

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 241  
(A-22)

Introduced by: Missouri

Subject: Unmatched Graduate Physician Workforce

Referred to: Reference Committee B

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- 1 Whereas, The United States is expected to have an alarming shortage of physicians in primary  
2 and specialty care; and  
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- 4 Whereas, The number of practicing physicians is decreasing due to burnout, retirement, and  
5 other causes; and  
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- 7 Whereas, The current number of medical students, residents, and fellows will not prevent such  
8 a shortage; and  
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- 10 Whereas, Congress has repeatedly failed to provide funding to educate the necessary number  
11 of physicians to provide needed care of our aging and expanding population; and  
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- 13 Whereas, Physician Assistants (PAs) and Nurse Practitioners (NPs) have increasingly replaced  
14 licensed physicians in providing primary and some specialty care due to geographic and  
15 economic shortage of physicians; and  
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- 17 Whereas, Many States have allowed non-physician extenders to practice medicine  
18 independently rather than under the supervision of and/or in collaboration with licensed  
19 physicians; and  
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- 21 Whereas, A large number of physicians graduate from medical schools, take and pass USMLE  
22 part one and two, then apply for residency, but fail to get one of the limited number of post-  
23 graduate training spots in the US; and  
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- 25 Whereas, These graduating physicians spend six to eight years in undergraduate and graduate  
26 studies before graduating, and some of them serve a year of internship required to graduate.  
27 They spend huge sums of money to complete their studies, sit for and pass the rigorous USMLE  
28 tests, spend thousands of dollars on their applications for the matching programs and  
29 interviews; and  
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- 31 Whereas, These unfortunate physicians face the very hard reality of a sudden irreversible  
32 interruption of their careers, outstanding debts they cannot repay, and the grim fact that others  
33 who are less qualified, less educated, and less financially burdened individuals such as PAs and  
34 NPs can practice medicine with or without collaborating with a licensed physician; and  
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- 36 Whereas, Missouri passed a law several years ago allowing these unfortunate graduating  
37 physicians to obtain a license called Assistant Physician (AP) which allow these physicians  
38 without residency to work in underserved areas in primary care in collaboration with a licensed  
39 Missouri physician; and

1 Whereas, Several other States passed similar laws, under different titles such as Graduate  
2 Physician and Associate Physician; and

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4 Whereas, These graduating physicians working in collaboration with licensed physicians face in  
5 their daily collaborative practices the denial of reimbursement by Medicare while Medicaid and  
6 private insurers recognize their billings; and

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8 Whereas, The AMA House of Delegates opposed, several years ago, the creation of this class  
9 of licensees mainly because its creation may weaken our case in Congress for increased  
10 funding for GME; and

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12 Whereas, The number of these unfortunate graduating physicians has grown by the thousands  
13 each year, yet Congress did not provide the needed funding to create enough residency slots to  
14 train these physicians, while more non-physicians providing medical care increased dramatically  
15 and many of them are now allowed to practice independently; and

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17 Whereas, Many of these graduating physicians, after practicing in collaboration with licensed  
18 physicians and acquiring additional skills and experience, were able to match into a residency  
19 program; therefore, be it

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21 RESOLVED, That our American Medical Association work with state societies to support these  
22 unmatched graduate physicians through their legislators and regulators to allow these  
23 physicians to work in underserved areas, in primary care, only in collaboration with a licensed  
24 physician (Directive to Take Action); and be it further

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26 RESOLVED, That our AMA work with appropriate parties and the Centers for Medicare and  
27 Medicaid Services to reimburse for services rendered by these graduating physicians working in  
28 their collaborative practices as do private insurers and state Medicaid programs (Directive to  
29 Take Action); and be it further

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31 RESOLVED, That the AMA allow these graduating physicians, working in collaboration with a  
32 licensed physician, to become members of an AMA subgroup (Directive to Take Action); and be  
33 it further

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35 RESOLVED, That our AMA oppose any effort by these graduating physicians working in  
36 collaboration with licensed physicians, to become independent licensed physicians without  
37 satisfactorily completing formal residency training. (Directive to Take Action)

Fiscal Note: Not yet determined

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