



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

January 27, 2020

Jon Amores
Director, Government Relations
Arizona Medical Association
7301 North 16th Street, Suite 102
Phoenix, AZ 85013

Re: AMA opposition to Arizona House Bill 2419

Dear Mr. Amores:

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.) 2419**, which would create a new licensure category of "assistant physicians," 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 Arizona 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 of making existing residency programs more accessible or attractive to Arizona'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. We would be happy to support any of these efforts in Arizona.

While well meaning, H.B. 2419 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.

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.

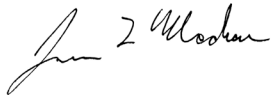
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In contrast, H.B. 2419 offers no infrastructure for training or supervising assistant physicians, nor does it offer standard and proven assessment tools to determine the quality of care these practitioners deliver. The legislation similarly lacks any standard for the supervising physician or expectation that the physician supervisor had experienced 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 therefore encourage the Arizona legislature to better understand the effects of H.B. 2419 on the health care workforce and patient outcomes before moving forward.

For these and the above reasons, we urge you to **oppose H.B. 2419**.

Thank you for the opportunity to provide our input. Please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org or (312) 464-4783 with any questions.

Sincerely,

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

James L. Madara, MD

Enclosure