



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1010		DATE: 3/26/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DR. CLIFFORD STRUPP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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EMAIL: cstrupp@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/25/2025 2:10 PM
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This bill would correct some issues with Assistant Physicians and the ability to bill for them. This would also allow Assistant Physicians to become full physicians after a period of time and experience, which would help Missouri with its shortage of medical providers. As an AP myself I know how this bill would help improve my chances of securing a good stable career in order to provide for my family. It would also make it possible for more APs to fill the gaps that rural areas have with healthcare. Please accept this testimony in support of this bill.



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WITNESS NAME			
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WITNESS NAME: JOHN ARSHADI, MD		PHONE NUMBER:	
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EMAIL: arshadimd@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/26/2025 1:14 AM
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Honorable Members of the Committee, I have been an Assistant Physician practicing in St Louis, Missouri since 2021. Over the last 15 years, since graduation from medical school, I have gained substantial training spanning 9 medical specialties in 6 different states. I have acted as an Instructor and Academic Medical Advisor for 3 different medical board review courses including Kaplan Medical and the Institute of Medical Boards. However, with all this knowledge and experience, I, among thousands of others in my shoes, am still considered “unfit” to practice medicine independently by today’s arbitrary policies. I bear witness before you today in strong support of HB1010, which seeks to address a critical issue in our healthcare system: a manufactured physician shortage caused by systemic bottlenecks in medical training pathways, preventing qualified medical graduates from providing patient care. The reality is stark—thousands of highly educated medical graduates are barred from practicing medicine due to artificial constraints in residency positions. Every year, thousands of physicians go unmatched in residency with no chance of continuing on to a career in medicine due to federal caps on funding and limited residency spots. There is a misconception among the general public and even our own peers that these individuals were unable to obtain residency due to subpar knowledge and training, and therefore do not deserve to practice medicine. However, this is a fallacy. These individuals have completed four to seven years (depending on the country) of rigorous medical education and thousands of hours of clinical training. Many of them, much like myself, have completed all required parts of the United States Medical Licensing Exams, including Step 3, which under normal circumstances leads to eligibility of full state medical licensure. Yet, these people are still unable to contribute their expertise to a healthcare system that desperately needs them. It’s important to note that the physician shortage we are facing today is not due to a lack of qualified physicians, but rather a failure in policy and funding. According to the National Resident Matching Program, in 2024 alone, there were over 10,000 more applicants than available residency slots. This means that over 10,000 physicians were sidelined and prevented from using their specialized knowledge to serve their communities. And the problem has been compounding annually since the late 1990s. The origins of this crisis trace back to the 1980s, when the Graduate Medical Education National Advisory Committee halted residency expansion after incorrectly predicting an oversupply of physicians by 1990. It was worsened by the Balanced Budget Act of 1997 which further limited federally funded residency spots. And while the Affordable Care Act expanded some funding, it disproportionately favored programs for mid-level nurse practitioners and physician assistants over medical residencies. This led to an increase in the number of residencies, but not enough to meet the rising demand. As Congress slowly releases funding and considers the Resident Physician Shortage Reduction Act, it is clear that long-term solutions do exist and are in the pipeline. However, states have the power to act now. Missouri was one of the first states to pioneer and implement the Assistant Physician license. However several states have followed suit and created even more robust legislation allowing alternative pathways to full

medical licensure. HB1010 offers a practical, immediate opportunity to expand and refine the AP license to catch up with these states. This will ensure that medical graduates can utilize their training to serve their communities, rather than being left without a career path. I urge you to support HB1010 to ensure Missouri no longer wastes this invaluable resource of medical talent. Thank you for your time and consideration. I am happy to answer any questions you may have. Sincerely, John Arshadi, MD Assistant Physician 419-967-6767 arshadimd@gmail.com



