

To: Senate Committee on Health Care
Senator Laurie Monnes- Anderson, Chair
Senator Jeff Kruse, Vice Chair

From: Brittany M Millard-Hasting, MD

Re: Bill 857 - Relating to provisional license to practice medicine;
prescribing an effective date - In Support

Chairs & Committee Members:

I am writing in support of bill 857. The purpose of this bill is to allow graduates from medical school to practice in underserved areas upon successful completion of the United States Medical License Examination. Currently, Oregon requires graduates to complete an additional year of training prior to obtaining licensure to allow independent practice. This bill would provide provisional licenses to allow graduates from medical school who have not completed this additional year to practice under the supervision of a more experienced practitioner in an underserved area.

The number of medical school graduates exceed the number of available training positions and approximately 2% of Oregon Health and Science University Graduates are unable to secure a position. The result is well-trained individuals with 2 years of hands on clinical training with no path to provide care to residents of Oregon. These individuals often will pursue other graduate studies or find non-clinical jobs for this period of time before reapplication. These individuals are at least as well trained, if not more so, than Nurse Practitioners and Physician Assistants who are allowed to practice with similar supervision as that proposed by Bill 857.

As physician shortages continue, chronically underserved areas will feel the stresses more acutely. These additional practitioners would provide needed assistance to those physicians already providing the care to these vulnerable populations. Simultaneously, their experience and skill will enrich the careers of the graduates through mentorship. This bill also creates opportunity for recruiting physicians to Oregon.

The current system of residency training for physicians was established in the early 1900s and originally was structured such that only unmarried men were allowed to participate because the expectation was that the study and practice of medicine would require all of their time. Physicians at that time were expected to live at their place of work, thus coining the term 'residency'. Since that time significant strides have been made to standardize, maintain quality, and to protect young physicians from fatigue and abuse. However, The system is large, complicated, fraught with politics,

unfair biases and barriers to change. The American College of Graduate Medical Education accredits programs for a certain number of residents each year that they are allowed to train. Government funding of medical residency subsidizes the cost to hospitals for this training but is insufficient to allow the expansion of programs to provide more residency positions, even if it were allowed by the ACGME. Mentorship is the underlying principle on which Graduate Medical Education is based. All systems and policies are in place to ensure that occurs within the residency. The system should not be built such that mentorship in other settings is made impossible.

There is sentiment from some in the medical community that if you cannot obtain a residency that something must be wrong with you. As each year passes that an individual is "not selected" they become less likely to be selected, in some cases because they are unable to participate in meaningful clinical work and programs perceive that they are too far out of practice to be able to easily train. The reality of the situation is that graduates of our medical schools represent the top 1% of educated individuals and there are a variety of reasons why they don't match. In some cases they applied to competitive specialties, illness, transient life circumstances, and cost of application (both in application fees and travel for interviews). This bill creates an opportunity for these physicians to continue their careers while enriching the lives of some of our most vulnerable residents.

Please consider adding your support to the passage of Bill 857 to facilitate provision of care to the underserved population of our state, to utilize the skills of medical school graduates in a mentored environment, with the goal of improving the lives of all residents of Oregon.

Thank you for your consideration of my testimony,
Dr. Brittany M Millard-Hasting
Oregon Resident
Captain, United States Air Force
OHSU SOM Graduate 2011

Classification: UNCLASSIFIED
Caveats: NONE