



Foundation to Recognize Educate and Employ Doctors Of Medicine (FREEDOM)

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<http://www.freedomfordoctors.org>

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FRDM Index (Freedom to Realize the Dream of Medicine) First Annual Ranking of U.S. States

Introduction

Let's be honest: freedom is relative. We all have heard that with freedom comes responsibility. Well, freedom in medicine varies from state to state which begs the question of which rate the best.

Discussion

The “FOUNDATION TO RECOGNIZE EDUCATE AND EMPLOY DOCTORS OF MEDICINE (FREEDOM)” is proud to unveil the first annual “Freedom to Realize the Dream of Medicine (FRDM)” index to guide medical doctors and aspirants to determine the best (and worst) states to obtain and maintain licensure. The genesis of this undertaking is the successful advent of “Assistant Physicians” in Missouri. (Spoiler alert: guess where they end up in the list?) You can find out more about that and other attempts to assist medical graduates to practice medicine at <http://www.freedomfordoctors.org>.

Methodology

Given that this is a pioneering field to cultivate, there is no known precedent (at least by this author) upon which to rely. In an effort to keep it simple, a three-pronged, stratified approach was taken: 1) which states achieved and/or pursued legislation to bridge the residency and physician shortage gaps simultaneously (Source: independent research); 2) barriers of USMLE (United States Medical Licensing Examination) “Step” attempts and time limits (e.g., no more than 3 attempts at a “Step” and/or seven-year limit to pass all “Steps”) (Source: fsmb.org); and, 3) ranking of the freest states in which to live (Source: freedominthe50states.org). This should not be seen as “scientific” nor exhaustive. The intent is to produce a generalizable ranking based upon a “tiered” approach. In effect, no state that lacks a higher stratification can 'leap-frog' a state with that trait: legislation attempt trumps USMLE leniency trumps state freedom.

The FRDM scoring system is as follows:

Successful “universal” legislation (i.e., open to all, may restrict to U.S. graduates)	600 points
Successful “provincial” legislation (i.e., open to state residents and/or school graduates)	450 points
Attempted legislation of any kind	250 points
USMLE leniency on attempts and/or time	100 points
Freest states (i.e., highest ranked state gets 50 points, lowest ranked 1 point) - maximum	50 points

Without further ado, here is the list (Note: Print version is available at <http://freedomfordoctors.org>):

FRDM Index
(Freedom to Realize the Dream of Medicine)
2018 Ranking of U.S. States

Rank	State	<u>Successful</u> <u>“Universal”</u> <u>Legislation</u>	<u>Successful</u> <u>“Provincial”</u> <u>Legislation</u>	<u>Attempted</u> <u>Any</u> <u>Legislation</u>	<u>Step attempts > 3</u> <u>and</u> <u>Steps limit > 7 years</u>	<u>Freest State</u> <u>(Source:</u> <u>freedominthe50states.org)</u>	<u>FRDM Score</u>
1	Missouri	600	0	0	0	44	644
2	Utah	600	0	0	0	41	641
3	Kansas	0	450	0	100	25	575
4	Arkansas	0	450	0	0	19	469
5	Virginia	0	0	250	100	43	393
6	Hawaii	0	0	250	100	4	354
7	New Hampshire	0	0	250	0	47	297
8	Oklahoma	0	0	250	0	46	296
9	Georgia	0	0	250	0	42	292
10	Washington	0	0	250	0	22	272
11	Pennsylvania	0	0	250	0	20	270
12	South Carolina	0	0	0	100	36	136
13	Nebraska	0	0	0	100	29	129
14	Florida	0	0	0	100	28	128
15	Iowa	0	0	0	100	26	126
16	Kentucky	0	0	0	100	24	124
17	Massachusetts	0	0	0	100	21	121
18	Ohio	0	0	0	100	18	118
19	Minnesota	0	0	0	100	17	117
20	Louisiana	0	0	0	100	14	114
21	Maine	0	0	0	100	12	112
22	Maryland	0	0	0	100	7	107
23	California	0	0	0	100	2	102
24	New York	0	0	0	100	1	101
25	North Dakota	0	0	0	0	50	50
26	South Dakota	0	0	0	0	49	49
27	Tennessee	0	0	0	0	48	48
28	Idaho	0	0	0	0	45	45
29	Arizona	0	0	0	0	40	40
30	Montana	0	0	0	0	39	39
31	Alaska	0	0	0	0	38	38
32	Texas	0	0	0	0	37	37
33	Indiana	0	0	0	0	35	35
34	Delaware	0	0	0	0	34	34
35	Alabama	0	0	0	0	33	33
36	Colorado	0	0	0	0	32	32
37	Nevada	0	0	0	0	31	31
38	New Mexico	0	0	0	0	30	30
39	North Carolina	0	0	0	0	27	27
40	Oregon	0	0	0	0	23	23
41	Michigan	0	0	0	0	16	16
42	Wyoming	0	0	0	0	15	15
43	Wisconsin	0	0	0	0	13	13
44	Connecticut	0	0	0	0	11	11
45	Mississippi	0	0	0	0	10	10
46	West Virginia	0	0	0	0	9	9
47	Vermont	0	0	0	0	8	8
48	Illinois	0	0	0	0	6	6
49	Rhode Island	0	0	0	0	5	5
50	New Jersey	0	0	0	0	3	3

