



## **MEMORANDUM**

To: Rep. Rob Nosse, Chair, House Behavioral Health and Health Care Committee  
Rep. Christine Goodwin, Vice-Chair, House Behavioral Health and Health Care Committee  
Rep. Travis Nelson, Vice-Chair, House Behavioral Health and Health Care Committee  
Members of the House Behavioral Health and Health Care Committee

From: Courtni Dresser, Vice President of Government Relations, Oregon Medical Association

Date: March 16, 2023

Re: OMA Comments on HB 2555

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The Oregon Medical Association believes that all qualified health care professionals play an important role in the delivery of health care to Oregon patients. Efficient delivery of care, by all accounts, requires a team-based approach, which cannot exist without inter-professional collaboration between physicians, physician assistants, nurses and other health care professionals. The OMA believes patient best interests are served, when each member of the health care team plays their optimal and unique role – a role that should be clearly defined by one’s education and training.

As the committee discusses and debates HB 2555 it is important to understand the parameters of non-medical physician education and training. The OMA believes that health care professional compensation should be based on education, training and certification which is why the OMA is opposed to the solutions in this legislation.

Let’s talk about the training of a medical doctor (MD) or a doctor of osteopathy (DO) which requires a minimum of seven years before becoming eligible to be a board-certified family physician. The four-year medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. An MD or DO becomes grounded in anatomy, biochemistry, genetics, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine, including laboratory. The total number of hours of basic sciences course work based on the average across reporting medical schools is 1,352.

During and following graduation from medical school, medical students must pass a series of exams—the United States Medical Licensing Exam (USMLE) for MD candidates and the Comprehensive Osteopathic Medical Licensure Examination of the United States (COMLEX-USA) for DO candidates—

to help provide public assurance that medical school curriculum prepares medical students for the independent practice of medicine.

As an example, the USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. In short, the exam assesses a physician's readiness for licensure. The USMLE is a three-step exam:

- Step 1: Assessment of whether the medical school student or graduate understands and can apply important concepts of science fundamental to the practice of medicine.
- Step 2: Assessment of whether the medical school student or graduate can apply medical knowledge, skills and understanding of clinical science essential for provision of patient care under supervision.
- Step 3: Assessment of whether the medical school graduate can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine.

Following medical school graduation, physicians enhance their medical training in residency education, a three- to seven-year period during which they provide care in a select surgical or medical specialty under the supervision of experienced physician faculty in a chosen field. Residency programs in the U.S. are evaluated and accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).

Residency education provides the additional education and training necessary to assure the competence of an independently practicing physician. Residency “is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.” During residency, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions.

In the first year of residency, physicians are supervised either directly or indirectly with direct supervision immediately available. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. The total patient care hours required for an MD or DO during training is between 12,000 to 17,000.

Family physicians are also, in most cases, board certified by the American Board of Family Medicine (ABFM) certification in family medicine. In addition to completing an accredited residency and obtaining a license to practice, the ABFM Resident Certification creates a process to demonstrate current competency and professionalism. Once certified, this becomes a career-long continuous process beyond just initial certification.

In contrast, for a health care professional training in naturopathic therapies, they must graduate from a four-year, professional-level program at a federally accredited naturopathic school where they study a curriculum which includes current medical science and traditional naturopathic theory. Upon

graduation they must take and pass the Naturopathic Physicians Licensing Exam (NPLEX). The total patient care hours required for an ND through training ranges from 750 to 1,200.

Besides the difference in training and clinical hours, the OMA believes the natural response from our health care payors, even if language attempts to address this, will be to lower reimbursement rates for all, including MDs, DOs and NDs. Reimbursement rates are trending down. Medicare recently announced a rate reduction in the conversion factors for rate setting. As Medicare is a belltower for other payors, we are already seeing other payors reduce rates.

Primary care providers do not need to see their rates fall as they continue to right themselves after the past three years of pandemic issues, workforce shortages and increase in inflation.

The concept outlined in HB 2555 only seems to put added pressure on the system to keeping reducing reimbursement to all health care professionals and unfairly devalues the training of MD and DO professionals. There should be a better solution.

**The Oregon Medical Association serves and supports over 8,000 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at [www.theOMA.org](http://www.theOMA.org).**