

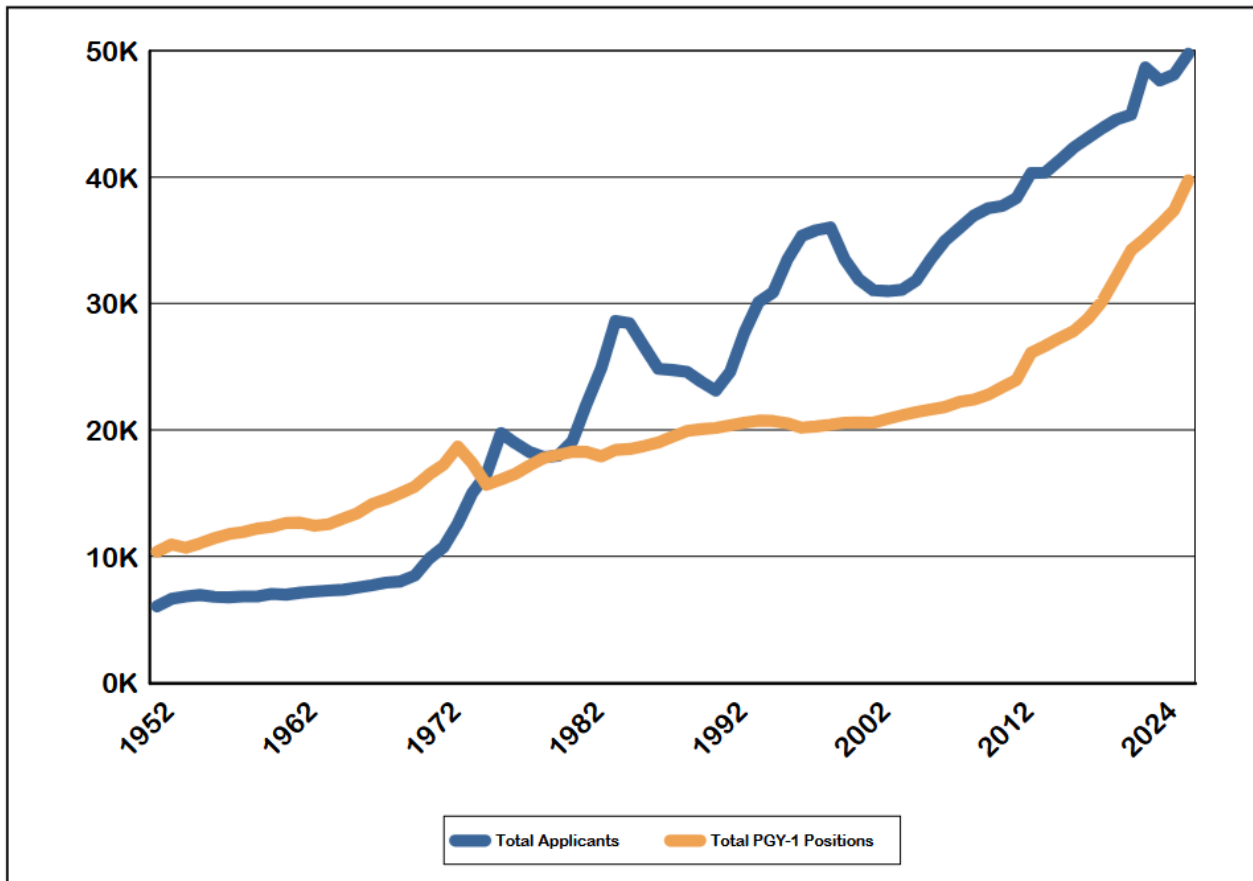


State Legislation Addressing Assistant or Associate Physicians (APs)

Executive Summary

According to the [Association of Medical Doctor Assistant Physicians](#), Assistant Physicians (also known as Associate Physicians, Graduate Assistant Physicians, or APs and GAPs) are individuals who have completed an accredited medical school program, certified by the Educational Commission for Foreign Medical Graduates (ECFMG) or Accreditation Council for Graduate Medical Education (ACGME) but are unable to complete the required residency due to a scarcity of open seats in the U.S. residency match program.

