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The Honorable Karen Fann
President, Arizona State Senate (Room 205)
1700 West Washington
Phoenix, Arizona 85007

October 27, 2020

Dear President Fann,

Thank you for your dedicated service to the citizens of the State of Arizona.

On behalf of the Arizona Chapter of the Association of American Physicians and Surgeons, I am pleased to submit the enclosed sunrise report pursuant to section 32-3106, Arizona Revised Statutes.

We believe the State would benefit from expanding the ability of qualified medical school graduates to serve Arizona patients through an "associate physician" license.

Please do not hesitate to reach out to me with any questions or if anything further is needed to comply with the requirements necessary for related legislation to be potentially considered in the upcoming session.

Sincerely,

Jeremy Snavelly
Director of Regulatory Affairs
520-270-0761, jeremy@aapsonline.org

cc Speaker Rusty Bowers

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OFFICE OF THE PRESIDENT

Sunrise Report to Increase Underserved Arizonans' Access to Primary Care from Medical School Graduates Serving as Associate Physicians

Introduction:

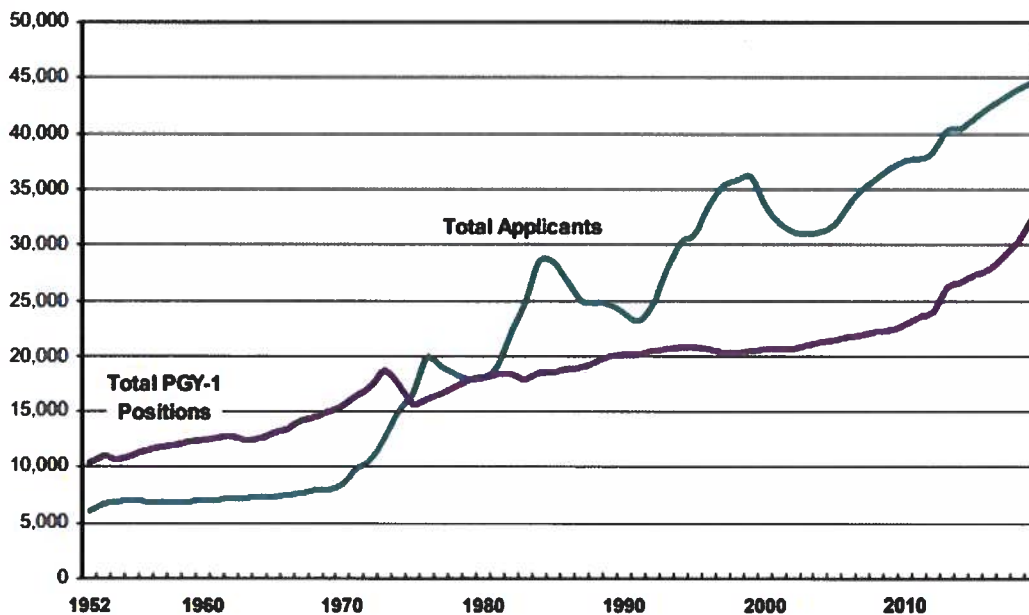
Pursuant to section 32-3106, Arizona Revised Statutes, we the Arizona Chapter of the Association of American Physicians and Surgeons seek an increased scope of practice for qualified graduates of medical schools who have not yet completed a year of medical residency or been accepted to a medical residency program. We propose that these qualified professionals be granted an "associate physician" license, to practice under the supervision of a currently licensed Arizona physician, as exists in states like Missouri and Utah. This is not to be confused with "physician assistants" who are not medical school graduates, but who nonetheless are able to obtain practice privileges in the State of Arizona.

Therefore we submit answer to the following questions as required by statute:

1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

Arizona's primary care physician shortage is one of the worst in the nation, "with the state ranking 44th out of 50 states," explains *UANews*. Nationwide, the physician shortage is exacerbated by a deficit of residency program slots for medical graduates. Approximately 8,000 applicants per year to U.S. residency programs currently fail to obtain a match after graduating from medical school.

Figure 1 Applicants and 1st Year Positions in the Match, 1952 - 2019



Not only will these medical school graduates have an opportunity to start on their post graduate training, but Arizona patients will gain expanded care options that they currently lack. For example, 41% of rural Medicare beneficiaries did not see a physician for their primary care in 2012.

By the time medical school students graduate, they generally have more than twice as much clinical experience as new nurse practitioner graduates who are able to practice in the state. So allowing MD and DO medical graduates the ability to have limited, supervised, practice opportunities is a common sense step Arizona can and should take as soon as possible.

Table 1

Minimum Training Requirements for Licensure for Primary Care Physicians, Nurse Practitioners, and Physician Assistants

Educational requirement	Minimum no. of years of training	Minimum no. of weeks of supervised clinical experience
Physician		
Bachelor's degree	4	0
Medical school	3	65
Residency	1	45
Total	8	110
Nurse practitioner		
Associate's degree/registered nurse license	2	15
Bachelor of science in nursing (online)	2	0
Master's degree	2	12.5
Total	6	27.5
Physician assistant		
Bachelor's degree	4	0
Master's degree	2	45
Total	6	45

Access to an associate physician may improve patient safety as medical school graduates have more training than many providers currently treating patients in rural Arizona settings. For example 41% of rural Medicare beneficiaries saw a physician assistant or nurse practitioner (NP) for all (17 percent) or some (24 percent) of their primary care in 2012. That percentage is no doubt higher today; the number of NPs has increased from 91,000 in 2010 to 190,000 in 2017.

