**2019-C-11**

Adopt the policy paper entitled Non-Physician Licensure for Medical School Graduates.

**Non-Physician Licensure for Medical School Graduates**

**Executive Summary of Policy Contained in this Paper**

Summaries will lack rationale and background information, and may lose nuance of policy.

You are highly encouraged to read the entire paper.

* AAPA opposes the creation of new categories of licensure for medical school graduates who have not completed the requirements of physician licensure.
* AAPA opposes legislation which would categorize such licensees as PAs in any circumstances.
* AAPA supports efforts to increase access to healthcare in underserved areas by improving outdated state laws and regulations which place non-evidence-based limits on PA practice.
* Several states have either considered or enacted legislation to allow medical school graduates who have not completed the requirements of physician licensure to become licensed as “assistant physicians,” “graduate registered physicians,” “associate physicians,’ or other, similarly-named practitioners. Proposed AAPA policies regarding this new category of licensure are identified in this paper.

**Background**

In 2014, Missouri became the first state to create a category of licensure for medical school graduates who have completed Step 1 and Step 2 of the United States Medical Licensing Exam (USMLE) but have not matched with a residency. (1) These licensees, called “assistant physicians,” or APs, are intended to mitigate healthcare provider shortages. APs are authorized to provide many of the same medical services as PAs and nurse practitioners (NPs), including prescribing Schedule III-V controlled medications and Schedule II hydrocodone medications. They are also subject to supervision requirements which are substantively similar to the supervision requirement for PAs. However, unlike PAs and NPs, APs are largely restricted to practicing primary care in rural or urban underserved areas. APs may also refer to themselves as “doctor.”

There remain some unanswered questions regarding reimbursement for APs in Missouri. Missouri law states that APs shall be considered PAs for the purposes of regulations under the Centers for Medicare and Medicaid Services (CMS). However, as of August 2018, CMS and its contractors have declined to recognize APs, either as PAs or as their own category of practitioner. It also remains unclear whether private insurers will recognize APs for reimbursement purposes.

Other states have created categories of licensure for unmatched medical school graduates. Examples include Arkansas (“graduate registered physicians”), Kansas (“special permit holders”), and Utah (“associate physicians”). Several other states, including Mississippi, New Hampshire, and Oklahoma have considered legislation to establish similar categories of licensure.

While the idea of licensing unmatched medical school graduates is popular with state legislatures, it remains controversial in the medical community. In 2014, the American Medical Association (AMA) adopted policy in response to the Missouri law which states:

*RESOLVED, That our American Medical Association oppose special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education or American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate U.S. medical education.* (2)

There is no question that increased access to healthcare services is needed in many areas of the country. However, this category of licensure was created to satisfy the specific needs of medical school graduates who have not completed their medical training. The goal of professional licensure is to standardize and guarantee the qualifications of licensees and protect the public from unqualified practitioners. Licensing individuals who have failed to compete a specific course of study is contrary to this goal.

The licensure of unmatched medical graduates may also lead to unintended consequences. First, titles such as “assistant physician” have the potential to confuse patients, health systems, payers, and other providers. PAs have provided patient care for more than 50 years, and the PA title is familiar to healthcare consumers and professionals. The introduction of a new practitioner with a similar name and often, a similar scope of practice, may lead to errors in medical records or reimbursement for care provided as well as a lack of clarity regarding a practitioner’s qualifications.

Additionally, proposals which attempt to place licensees in the same category as PAs without requiring that they satisfy the requirements of becoming a PA are problematic, even if they do so only in limited circumstances. States and the federal government have specific statutory and/or regulatory definitions for PAs, all of which include the requirement that a PA have completed an accredited PA educational program and passed the national certification examination administered by the National Commission on Certification of Physician Assistants. Attempting to add licensees to these definitions without meeting their qualifications can lead to denial of payment for non-PA licensees, ultimately causing hardship for patients. It could also lead to violations of state title protection laws, which prohibit non-PAs from holding themselves out to the public as PAs.

Finally, as a practical matter, it is unlikely that licensing medical school graduates who have failed to secure a residency will have a significant impact on healthcare provider shortages. Many of these new licensees are expected to continue to seek a residency, resulting in a high potential for turnover.

**Recommendations**

* AAPA opposes the creation of new categories of licensure for medical school graduates who have not completed the requirements of physician licensure.
* AAPA opposes legislation which would categorize such licensees as PAs in any circumstances.
* AAPA supports efforts to increase access to healthcare in underserved areas by improving outdated state laws and regulations which place non-evidence-based limits on PA practice.

**References**

1. Missouri Revised Statutes 334.036.
2. American Medical Association. Health Care Delivery: Practicing Medicine by Non-Physicians H-160.949.

Submitted by

Author’s Name Delegation Date & Time

Seconded by

Name Delegation Date & Time