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAEL DAVIS		PHONE NUMBER:	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RACHNA KUMAR		PHONE NUMBER:	
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My name is Rachna Kumar, MD(by degree not clinical). I am writing in support of the above legislation. I have also supported the original legislation for the Assistant Clinicians limited license, in writing, in 2015/2016, while I lived and worked in STL. I was hoping, waiting to get into residency. I never did get that residency after working for many months in the ICU, ER, as an extern, at a hospital in STL, despite having in person support based on my work ethic, dedication and competence. Thats ok. Of course, I had worked odd jobs to save up to support my time there, to both live there and pay the malpractice insurance I would need to be in the hospital and be the extern. This is what many of us do while waiting to get in, there just are not enough spots to take us. However, you may be interested to know I am still in medicine, doing research, as I am dedicated to this field. Adversity builds character and failures teach us. In life, road blocks, obstacles simply delay the journey but inevitably staying on the path will bring us to where we are meant to be. I have only a few things to say, I would like to just remind everyone on this panel despite the opposition it will face, any MD that has the degree and meets the NBME criteria/ state board for entry into residency meets your criteria to work. At a time where all hands on deck are needed, holding back educated, clearly dedicated, individuals is meaningless. Also, many many states allowed individuals with the USMLE step 3 to work under a GP to later become GP in the past. I believe Wisconsin was one of the last states to get rid of this rule back in 2014. I urge you to consider allowing these educated folk to help serve their community . If more training is needed then include that in the legislation, no one will disagree. Thank you for your time in reading my statement.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TREVOR		PHONE NUMBER:	
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Given in person. Answering questions and providing details about the process and challenges of Assistant Physicians.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: VICTORIA WILLS		PHONE NUMBER:	
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EMAIL: victoria.wills1234@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/25/2025 12:00 PM
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Dear Members of the Missouri Professional Licensing Committee, I write to you today in support of House Bill 1010, which seeks to establish an alternative pathway to full licensure for qualified assistant physicians who have completed the necessary medical training and examinations. As a U.S. citizen and an international medical graduate (IMG), I believe this bill is critical for addressing a pressing issue in our healthcare system. Since graduating from medical school in 2016, I have successfully completed all three steps of the USMLE and have diligently pursued a residency position every year. However, as the years since graduation increase, the opportunities to secure a residency diminish significantly. This is not due to a lack of qualification or commitment but rather a shortage of residency positions nationwide—a bottleneck that prevents many capable and trained medical professionals from advancing their careers and serving their communities. This situation is both disheartening and detrimental to our healthcare system, which continues to face shortages in primary care and other critical specialties. I am also deeply troubled that most of the new laws providing alternative pathways to licensure are focused on candidates who have completed a residency equivalence in their country of origin. While these candidates undoubtedly possess valuable experience, this focus leaves qualified U.S. citizen IMGs like myself without viable alternatives, despite having met rigorous academic and professional standards. House Bill 1010 offers a fairer and more inclusive solution by creating a pathway for assistant physicians like myself to attain full licensure. By tapping into the skills and dedication of assistant physicians, this bill has the potential to improve access to care, particularly in underserved areas, and alleviate some of the burden on our overextended healthcare workforce. I urge the committee to consider the stories of those of us who have devoted years to medical training, only to face insurmountable barriers to practicing our profession due to systemic limitations. Passing HB1010 would not only be a step toward fairness for qualified assistant physicians but also a strategic move to enhance healthcare delivery in our state. Thank you for your time and consideration. I am happy to provide additional information or answer any questions the committee may have. Sincerely, Victoria Wills MD



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WITNESS NAME			
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WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
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EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person		SUBMIT DATE: 3/26/2025 11:33 PM
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I am in Support of this Bill. We NEED to make sure that all Assistant Physician are complying with, have the appropriate Training and have Tested in the Positively to Comply with the minim Requirement of State Law and the State Professional Medical Board.



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WITNESS NAME: CHYLEIGH J HARMON, MD		PHONE NUMBER:	
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I am writing as a family medicine physician and constituent to express my strong opposition to HB 1010, which seeks to provide a pathway for assistant physicians (APs) to obtain full physician licensure after five years of collaborative practice. While I appreciate efforts to address physician shortages and expand healthcare access, this legislation undermines the rigorous standards of physician training that are essential to ensuring patient safety and high-quality medical care. Residency training, accredited by the Accreditation Council for Graduate Medical Education (ACGME), is a fundamental and irreplaceable component of physician education. It involves three or more years of supervised, intensive clinical training in diverse and complex medical scenarios, totaling tens of thousands of hours of education and experience. During residency, physicians gain skills managing acute and chronic illnesses, responding to emergencies, and developing critical decision-making skills under direct oversight from trained physicians. This training is essential to preparing physicians for independent practice, ensuring they can safely and effectively care for patients in a wide variety of settings. By contrast, the pathway proposed in HB 1010 would allow individuals who have not completed a formal residency program to attain full physician licensure. This raises significant concerns about patient safety, as APs do not receive the same breadth or depth of training as board-certified physicians. Residency training provides physicians with exposure to a wide spectrum of medical conditions, intensive procedural experience, and the ability to manage complications—skills that cannot be adequately acquired through collaborative practice alone. Additionally, granting full physician licensure to non-residency-trained practitioners could create functional issues in our healthcare system. Without standardized residency training, there is a risk of variability in knowledge, clinical judgment, and competency. This could lead to discrepancies in patient care quality and increase liability concerns. Furthermore, it may discourage future physicians from pursuing residency training, further weakening the pipeline of well-trained, board-certified doctors in Missouri. Missouri must prioritize patient safety and uphold the high standards of medical education that protect our communities. I strongly urge you to oppose HB 1010 and instead support policies that enhance access to ACGME-accredited residency programs as the appropriate and necessary pathway for physician licensure. Thank you for your time and consideration. I welcome the opportunity to discuss this matter further and provide any additional insight from the perspective of a practicing family physician. Please feel free to contact me at your convenience.



