American Academy of PAs

Support of Standardized Licensure Requirements for Health Professionals to Assure Public Protection and Transparency

AAPA strongly opposes efforts to license medical school graduates who have not completed the requirements for physician licensure as “assistant physicians.” AAPA also believes that the standard criteria of graduation from an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)-accredited PA program and passage of the Physician Assistant National Certification Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA) should be required for PA licensure.

AAPA’s Guidelines for Ethical Conduct for the PA Profession state that, “Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.” Efforts to alter standard licensure requirements or create new professions to satisfy the specific needs of a select group of potential licensees are in direct opposition to the goals of health professional licensure; which are to standardize and guarantee the qualifications of licensees and protect the public from unqualified practitioners.

AAPA is concerned with the long-term negative consequences of the assistant physician, which is an unproven and potentially dangerous model of patient care. The title assistant physician has the potential to confuse patients, health systems, payers and other providers. AAPA will oppose legislation or regulatory proposals to authorize medical graduates who are not eligible for full physician licensure to be authorized to practice as assistant physicians if such bills or regulations are introduced.

For the same reason, AAPA opposes efforts to award PA licenses to applicants who have not graduated from ARC-PA accredited PA programs and passed the PANCE exam (exceptions are made for informally trained PAs who were grandfathered licensees prior to 1986). The PA profession welcomes international medical graduates who have completed ARC-PA accredited PA programs and passed the PANCE examination into its ranks, but opposes efforts to license international medical graduates as PAs absent PA education and certification. Repeated studies have documented that licensing international medical graduates without PA training poses a risk to patients. Patients deserve to know that the health professional providing their care has met standard licensure criteria. Healthcare consumers also deserve transparency from the health professionals who are providing their care.

While state legislation to license international medical graduates who are not eligible for PA licensure as PAs has been introduced, with little success, in state legislatures repeatedly over several decades, the “assistant physician” concept arrived on the scene in 2014. On July 10, 2014 Missouri Governor Jay Nixon signed into law Senate Bills 716 and 754. The law authorizes the Missouri Board of Healing Arts to license medical school graduates who have completed Steps 1 and 2 of the United States Medical Licensing Exam (USMLE) as “assistant physicians” and to promulgate rules pertaining thereto. This language was proposed by Representative Keith Frederick, MO (R-Rolla), an orthopaedic surgeon, with the support of the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons.

The act allows certain medical school graduates who have passed Steps 1 and 2 of the USMLE (Step 3 being the final examination in the USMLE sequence) to obtain an assistant physician license in order to enter into an "assistant physician collaborative practice arrangement" with a licensed physician. The collaborative practice arrangement authorizes the assistant physician to provide primary care services in medically underserved rural or urban areas of the state or in any pilot project. Assistant physicians are to clearly identify themselves as such and are

permitted to use the terms “doctor”, “Dr.”, or “doc”. Assistant physicians are authorized to prescribe medications, including controlled substances in Schedules III-V.

The collaborating physician is to accept responsibility for primary care services rendered by the assistant physician. The law requires a collaborating physician to review 10% of chart entries written by assistant physicians; 20% of chart notes if a controlled substance is prescribed. A physician may not supervise more than three full time assistant physicians, and the assistant physician is to complete one month of practice with the collaborating physician continuously on site after which the collaborating physician is to maintain “geographic proximity.” The statute asserts that an assistant physician shall be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS).

Joining with the Missouri Academy of PAs, AAPA opposed the bills and then the implementation of the law. It is unfortunate the Missouri General Assembly—and the physician organizations that supported the provision—did not take into account the negative ramifications that may occur when proposing that physicians not yet fully trained may provide medical care to the state’s most vulnerable patients. It seems to violate truth in advertising principles to allow assistant physicians, who do not meet the requirements for full licensure as physicians, to call themselves “doctors,” which is permitted in the language passed within SB 716 and SB 754.

Senate Bills 716 and 754 also direct the federal government to consider “assistant physicians” practicing in Rural Health Clinics to be “physician assistants” for the purpose of CMS regulations. This provision appears to be in violation of Missouri Statute, section 334.70, which protects the title of physician assistant:

> *“No person shall hold himself or herself out to the public by any title or description including the words licensed physician assistant or physician assistant as defined in section 334.735 unless the person is duly licensed pursuant to the provisions of sections 334.735 to 334.749, if a certifying entity has been recognized by the department.”*

The end result of the new law which creates “assistant physicians” is that medical school graduates who have not met the qualifications for licensure as physicians shall be licensed as “assistant physicians” who will be permitted to call themselves “doctors”--but for the purposes of reimbursement shall be considered an entirely separate profession. This is neither logical nor transparent, and it is unclear how this will be enforced in a manner that will protect patients.

The American Medical Association (AMA) adopted policy opposing the “assistant physician” concept. During its 2014 annual meeting, the AMA House of Delegates considered and ultimately passed a resolution introduced by the Young Physicians Section to oppose the “use of unmatched medical students as ‘assistant physicians.’” The resolution was introduced in response to the Missouri “assistant physician” legislation and stated:

> *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.*

The Pacific Rim Caucus, Council on Medical Education, Louisiana, Massachusetts and several specialty delegations testified in support of the Young Physicians resolution. Delegates were sensitive to the plight of medical school graduates who do not match. But the testimony followed the sentiment of a delegate who said, “We should not replace a hardship with a danger.” The resolution passed by voice vote. Just prior to the opening of the AMA House, the president of the American Academy of Family Physicians wrote of his concern that the assistant physician measure creates potential confusion because of the title of these would-be healthcare providers and also creates significant challenges in terms of how unlicensed providers should be designated, regulated and utilized.

One might commend the Missouri General Assembly for their interest in finding innovative solutions to the healthcare workforce shortage in the state. However, there are well-tested solutions that meet the same goal, such as increasing state funding for medical residency slots, providing incentives for the existing workforce to practice in rural and underserved areas, and decreasing barriers for other healthcare professionals, including PAs, to practice at the top of their education and training. In partnership with its constituent organizations, AAPA works year-round to remove all barriers to full practice by PAs.

AAPA will continue to closely monitor the introduction of bills or regulatory proposals that would dilute licensure requirements, obfuscate provider qualifications or credentials, or cause confusion for patients seeking medical care. If introduced, these proposals should be opposed immediately and vigorously.

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