

ARC / Advocacy Resource Center

# Truth in Advertising Campaign

Resource materials to support state legislative and regulatory campaigns.



## Identifying the problem, providing a solution, taking action

### The problem

Patients are confused about the differences between various types of health care providers. Often, patients mistakenly believe they are seeing medical doctors when they are not. The American Medical Association (AMA) believes that patients deserve to have increased clarity and transparency in health care. There is no place for confusing or misleading health care advertising that has the potential to put patient safety at risk.

#### Patients are confused about health provider qualifications

With the escalating cost of health care and an ever growing variety of health care choices, America's patients deserve to know who provides their health care, and exactly what their health care providers are qualified and licensed to perform. Currently, patients mistake medical doctors with non-physician providers, and they do not know that certain medical specialists are physicians.

Is this person a medical doctor? <sup>1</sup>	Yes	No	Don't know
Psychiatrist	74	20	6
Podiatrist	67	22	11
Psychologist	49	44	8
Chiropractor	38	53	9
Audiologist	33	40	27
Otolaryngologist	32	13	55

#### Patients are not confident about the truth of health advertisements

Confusing and misleading ads undermine the reliability of our health care system. Unfortunately, fewer than one-half of patients surveyed are confident that health care professionals only advertise and provide services for which they are properly trained.

	Agree	Disagree	Don't know
It is easy to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials.	46	51	3
I am confident that all health care professionals, including non-medical doctors, only advertise and provide services for which they are properly trained.	48	48	3

<sup>1</sup> Global Strategy Group conducted a telephone survey on behalf of the Scope of Practice Partnership between August 13–18, 2008. The survey was conducted among 852 adults nationwide. The overall margin of error is +/- 3.4 percent at the 95 percent confidence level. All charts and figures in this document are taken from the survey data.

## The solution

Confusion among Americans about who is and who is not qualified to provide specific patient care undermines the reliability of the health care system and can put patients at risk. People unqualified to perform health services can lead to medical errors and patient harm. The AMA urges lawmakers to take action to rectify this problem.

To help ensure patients answer the simple question, “who is a doctor?,” the AMA believes that all health care professionals—physicians and non-physicians—should be required to accurately and clearly disclose their training and qualifications to patients.

### Full disclosure: Americans want to know if a provider is not a medical doctor

Asking medical professions to display their credentials and their capabilities would allow Americans to make informed choices about their health care. In fact, 96 percent of patients believe that health care providers should be required to display their level of training and legal licensure. This includes full disclosure in all advertising and marketing materials. In addition, while some non-physicians call themselves “doctor” by virtue of a doctoral degree, nine out of ten patients believe only a medical doctor should be able to use the title “physician.”

	Agree	Disagree	Don't know
Only licensed medical doctors should be able to use the title “physician”	91	7	2

Uninformed choice leads to unintended consequences and potentially dangerous consequences. Patients look to medical doctors to treat serious conditions and care for their families. When non-physicians advertise that they can treat conditions without having the appropriate education and training necessary, it puts patients’ safety at increased and unnecessary risk.

## Taking action

### Truth in advertising increases clarity and enhances reliability

The need for truth in advertising legislation transcends party lines, gender, race and geography. Americans from all walks of life overwhelmingly support stricter standards on medical advertising. Legislation is needed to require health care providers to clearly and honestly state their level of training, licensing and what procedures they may legally perform in all of their advertising and marketing materials.

Patients must be able to rely on what their health care providers tell them. Truth in advertising legislation helps do just that.

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## Survey results

In today’s health care environment, patients are bombarded with advertisements and claims regarding different health care services that are provided by different health care professionals—by physicians and non-physicians. To learn more about patients’ beliefs and expectations, the Scope of Practice Partnership—a cooperative effort of the American Medical Association (AMA), and other leading national specialty medical societies and state medical associations—commissioned a recent survey that found patients are undeniably confused about who provides their medical care.<sup>1</sup>

Patients must be able to rely on their health care practitioners, which is why the AMA believes that patients deserve to have increased clarity and transparency in health care. They deserve to know the training, education, licensure and qualifications of their health care practitioners. The AMA “Truth in Advertising” campaign is focused on providing that clarity for patients.