Safety is improved, not diminished: "At the point of certification, a new nurse practitioner has acquired between 500 and 1,500 hours of clinical training, fewer than a third-year medical student," reports the Primary Care Coalition. Medical school graduates, by comparison, on

average complete 6,000 hours of such training by the end of their 4th year.

<https://tafp.org/Media/Default/Downloads/advocacy/scope-education.pdf>

2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.

The granting of an Associate Physician license will require a degree from any accredited medical school currently recognized by the state of Arizona for this purpose. Medical school curriculum includes both didactic and clinical training that is more extensive than required for either nurse practitioners or physician assistants (see table 1).

3. Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

Like in other states that have created an associate physician license, the successful completion of Parts I and 2 of the United States Medical Licensing Examination will be required. These comprehensive exams test both the medical knowledge and clinical skills of the medical school graduates.

4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification or licensure as this state.

The impact on currently licensed Arizona physicians will be beneficial by allowing fully licensed Arizona physicians to add high-quality clinical team members who have graduated medical school to their medical practice, expanding their ability to serve Arizona patients.

The bill does not propose a new class of physician. It would simply begin a process of expanding training options for medical school graduates. The associate physician license would in essence be a variation of the existing "postgraduate training permit" already issued by the State of Arizona with a few innovative differences. Graduates with this license will often use it as a bridge towards participation in a traditional residency training program. They can gain valuable "boots on the ground experience" under the wing of Arizona community physicians serving underserved patients while waiting for an opening. This limited license will also be a platform to safely explore new strategies for completing post graduate training. Otherwise their progress to entering into practice to serve patients is setback or in some cases permanently ended; not to mention the fact that the average graduate has more than \$180,000 in debt; debt that will be much more difficult to pay off without being able to practice in some fashion.

The legislation isn't intended as a "quick fix." It is simply adding another tool in the toolbox available to medical school graduates as they continue their path towards full licensure, and gives patients increased options as well. Resolving both of these problems will require many changes. HB 2419 is just one step in a multi-factorial process that will also require changes at the federal level. The longest journey begins with a first step.

5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

There will be no increased cost to the state. Licensing fees will cover Medical Board-related expenses for administering the issuance of associate physician licenses. In fact, expanding the primary care workforce, with qualified and supervised medical school graduates, will put downward pressure on medical expenses for not only the State of Arizona but for all Arizonans. Increased access to primary care means fewer emergency department visits and hospitalizations. One recent study by the Society of Actuaries found that easy access to independent primary care practices reduced hospitalizations by 20% emergency department visits 40% and overall medical spending by 20%. In one county that offers a no-cost primary care option to county employees, overall expenses dropped by about \$1100 per employee per year.

6. The relevant health profession licensure laws, if any, in this or other states.

Current Arizona Statute

ARS 32-1422 currently requires an applicant for physician licensure to "Successfully complete an approved twelve-month hospital internship, residency or clinical fellowship program," in addition to the standard requirement to "Graduate from an approved school of medicine or receive a medical education that the board deems to be of equivalent quality."

32-1401 limits the approved internship or residency to those approved by the Accreditation Council for Graduate Medical Education (ACGME). Since the ACGME limits available slots well below the number of Medical Graduates there is a significant number of approved Medical School Graduates unmatched with an internship or residency slot.

32-1432.03 thus currently limits training licenses, available to medical residents, to ACGME approved programs.

Limiting internships to ACGME approved programs is the current status quo in most states, but is a relatively recent limitation imposed at some point after the ACGME was founded in 1981. This requirement greatly limits the options available to medical school graduates to train in community settings that would otherwise be suitable for them.

Other States:

A growing number of states have begun to roll back the harmful monopoly the ACGME holds on the ability of medical graduates to obtain any type of license, whether supervised or otherwise.

Missouri's Assistant Physician Law took effect over six years ago on August 28, 2014 and is enacted as Missouri Statute 334.036 & 334.037,

<https://revisor.mo.gov/main/OneSection.aspx?section=334.036&bid=34925&hl=>
<https://revisor.mo.gov/main/OneSection.aspx?section=334.037&bid=47928&hl=>

The legislation's effect in Missouri has been to enhance patient care.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139962/>

Arizona's neighbor Utah passed H.B. 396 "Medical School Graduates Associate Physician Licensure" in 2017. <https://le.utah.gov/~2017/bills/static/HB0396.html>

Arkansas, in 2015 passed the Arkansas Graduate Registered Physician Act:

<https://www.armedicalboard.org/Professionals/pdf/REGULATION%2037%20%2010-5-15.pdf>

Kansas, Georgia, New Hampshire, and Virginia are among states that have introduced related legislation. <https://assistantphysicianassociation.com/news>

7. Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.

As far as we know the Arizona Medical Board has not made a recommendation regarding this potential policy change. Accrediting programs likely see this as a threat to their monopoly power. In other states we can say that the Missouri State Medical Association voiced strong support in the face of the state's desperate need for rural healthcare. And support was heard at the Texas Medical Association House of Delegates consideration of similar policies.

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