Figure 1 Applicants and 1st Year Positions in the Match, 1952 - 2024



According to [The National Resident Matching Program's 2024 Data Report](#), the disparity between total applicants and available first post-graduate year (PGY-1) residency positions has increased continuously since the early 1980s. Currently, there are an estimated 10,000 or so applicants, more than the number of available PGY-1 positions. Including **Missouri**, only five states appear to permit the employment of APs under the supervision of a directing physician; while several others, such as Tennessee, have filed proposals in recent years.

Findings and Analysis

Alabama

Alabama passed [SB 144](#) in 2023, revising the physician licensure requirements by reducing the postgraduate or residency training requirement for graduates of non-accredited medical schools from three years to two years. Additionally, the bill removes the need for applicants to pass certain examinations within a 10-year period before applying for licensure. The bill establishes a working group to oversee the bridge-year graduate physician program, including setting the criteria for participation and managing reimbursement for official business. It also mandates criminal history background checks for all applicants, requiring the submission of fingerprints to the Alabama State Bureau of Investigation and the FBI. Additionally, the bill introduces a non-disciplinary citation with an administrative charge, offering an alternative to denying an application for licensure.

The bill specifies that:

- The Alabama Board of Medical Examiners is responsible for issuing limited permits to medical school graduates who have not been accepted into a postgraduate or residency program.
- These permits enable graduates to practice under supervision for one year, with the possibility of a one-time renewal.
- Bridge-year graduate physicians may prescribe, dispense, or administer legend drugs under specific conditions.
- The graduate physicians must practice under on-site supervision during this period.

Arkansas

Graduate Registered Physicians (GRPs) are eligible for licensure pursuant to the “Arkansas Graduate Registered Physician Act of 2015” {[A.C.A. § 17-95-901 et seq.](#)} as enacted in [HB 1162 \(2015\)](#).

In order to practice as a GRP in the Natural State, an applicant must:

- Be at least 21 years of age;
- Complete and pass a background check, and have not been determined guilty of any unprofessional conduct as defined by the [Arkansas Medical Practices Act](#);
- Be a legal resident of the state who has graduated from an accredited allopathic or osteopathic medical school and is not currently, nor ever has been, enrolled in an accredited postgraduate training program;
- Taken and passed, in no more than three attempts, the first two portions of the USMLE or COMLEX examination(s); and
- Submit verification of legal identity and application fee of \$20 plus \$100 for credentials verification services.

Upon completing the application and being approved, the GRP and their supervising physician(s) must appear in person before the Arkansas State Medical Board to approve the continuous supervision requirements and protocols. Unlike some other state AP programs, Arkansas does permit international

medical school graduates who have taken and received a Standard Educational Commission for Foreign Medical Graduates (ECFMG) certification.

The GRP license is valid for one year and may be renewed two times, but an individual may not hold this licensure for more than three years in total. The licensure renewal fee is the same as that of a fully licensed physician and requires the GRP to appear before the full Board at least two months before the license expires. Likewise, the supervising physician(s) must also appear before the board for the renewal and provide proof of practice protocols and actual practice by the GRP. If a licensee leaves a practice or changes employment, the license becomes inactive, and they must inform the board within 10 calendar days of any change in supervision or employment.

Pursuant to [A.C.A. § 17-95-905](#), GRPs have the authority to provide healthcare services, prescribe medicines, and order treatments—as long as the supervising physician is identified on the documentation and has approved the care. However, the assistant physician may only prescribe medical devices and unscheduled, legend, and schedule III-V drugs. Like physicians, the GRP must register with the U.S. Drug Enforcement Administration prior to being eligible to prescribe any controlled substance [{A.C.A. § 17-95-906}](#).

