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Testimony in Favor of
New Hampshire HB509-FN
Relative to Graduate Physicians
1/24/19

COMMITTEE ON HEALTH, HUMAN SERVICES, AND ELDERLY AFFAIRS
Representative Lucy Weber, Chair
Representative Polly Campion, Vice Chair
107 North Main Street, Concord, New Hampshire, 03301

Dear Representative Weber, Representative Campion, and distinguished committee members,

Introduction

My name is Brian T. Sweeney, M.D. In 2017, I formed an exempt organization entitled, "Foundation to Recognize Educate and Employ Doctors Of Medicine (FREEDOM)", trademarked a logo, and created a website called http://www.freedomfordoctors.org/ to further the advancement and prospects of medical doctors--primarily, M.D. and D.O. graduates. Like many people, I thought that attending medical school provided aspirants the ability to become practicing doctors that provided care for the sick and the indigent. I still can recall the pungent odor of formaldehyde as we dissected corpses in the Anatomy laboratory. Surely, if I passed classes in "Organic Chemistry" in pre-medical coursework and "Anatomy" in medical school as well as completed rotations in the six major disciplines of medicine (i.e., Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery), I would be well on my way to my dream of treating patients. Little did I know about the quagmire of obtaining a "residency" (i.e., a contractual position with a limited number of hospitals, healthcare systems, and other institutions usually lasting three years and involving government funding) required for subsequent physician licensure. In fact, quasi-governmental statistics suggest that nearly thirty-six percent (36%) of all applicants do not procure a residency--even after paying hundreds or thousands of dollars in fees! Please allow me to testify in favor of House Bill 509-FN by defining the problem, presenting the proposed solutions, and explaining why this legislation is the best solution with a few minor modifications as mentioned in the “Conclusion” section.

I. The Problem.

As elucidated by other colleagues who also are licensed “Assistant Physicians (APs)” in Missouri, the inaccessibility of healthcare in rural and underserved areas is related to the shortage of physicians. Approximately fifteen thousand (15,000) applicants for residencies in 2017 were “Unmatched” and, consequently, unable to treat the aforementioned underserved in states such as New Hampshire. This best can be visualized as trying to pour a large number of M & Ms (representing applicants) through a black funnel onto a map of the United States of America (representing residency program locations). Initially, the candies will navigate the opening, but eventually they will clog causing a back-up of qualified applicants who have passed the same board examinations and graduated from medical school. These doctors effectively are in a “black hole” where nobody sees them and the medical establishment largely ignores them.

II. Proposed Solutions.

In August, 2014, Dr. Keith Frederick, a state representative in Missouri, successfully achieved passage of an innovative law creating an "Assistant Physician (AP)" designation for medical graduates who passed the Step 1 (Basic Sciences), Step 2 CK (Clinical Knowledge), and Step 2 CS (Clinical Skills) portions of the United States Medical Licensing Examination (USMLE). "APs" also would be required to speak English proficiently, enter into a “Collaborative Practice Agreement (CPA)” with a licensed physician, and practice as a doctor in an "underserved" area of the state based upon geography and/or income level. Due to a significant delay in implementation, 'grandfathering' legislation was passed for those who would have been eligible at the time of the signing of the law by the governor.

Resistance by the medical establishment was almost immediate and likely contributed to the delay of licensure application availability on the "Board of Healing Arts" website until January, 2017. The “Missouri Academy of Family Physicians” released an “Assistant Physician Official Statement” advocating that a “closely supervised time limited collaborative practice between a motivated top caliber medical school graduate and a Board Certified Family Physician may offer an acceptable short term solution as the graduate prepares for residency application and completion” and focusing on the “need for additional available accredited residency positions in Family Medicine in Missouri, as well as legislative efforts to retain the current Primary Care workforce.” The American Medical Association (AMA) took a similar tact. Their president—who happens to be a Missouri native—released a statement recently to local news stating, “The AMA appreciates the intent of this law is to bridge critical gaps in the healthcare workforce, particularly those due to limited residency positions. However, we encourage states to pursue more practical workforce solutions, such as increasing the number of state-funded residency positions.” The “Association of American Medical Colleges (AAMC)” supports the “Resident Physician Shortage Reduction Act of 2017 (H. R. 2267)” which ostensibly would increase residency positions by 15,000 over a five-year period (i.e., 3,000 per year); unfortunately, this is an iteration of nearly identical legislation that has been proposed for nearly five years and may have the same fate as the others since that number of residencies at approximately $50,000 per year would cost $150,000,000. In effect, all of these efforts appear to be at best hollow and at worst disingenuous.

