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January 16, 2018

The Honorable Frank Kotowski  
Chairman  
Health, Human Services and Elderly Affairs Committee  
New Hampshire House of Representatives  
107 North Main Street  
Concord, NH 03301

Re: AMA opposition to New Hampshire House Bill 1506

Dear Chairman Kotowski:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express the AMA's **opposition to House Bill (H.B.) 1506**, which would create a new licensure category of "assistant physicians" for medical school graduates who have not undertaken a residency program. The AMA opposes special licensure pathways for physicians who are not currently enrolled in "Accreditation Council for Graduate Medical Education or American Osteopathic Association" training programs, or have not completed at least one year of accredited graduate medical education.

The AMA appreciates that the intent of this legislation is to bridge critical gaps in the health care workforce, particularly those due to limited residency positions. However, we encourage the New Hampshire House of Representatives to pursue more practical workforce solutions, such as increasing the number of state-funded residency positions—including those positions in medically underserved areas—or pursuing ways to make existing residency programs more accessible or attractive to New Hampshire's medical school graduates. Examples of state efforts on these and other workforce solutions can be found in the enclosed AMA Council on Medical Education report. The AMA would be happy to support any of these efforts in New Hampshire.

While well meaning, H.B. 1506 disregards the decades of evidence and experience behind established graduate medical education programs in the United States. Accredited residency programs are highly structured to provide a well-rounded and rigorous clinical and educational experience for medical school graduates. Traditional residency programs are based in environments that have clinical education as a core mission, with residents providing care under the supervision of physician educators. Residents are evaluated based on standardized approaches that examine the residents' knowledge base, clinical skills, and professionalism, while also identifying those in need of more training. Based on these assessments, residents are afforded progressively greater autonomy.

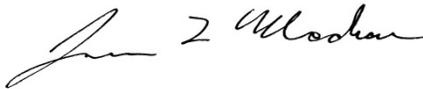
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In fact, the clear trend in graduate and continuing medical education is more evaluation and ongoing competency measures, not less. Skipping the educational and experiential training under supervision in an accredited program thus goes against both trends and proven approaches to ensuring that today's physicians are competent to enter and remain in practice.

In contrast, H.B. 1506 offers no infrastructure for training or supervising assistant physicians, nor does it offer standard and proven assessment tools to determine the quality of care these practitioners deliver. The legislation similarly lacks any standard for the supervising physician or expectation that the physician supervisor have experience as an educator. Moreover, it is unclear whether the experience proposed will be of value as these practitioners continue to seek placement in traditional residency programs. We thus encourage the legislature to better understand the effects of H.B. 1506 on the health care workforce and patient outcomes before moving forward. For these and the above reasons, we urge you to **oppose H.B. 1506.**

Thank you for the opportunity to provide our input. Please contact Kristin Schleiter, JD, Senior Legislative Attorney, at [kristin.schleiter@ama-assn.org](mailto:kristin.schleiter@ama-assn.org) or (312) 464-4783 with any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

Enclosure

cc: New Hampshire Medical Society