Conclusion

With the growing number of medical graduates “unmatched” to the stagnant number of residencies and the concomitant growing physician shortage, states must find innovative approaches to meet the healthcare needs of residents—especially in rural areas. Introducing or re-introducing legislation would help to ameliorate this situation at the same time that it would address the continuity of care crisis that allows problems like diabetes and the opioid epidemic to ravage communities. We hope that this index has given prospective states a tool to allow them to persuade their legislatures and medical boards to pass legislation and lighten burdensome licensure requirements, respectively.

A caveat must be made here regarding the requirements, levels, and status of legislation. Representative Stewart Barlow (R-UT) confirmed by phone that their legislation is open to any U.S. medical school graduate who graduated within the last three years. This pushed Utah up to number two on the list albeit with that one significant restriction. Those who qualify and are looking for a position are encouraged to consider seeking a Collaborative Practice Agreement (CPA) there. Rep. Barlow stated that interest has been limited. Kansas and Arkansas have limitations based on being state residents and/or medical graduates. This is even more restrictive than Utah which pushed them into 'provincial' status and lower ranking. When last contacted, Arkansas revealed that only one person may have obtained licensure. Attempted legislation refers to draft, continued, or past pursuit of legislation in support primarily of assistant, associate, or graduate physician licensure. Previous noble attempts by supportive legislators have been derailed by tactics which sometimes border on ignominious. This ranges from setting the effective date of legislation as July 1, 2050 (i.e., Hawaii) to replacing the text of bills with other legislation (i.e., New Hampshire). Nevertheless, we chose to be optimistic and civil in order to persuade these states to revisit legislation. You may want to contact them yourself to encourage them.

Our goal at FREEDOM is to allow all medical graduates--primarily domestic, but also foreign--to realize their dream of medicine in the future. Missouri, our highest-ranked state thanks to the tireless efforts of Representative Keith Frederick, D.O., is a rousing success with over one hundred (100) “Assistant Physician” licensees as of mid-2018. New Hampshire, through the extraordinary efforts of Representative William Marsh, M.D., may introduce “Graduate Physician” legislation again in 2019. Representative Stewart Barlow, M.D. is open to 'tweaking' the Utah legislation to encourage participants. Please support them and other politicians in their efforts to be elected this year:

Dr. Frederick (R-MO) for Missouri State Senate site - <https://www.facebook.com/thepoliticalphysician/>

Dr. Marsh (R-NH) for New Hampshire House of Representatives site - <http://www.wmarshmd.com/>.

Dr. Barlow (R-UT) for Utah House of Representatives site – <http://www.votedrbarlow.com/>.

Contact FREEDOM at info@freedomfordoctors.org with any questions or feedback. Thank you!