Florida

During the 2024 legislative session, lawmakers enacted [Senate Bill 7016](#), which created a new limited licensure program for “graduate assistant physicians.” The act specifically amends an existing statute to grant limited licenses to both allopathic and osteopathic graduate assistant physicians (GAP). The state Board of Medicine (BOM) and Board of Osteopathic Medicine (BOOM) must issue these two-year “GAP” licenses to all applicants who meet the following qualifications:

- Graduate of an accredited allopathic or osteopathic medical school;
- Successfully passed all sections of the United States Medical Licensing Examination or other comparable examinations approved by the state BOM or BOOM;
- At least 21 years of age and of good moral character;
- Submitted documentation and written agreement that they will be working under a licensed Florida physician to the state BOM or BOOM, respectively;
- Passes a background check and is fingerprinted by the Florida Department of Health; and
- Has not received a residency match within the first year of graduation from medical school.

The state Department of Health is charged with ensuring that no limited GAP license is issued to any individual under investigation or violation in another jurisdiction. Notably, the GAP is only eligible for a one-time renewal of its limited license, meaning it is only permitted to operate in this intermediary role for a maximum of three years post-graduation. To qualify for this additional year, the GAP must submit proof that they have applied for but not yet been accepted into a residency match program and that they have actually practiced during the two-year GAP license term.

Additionally, the supervising physician must meet the following qualifications regarding the GAP program and/or subordinates working under them. The supervising doctor must:

- Hold a full, active, and unencumbered Florida medical license;

- Not supervise more than two active GAPs at any one time;
- Be physically present in the location where their supervisees are working;
- Accept liability for any acts or omissions made by the GAPs they supervise;
- Draft the protocol specifying the duties and responsibilities of their GAP, including a provision for assessment of the GAPs work, compliance with any board standard or rules, and that any prescriptions or treatments prescribed by the GAP be reviewed and approved by the supervising physician; and
- Authorize third-party payers to reimburse employers of GAPs for any services they provide.

Louisiana

Louisiana [SB 439](#) was signed in June 2022 and allows the Louisiana State Board of Medical Examiners to certify medical school graduates who were not accepted into a residency program to practice medicine for up to three years under supervision. [The board stated](#) that preference may be given to graduate physicians applying to the program wanting to serve in underserved/rural areas.

Supervision Requirements for Graduate Physicians:

- The bridge-year graduate physician (BGGP) must work under the direct supervision of a board-certified physician (training physician) for one year.
- The training physician must be board-certified in internal or family medicine, have at least 10 years of experience, and have a clean record with the licensing board.
- The training physician will review the BGGP's work, initially reviewing 10 percent of their charts for the first 90 days, then possibly reducing this to a minimum of 25 percent after that, while keeping records of the supervision.

The training physician must issue a report at the end of the bridge year detailing the BGGP's training, practice, and whether they are recommended for a residency position. The bridge-year graduate physician certificate is valid for one year, with the possibility of two one-year renewals, subject to the board's discretion. All training records must be submitted electronically to the board at the end of the program. While participating in the program, BGGPs must complete continuing education, including two hours of weekly training via video conference and 50 hours of AMA-approved CME. The board has the sole authority to select participants for the program, with preference given to applicants who want to work in underserved areas, in primary care or internal medicine, or who are Louisiana residents or graduates of Louisiana medical schools. The board may suspend, terminate, or revoke a BGGP certificate for any reason outlined in law or board rule. A bridge-year graduate physician certificate does not guarantee future full, unrestricted licensure.

Nevada

During the 2023 legislative session, lawmakers filed [Senate Bill 204](#), which would have amended existing law to allow for the limited practice of medicine by certain medical school graduates. The measure died on the Senate floor without a hearing after being reported favorably out of committee. The measure would have allowed for the state Board of Medicine to issue associate physician licensures to applicants who:

- Graduated from a U.S. or Canadian medical school;

- Passes Steps 1 and 2 of the USMLE or an equivalent;
- Holds English proficiency; and
- Commits to practicing medicine in an underserved area of the state.

