



## MEMORANDUM

To: Rep. Rachel Prusak, Chair, House Health Care Committee  
Rep. Cedric Hayden, Vice-Chair, House Health Care Committee  
Members of the House Health Care Committee

From : Courtni Dresser, Government Relations Director, Oregon Medical Association

Date: February 25, 2021

Re: Opposition to HB 2673

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The Oregon Medical Association believes that all qualified health care professionals play an integral 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. When each member of the health care team plays his or her optimal and unique role – a role that should be clearly defined by one’s education and training – the OMA believes patients reap the benefits.

As the committee discusses and debates HB 2673 it is important to understand the parameters of non-medical physicians’ education and training. Compensation should be based on education, training and certification. The OMA is opposed to this legislation because it does not consider the difference in education, training and certification between a naturopath and an MD or DO.

For a medical doctor (MD) or a doctor of osteopathy (DO) the seven plus years to becoming a board-certified family physician begins with four years of medical school. The four-year medical school curriculum focuses on fundamental principles of medicine and its underlying scientific concepts. It includes required courses on 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.

United State Medical Licensing Exam (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 that provides “a common evaluation system for applicants for initial medical licensure.”

Step 1: Assessment of whether the medical school student or graduate understands and can apply important concepts of the sciences basic 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 ABFM certification in family medicine. In addition to completing an accredited residency and obtaining a license to practice, the ABFM Resident Certification Process requires the following:

- Completion of 50 Family Medicine Certification points including:

  - One Knowledge Self-Assessment (KSA28) (10 points each)

  - One Performance Improvement (PI) activity with data from a patient population (20 points each)

  - Additional approved activities to reach a minimum of 50 points

In contrast, a Naturopath 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 a naturopath through training ranges from 750 to 1,200.

Besides the lack of residency and clinical hours compared to an MD or DO, we are also concerned with the naturopathic profession's reluctance to apply evidence-based principles and scientific study of common treatment modalities. For example, naturopaths' longstanding opposition to childhood vaccination has been demonstrated as recently as last session when numerous naturopaths testified against childhood immunizations, well after the remarkable decreases in childhood disease as a result of widespread vaccination had been documented.

For these reasons the OMA asks that you oppose HB 2673.

**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).**