qualified to lead the health care team because they possess distinctive skills, training, experience and knowledge that allow them to provide comprehensive medical care, health maintenance, and preventative services for a range of medical and behavioral health issues.

The legislation is unclear on the scope of practice for Doctors of Medical Science as it does not state their prescribing authority or the contours of appropriate collaboration with a physician overseeing the new provider. The new designation instead further splinters health delivery for patients. Allowing Doctors of Medical Science the ability to provide care by diagnosing, prescribing, treating, counseling, providing health assessment and screening, facilitating patient management of acute and chronic illness and disease, ordering and performing, supervising, and interpreting diagnostic tests, and prescribing pharmacologic and non-pharmacologic therapies, or providing other services with limited physician collaboration will harm patient care because of this fragmentation. Physician Assistants are important members of the medical team, but they do not have the medical education and training to provide full coordination of a patient's care. The new designation of "Doctor of Medical Science" and the program created to train them does not fill this gap. A "Doctor of Medical Science" is not a substitute for a physician when it comes to ensuring patient safety.

All patients deserve to have their health care delivered by a fully-trained and licensed physician. The AAFP believes that allowing Doctors of Medical Science to practice under the terms of this legislation will jeopardize safe and high-quality patient care. Care delivered by individuals without adequate training, competence, and supervision is inappropriate and confusing to patients. Patients want a physician to lead their health care team and value the years of education and training of physicians.¹ Those in rural and underserved areas, where more providers are needed, deserve the same level of safe, quality care available to other Americans. Allowing Doctors of Medical Science to practice creates another level of fragmentation in an already highly complex system leading to increased patient confusion. We face a severe primary care workforce shortage² in the United States, but creating shortcuts for mid-level professionals is not the answer.

There are solutions to the access and workforce challenges Tennessee faces -dedicated funding for primary care Graduate Medical Education (GME), reimbursement reform, increased funding for primary care training and medical school debt relief. The AAFP is

¹ AMA, *Truth in Advertising Survey*, https://www.ama-assn.org/sites/default/files/media-browser/premium/arc/tia-survey-2008-2015_0.pdf (2015).

² AAMC, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*, <https://www.aamc.org/download/426242/data/ihsreportdownload.pdf> (2015).

committed to working with stakeholders and policymakers to identify strategies to bolster the primary care pipeline and address the workforce challenges in Tennessee and other states.

We are also troubled by the precedent the legislation would establish by allowing such changes in a profession's role and responsibility, especially when it is not a widely accepted practice. The AAFP is opposed to the Doctor of Medical Science designation. While the need for more health care providers and increased access is clear in Tennessee, the creation of a new provider designation is not the right choice.

Thank you for your consideration. If you have questions or would like additional information please contact Shelby King, Manager, AAFP Center for State Policy at sking@aafp.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish and the initials 'MD' at the end.

John Meigs, Jr., MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.