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Testimony in Favor of
New Hampshire HB1506-FN
Relative to Graduate Physicians
01/18/18

COMMITTEE ON HEALTH, HUMAN SERVICES, AND ELDERLY AFFAIRS
Representative Frank Kotowski, Chair
Representative Donald LeBrun, Vice Chair
107 North Main Street, Concord, New Hampshire, 03301

Dear Representative Kotowski, Representative LeBrun, and distinguished committee members,

Introduction

My name is Brian T. Sweeney, M.D. Last year, 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 1506-FN by defining the problem, presenting the proposed solutions, and explaining why this legislation is the best solution.

I. The Problem.

As elucidated by other colleagues who also are licensed “Assistant Physicians” 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 through a black funnel onto a map of the United States of America. 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. At this time, APs are required to obtain the CPA within six months of licensure and generally needed to have passed the aforementioned examinations within two years of application as well as graduated from medical school within two, but in no cases more than three, years prior to application. 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 have pursued a

job as an "Assistant Physician" over the last year with no success. Three major healthcare providers told me that they were not hiring APs due to advice from their legal representatives--usually in memorandum form sent by email to hospital employees just days prior. When I wondered whether there may be some discrimination (since APs have the same qualifications as the residents that they "employ"), I immediately received a meeting with a representative of at least one of those hospitals. After this impromptu cordial discussion where I basically was told that they could hire anyone that they liked, I asked myself, 'So let me get this straight: you assert that you can hire whom you want due to your status as a private company, yet you run to the government to get a resident largely with taxpayer funding when you perceive the need for a doctor'. In fact, the employee told me that they were trying to get another residency position approved. If that is not hippocracy, I am unfamiliar with the definition. Many of the private clinics are part of these healthcare conglomerates, so submitting resumes to them was futile.

Although twenty-five APs have procured CPAs by the end of the first year, many are 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 have met on a weekly basis 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.)

III. Why this bill is the best solution.

Dr. William Marsh, a state representative here in New Hampshire, has crafted legislation that would ameliorate the barriers and concerns experienced in Missouri. Dr. Marsh and Dr. Frederick have an acute understanding of the financial, emotional, and professional issues facing Assistant 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, medicalindustrial complex predicated on government funding and “Graduate Medical Education (GME)”. What other professions besides healthcare require adults usually above the age of 26 to engage in this? Is this system broken irreparably? Should we consider shifting some of the Medicaid and Medicare resources to alternative solutions such as Assistant Physicians? Here is why this solution is the best:

1. Assistant Physicians are 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 Assistant 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. Assistant 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. Assistant 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 Assistant 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 without any significant modifications. We have seen from the experiences in Missouri that there are powerful forces behind the scenes who may not want this to be realized. 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 Assistant Physicians eligible for full physician licensure after one year of working consistent with current law. Lastly, I would urge you to consider new legislation that would prevent the predatory practices of licensed physicians who may use this law to make Assistant 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,