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WITNESS NAME			
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WITNESS NAME: DAVID TANNEHILL		PHONE NUMBER:	
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For personal background, I was on the Board of Healing Arts for nine years and was part of the board when we wrote the regulatory rules for the Assistant Physician license. This bill would alter the Assistant Physician license in an unacceptable way by offering a pathway to full medical licensure for these physicians. Current law and regulatory rule stipulates that a physician can be granted full licensure only after completing the appropriate series of licensure examinations and after successfully completing one year or three years of graduate medical education. The duration required is dependant on whether the applicant went to a US-based medical school, or did not but was certified via Educational Commission for Foreign Medical Graduates (ECFMG). Graduate medical education is a rigorous postgraduate training and education program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME). ACGME programs train both US-educated and non-US educated, ECFMG certified physicians under set curriculum executed by trained professional faculty physicians. Such training would be far superior to any duration of time spent in a collaborative practice arrangement and should in no way be deemed equivalent to experience alone. Diluting the quality signified by full medical licensure risks the public's trust. Missourians should be entitled to care by a fully licensed physician who has successfully completed postgraduate residency training. Allowing this licensure pathway damages the value of the medical license, creating a tiered system of physicians that would put patients at risk of receiving lower quality care by lesser trained doctors. Assistant Physicians should remain under the obligations of collaborative practice to ensure all Missourians receive the benefit of residency-trained physicians' knowledge, skill, and expertise in leading their healthcare team.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOANNE LOETHEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MO STATE MEDICAL ASSN		TITLE: PHYSICIAN	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOSEPHINE LEE AGUHOB GLASER, MD, FAAFP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:	
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Good Morning, Chairperson Knight, Vice-Chair Parker, and Committee members: 03/26/2025
My name is Dr. Josephine Lee Aguhob Glaser. I am a residency-trained, board certified Family Medicine Physician specialist with almost 30 years of primary care clinical experience. I am a member of the MO Academy of Family Physicians. I practice medicine in St. Louis. I am here to provide testimony in opposition to HB 1010. My journey to train and pursue my calling as a family physician took a total of 12 years post-high school education. After high school, I attended 4 years of college at Washington University in St. Louis. I took a gap year and worked as a research lab technician mapping chromosome 7 at Washington University's human genome project. After that gap year, I was accepted and attended Mizzou Medical School for 4 years. During my third year of medical school, I married my college sweetheart. We graduated in May, 1996 from (2) separate Missouri medical schools. I delivered the first of our (4) children 2 weeks before my Mizzou medical school graduation. As a physician married couple, we successfully matched and moved to Lexington, KY, July 1996, to sharpen our medical acumen and patient care experience through accredited residency programs in our respective medical fields. I matched in the 3-year residency program for the primary care specialty of Family Medicine. Residency training in an accredited program provides hands on practice and guidance in the realities of delivering independent high-quality patient care. Over the course of my residency training in Family Medicine, I was exposed to many different patients (especially those with multiple chronic and complex conditions), pathologies, settings, and additional circumstances like those patients who initially present with a set of undifferentiated signs and symptoms which require further experience in critical thinking and differential diagnosis which is not provided through just a medical school experience or nurse practitioner training or physician assistant training. As a family medicine resident, I underwent a process of graduated responsibility in which I took on progressive patient-care duties over the course of my training. By the time I graduated from my 3-year residency program, I felt fully trained and equipped to practice full-spectrum Family Medicine with Obstetrics. In addition to extensive clinical experience and the mentoring from seasoned Family Medicine physicians, I received instruction in professional development opportunities, effective communication with patients, families and peers, leadership, and other necessary skills. Assistant physicians receive none of this training. Allowing medical school graduates and its expansion to include advanced practice registered nurses to practice medicine without completing residency training to provide independent care will jeopardize safety, undermine quality patient care, and increase, not decrease, health care expenditure. Care delivered by individuals without adequate training, competence, and supervision is inappropriate, confusing, and dangerous to patients and Missourians. Research shows that patients want a fully trained physician to lead their health care team and value the years of education and training of residency-educated physicians. Those in rural and underserved areas should not be exposed to

physicians with lesser training. No amount of collaboration between a physician and an assistant physician can replace the robust residency portion of a physician's training. Medical school graduates who do not match into a residency program should re-apply for such training instead of working around it. My residency-trained, primary care physician colleagues and I are ready to work with stakeholders to promote proactive, patient-first solutions to the primary care workforce shortage in Missouri. However, minimizing and diminishing the critical training needed to serve as a primary care physician is not the answer. Missourians deserve high-quality residency trained primary care physicians. A strong residency trained primary care physician-led workforce is the foundation of a high-functioning health care system and is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience). This legislation is NOT an innovative policy solution to address the rural health crisis in Missouri—it is a dangerous path that further increases healthcare expenditure and jeopardizes patient health and safety. I strongly recommend you vote NO on HB 1010. Thank you for your attention and consideration. I'm happy to answer your questions. If you would like additional information, please contact, Bill Plank, CAE, Executive Director of the Missouri Academy of Family Physicians at bplank@mo-afp.org. Thank you, Josephine L. A. Glaser, MD, FAFPMissouri Academy of Family Physicians



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WITNESS NAME			
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WITNESS NAME: RACHEL BAUER		PHONE NUMBER: 573-619-1663	
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CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
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