Associates would be limited to practice in family medicine, pediatrics, internal medicine, psychiatry, and obstetrics and gynecology. Additionally, APs would have to display distinct identification that distinguishes them from licensed physicians and the medical office would be required to post signage informing patients that they have the right to request to be seen by a physician.

Oklahoma

Oklahoma [SB 1613](#) was introduced in 2024 but died in committee. The bill requires the State Board of Medical Licensure and Supervision, in consultation with the State Board of Osteopathic Examiners, to create rules for the licensure process, supervision requirements, and collaborative practice arrangements. The bill specifies that the license for a graduate physician is valid for two years and is non-renewable. It also limits the graduate physician to providing primary care services in a:

1. Medically underserved area of this state as designated by the Health Resources and Services Administration;
2. Rural community of the state as determined by the Health Care Workforce Training Commission; or
3. Rural health clinic as defined under Sections 1861 and 1905 of the federal Social Security Act

Tennessee

Tennessee passed [SB 0937](#) in 2023, set to establish a system for graduate physician licensure. The bill was passed in 2023 to set the rules and regulations, and the program is set to be enacted in January 2025. Graduate physicians are defined as those who completed Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE) or equivalent within two years of applying for licensure, but no later than three years after graduation from medical school. A graduate physician must be supervised by a licensed physician, who is responsible for the primary care services given. The scope for a graduate physician is as follows:

- Limited to primary care services;
- Practice allowed only in medically underserved rural areas, pilot project areas, or rural health clinics; and
- Cannot prescribe controlled substances.

Utah

In 2017, the Beehive State enacted [HB 396](#) to provide a path for medical school graduates to obtain associate physician licensure. However, due to the restrictive nature of the initial language, an amendment was passed in 2022 ([HB 400](#)), which removes the scope of practice limitation to primary care services for certain APs and removes many of the requirements designated a percentage of charts documenting patient treatment as a part of the collaborative agreement between the supervising physician and the associate.

Associate Physicians must have completed the first two steps of the USMLE or other board-approved examination and must enter into a collaborative agreement within six months of receiving their AP licensure [{§ 58-67-302.8}](#).

This 2022 measure also defined the requirements for a “collaborative practice arrangement” as required for the employment of an associate physician to:

- Limit the associate physician to providing primary care services;
- Arrange for employment consistent with the skill, training, and competence of the associate;
- Specify jointly agreed-upon protocols or standing orders for the delivery of services;
- Require the prominent display of signage at every office noting that a patient may be seen by an AP and affirming their rights to request to be seen by a licensed physician instead;
- List and describe the prescriptions and controlled substances the supervising physician will permit the AP to prescribe – and for which the AP is qualified; and
- Denote the specific time limit of the arrangement.

The statute also limits physicians and surgeons to no more than three full-time equivalent associates as part of the agreement [{§ 58-67-807}](#).

The scope of practice for associates includes permission to use the title of “Doctor” or “Dr.” – as long as they identify themselves as an associate physician – and the authority to prescribe unscheduled medications as well as Schedule III through V controlled substances, if registered with the U.S. DEA. Statute also requires the deans of medical schools in the state, primary care residency program directors, and the state Board of Medicine to establish a course of study for APs to complete throughout the collaborative practice arrangement that facilitate advancement of their knowledge and expertise, while also leading to possible credit towards a future residency program [{§ 58-67-807}](#).

Virginia

Lawmakers first attempted legislation to create a licensure program for associate physicians during the 2016-2017 legislative biennium. [House Bill 900 \(2016\)](#), which died in the Senate after passing the House, would have authorized the state Board of Medicine to issue a two-year license to practice as an associate physician to applicants who are 18 years of age or older, of good moral character, have successfully graduated from an accredited medical school, have successfully completed Step 1 and 2 of the USMLE, and has not been engaged in a postgraduate medical internship or residency training program. The bill would require all associate physicians to practice in accordance with a practice agreement entered between the associate physician and a physician licensed by the Board and provides for the prescriptive authority of associate physicians in accordance with the regulations.