Sara J. Bubenik, MD, MPH

4133 SE Adams St. | Milwaukie, OR 97222| 503.740.1601| SaraBubenik@gmail.com

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SENATE COMMITTEE ON HEALTH CARE TESTIMONY
Senator Laurie Monnes-Anderson, Chair
Senator Jeff Kruse, Vice Chair

Re: SB-857, Provisional license to practice medicine; prescribing an effective date
900 Court Street, room 453

POSITION: SUPPORT

Dear Senator Monnes-Anderson, Senator Kruse and other distinguished committee members:

I want to thank you for this opportunity to address SB-857. I support SB-857 and I urge you to pass this important legislation. Our state has the opportunity to address the limited access of residency training for MD/DO's and attend to the rural physician shortage by restoring a standard of medical practice that worked quite well through most of our state's history - the supervised practice of primary care medicine in rural and underserved communities across Oregon

I encourage you to Support SB-857 for the following reasons:

1. Supplying rural and underserved areas with more providers will improve the overall health outcomes for our most vulnerable populations. Approximately 36% of Oregon's population lives in rural communities. Multiple studies have shown that rural residents often experience barriers to healthcare that limit their ability to get the care they need. According to The Center for Disease Control (2016), rural residents are more likely than urban residents to die prematurely from cancer, respiratory disease, heart disease and stroke - the top causes of mortality in America. Studies also have shown that rural residents are older, poorer, and have fewer physicians to care for them.

   Access to primary care in rural areas and underserved communities can be difficult. Many rural physicians are unable to accept a significant percentage of the growing pool of Medicare and Medicaid insured patients. According to the Oregon Medical Association (2009), 19.1 percent of Oregon doctors no longer accept Medicare and nearly a 1/3 have restricted acceptance to existing patients. In areas such as Josephine County, primary care physicians are already seeing one-and-a-half times the national average of patients, and those numbers are expected to rise. Without the support that supervised physicians could add to the capacity of these overburdened primary care practices, provider burnout rates will continue to increase and clinics will see rising costs in recruitment and retention.

2. The scarcity of providers is also responsible for the greater incidence of chronic health conditions such as hypertension and emphysema among rural residents. It is shown that the scarcity of rural health professionals contributes to increased rates of hospitalizations for patients with conditions such as such as asthma and pneumonia, which might be avoided if patients receive timely and effective primary care.

   Health professions workforce shortages are exacerbated in rural areas, where communities struggle to attract and keep well-trained providers. While approximately 16 percent of the U.S. population lives in rural America, only about 11 percent of physicians practice in rural locations. The 2012 Association of American Medical Colleges Center for Workforce Studies predicts a national shortage of 45,000 primary care physicians in the next decade.

3. The number of medical school graduates is at an all-time high. The increased output of Oregon medical school graduates and the paucity of primary care residency programs in rural areas gives graduate physicians without licenses few options to work in the health care industry and no ability to clinically interact with patients. These medical graduates are an untapped resource. There is a current medical residency shortage and a growing general physician shortage in the rural areas of Oregon. OHSU is the only Medical Doctor (MD) School of Medicine (SOM) in the state. As a top-ranked medical school, OHSU has an exceptional residency match rate of 98% (2016), but only 23% of these graduates will find a residency placement in Oregon. The 2% of OHSU graduates that each year do not match into a residency program (2-4 MD students per year) will often leave the profession, burdened by a significant debt-load and unable to practice medicine in any form. In 2016, 1,130 non-osteopathic US medical school graduates did not find a residency during the match for residency placement.

4. Today in Oregon, licensure to practice medicine is granted to physicians with one year of residency training. This bill would allow graduate physicians to practice medicine in the medically underserved areas of the state under a board-certified physician supervision. This bill will not dilute the standards for patient care, but enhance access to primary care while providing important post-graduate experience for qualified MD's and DO's.

   By comparison:

   - After receiving a bachelor's degree, Naturopathic physicians, Nurse practitioner 's (NP) and physician assistant's (PA) are able to practice independently without residency training in the state of Oregon.

   - Nurse practitioners (NP) have 2-3 years clinical training, physician assistants (PA) have 2 years, Naturopathic physicians have 4 years, and MD/DOs have 4 years of training as well. MD/DOs are the only degree that require residency training to practice medicine.

   - The out-of-the-classroom, hands-on patient care portion of medical school training (i.e. two years of clinical rotations) is as rigorous as the clinical rotations for NDs, PAs, or NPs. Medical students spend more time on clinical rotations can rotate with more services, giving allopathic and osteopathic medical students broader exposure to the various specialties and practice environments in medicine. Medical school graduates are as well prepared for clinical practice as an NP or a PA.

5. As this bill is written,

   "The Oregon Medical Board shall issue a provisional license to practice medicine to an applicant who: Passes the United States Medical Licensing Examination"

   There are three parts to the USMLE: Step one (taken after the first year of medical school), Step Two taken the second year of medical school, and step 3 taken after one year of residency training. Passing the USMLE Step 3 would be most significant in this legislation because it shows understanding of the foundation of medicine and ensures that the Medical Graduate has the knowledge to practice under supervision. Looking at the field of practitioners that are currently able to function as primary care providers in Oregon, MD's and DO's without residency that pass USMLE Step 3 testing meet or exceed these standards. Please consider a "step 3" amendment to this legislation.

6. Bringing graduate physicians to rural areas will strengthen primary care practices through collaboration. Collaborative medical models work well, especially in rural areas that are lacking providers. For example, complex medical issues are best addressed by inter-professional teams. Training future healthcare providers to work in such teams will help facilitate this model, resulting in improved healthcare outcomes for patients. Caring for our rural and underserved populations requires innovative approaches to healthcare and offering flexible licensing for supervised practice can help fill the gap.

I asked for this bill to sponsored, not only to help me live my dream of practicing medicine, but also to support my home state of Oregon to meet the demand for more providers to practice in rural areas. As you understand well, rural areas are in desperate need for providers. I interviewed recently for a for a public health position in Clatsop county. When I asked about what their biggest public health concerns are - they unanimously said that it is a lack of providers. We have the opportunity to improve patient care without adding any burden to existing state programs.

Thank you for your attention to this important issue and your commitment to the health of all Oregon residents.

Sincerely,

Sara Bubenik, MD, MPH