As one of the initial thirteen applicants who received their licenses in March, 2017, I pursued a job as an "Assistant Physician" for over one year before acquiring one in June, 2018. Twenty-five (25) APs were able to procure CPAs by the end of the first year; however, many were laboring for little or no pay while assuming the additional financial burden of malpractice insurance, transportation (sometimes involving air travel and Uber services), fees for AP licensure (including renewal fees during the same year), and credentialing costs for Medicare services provision and prescription registration (even though prescribing under the auspices of the collaborating physician). Many of the APs communicate through an online app to share information and assist each other in the process. I can say with confidence that you will not meet a more caring and considerate group of people who are ready and able to provide care for the underserved who can not access services or have to travel to disparate parts of the state such as Kansas City, Springfield, and Saint Louis. (For a more detailed explanation of the hurdles facing APs and the underserved of Missouri, please see the "Open Letter to the People of Missouri" available on http://www.freedomfordoctors.org/.) As of this writing, the number of APs has skyrocketed 600% to one-hundred seventy-five (175)--a rousing success for medical graduates and the underserved together!

III. Why this bill is the best solution.

Dr. William Marsh, a state representative here in New Hampshire, has crafted legislation that could ameliorate some barriers and concerns experienced in Missouri. Dr. Marsh and Dr. Frederick have an acute understanding of the financial, emotional, and professional issues facing Assistant/Graduate Physicians and those who would pursue the position. Qualified medical graduates face enormous student loan debt— sometimes reaching $300,000 to $400,000. They then find themselves in the midst of a large, medical-industrial complex predicated on government funding and “Graduate Medical Education (GME)”. Here is why this solution is the best:

1. Graduate Physicians would be qualified, educated, and skilled graduates who have the same qualifications as residents.

2. We are predominately non-traditional and/or foreign doctors who bring unique talents often not found in graduates who are allopathic U.S. seniors with little or no 'real-world' experience.

3. Many of us have created businesses, clinics, and non-profit organizations that would bring an economic influx and brain power to New Hampshire to solve some of your more urgent issues.

4. Minimizing the barriers by not imposing artificial requirements based upon 'years from graduation', 'time limits to enter into CPAs', and number of attempts on board examinations would ensure a larger pool of qualified candidates from all over the country and world.

5. Establishing a grant program for primary care clinics in remote areas would allow Graduate Physicians to provide care to people who may not have seen a doctor in years.

6. The resultant continuity of care would minimize the serious and avoidable complications of chronic conditions such as diabetes, hypertension, and asthma and better the lives of residents.

7. Graduate Physicians could fill the gap of 'hospitalists' or mid-level practitioners in hospitals and

clinics so that we could work side-by-side with physicians—especially in smaller institutions.

8. The initiation of Assistant Physicians in Missouri has not led to any dilution of medical care; in fact, the introduction of Assistant Physicians and new clinics has led to improved outcomes.

9. Graduate Physicians would be your neighbors, friends, and colleagues who would continue the legacy of New Hampshire as the nationally-recognized best state to live in the United States.

10. Employing Graduate Physicians would alleviate the financial burden on medical graduates who otherwise may become the impoverished and underserved they are striving to help.

Conclusion

New Hampshire rightly has the designation of the "Live Free or Die" state. I implore you to pass this legislation with a few minor modifications. The first would be to include at least one Graduate Physician on the "Graduate Physician Oversight Committee" similar to the inclusion of physicians on medical boards. The second would be to clarify the disposition of previously-licensed Graduate Physicians in the event that any 'recommendations of proposed legislation' put their licensure in jeopardy. Otherwise, any significant changes could delay promulgation and initiation of Assistant Physician legislation for months or years while no other viable solutions are presented. For example, even considering the inclusion of passage of the Step 3 examination (which usually is taken by residents during their first year) could harm the effort to provide care for the medically-underserved while the ravages of chronic medical conditions and the opioid crisis continue unabated. If the Step 3 were included, I would argue that we should then make Graduate Physicians eligible for full physician licensure after one year of working consistent with current law. Lastly, I would urge you to consider new language and/or legislation that would prevent the predatory practices of licensed physicians who may use this law to make Graduate Physicians sign "voluntary agreements" whereby they would receive no compensation and work on a "charitable basis". Thank you for your time and attention to this critical issue facing the residents of New Hampshire and beyond.

Sincerely,

Brian T. Sweeney