Is this person a medical doctor?	Yes	No	Not sure
Orthopedic Surgeon	94	3	3
Obstetrician/Gynecologist	92	5	3
General or Family Practitioner	88	8	3
Dentist	77	20	3
Anesthesiologist	76	16	8
Psychiatrist	74	20	6
Ophthalmologist	69	14	17
Podiatrist	67	22	11
Optometrist	54	36	10
Psychologist	49	44	8
Chiropractor	38	53	9
Doctor of Nursing Practice	38	37	25
Audiologist	33	40	27
Otolaryngologist	32	13	55
Nurse Practitioner	29	63	7
Physical Therapist	26	68	6
Dental assistant	12	82	5
Midwife	11	82	7

<sup>1</sup> Global Strategy Group conducted a telephone survey on behalf of the Scope of Practice Partnership between August 13–18, 2008. The survey was conducted among 852 adults nationwide. The overall margin of error is +/- 3.4 percent at the 95 percent confidence level.

Should only a medical doctor be allowed to perform the following procedures; or should other health care professionals be allowed to perform this specific activity?	Only a medical doctor	Other health care professional	Don't know
Amputations of the foot?	93	5	2
Surgical procedures on the eye that require the use of a scalpel?	92	6	2
Facial surgery such as nose shaping and face lifts?	90	8	3
Treat chronic pain by prescribing drugs or other substances that have a high potential for abuse?	82	16	2
Write prescriptions for medication to treat mental health conditions such as schizophrenia and bi-polar disorder	80	17	3
Use techniques such as spinal injections to diagnose and treat chronic pain	79	19	2
Administer and monitor anesthesia levels and patient condition before and during surgery	71	27	3
Commit individuals for psychiatric care against their will	70	23	7

Do you agree or disagree with the following?	Agree	Disagree	Don't know
All health care professionals, including licensed medical doctors and non-medical doctors, should be required to clearly state their level of training and licensing in all advertising and marketing materials	96	4	1
Only licensed medical doctors should be able to use the title "physician"	91	7	2
I have a good understanding of the differences in the types of services that licensed medical doctors provide compared with other health care professionals who are not licensed medical doctors, such as nurse practitioners, optometrists and chiropractors	76	20	3
I have a good understanding of the differences in training and education between licensed medical doctors and other health care professionals who are not licensed medical doctors, such as nurse practitioners, optometrists and chiropractors	76	21	3
I am confident that all health care professionals, including non-medical doctors, only advertise and provide services for which they are properly trained	48	48	3
It is easy to identify who is a licensed medical doctor and who is not by reading what services they offer, their title and other licensing credentials in advertising or other marketing materials	46	51	3

	Support	Oppose	Don't know
Would you support or oppose legislation in your state to require all medical advertising materials to clearly designate the level of education, skills and training of all health care professionals promoting their services?	93	6	1

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## Sample press release

FOR IMMEDIATE RELEASE

MONTH, DAY, YEAR

### State Patients Deserve to Know Who is Providing Their Care

MED SOCIETY proposes law to help end patient confusion about who is a “doctor”

CITY, STATE—In an effort to help provide increased clarity and transparency for STATE patients, MEDICAL SOCIETY recently introduced legislation that helps ensure patients know the education, training and licensure of their health care provider.

Under the “Health Care Professional Transparency Act,” all health care professionals will have to wear a name tag during all patient encounters that clearly identifies the type of license they hold. Health care professionals will also have to display their education, training and licensure in his or her office.

“We believe patients deserve to know whether the person they see is a medical doctor, registered nurse, chiropractor or other medical professional,” said MEDICAL SOCIETY SPOKESPERSON. “It’s not enough information for patients to just hear, ‘Hi, I’m your doctor.’”

This bill comes on the heels of a recent survey that shows there is significant public confusion about the qualifications of different health care providers.

[INSERT RELEVANT SURVEY RESULTS]

This bill also promotes “truth in advertising” among health care professionals by ensuring that any advertisements or professional Web sites they have do not promote services beyond what they are legally permitted to provide.

“We want to see all health care professionals—physicians and non-physicians alike—clearly display their education and licensure so that patients know who is providing their care,” said SPOKESPERSON. “Providing patients with the education, training and qualifications of health care professionals upfront can help them make more informed decisions about their health care.”

###

## Frequently asked questions and answers

### **Why is the AMA conducting a truth in advertising campaign?**

The American Medical Association (AMA)—along with our state and specialty society partners—created the truth in advertising campaign to help ensure patients know the education, training and qualifications of their health care professionals. Many different health care professions now offer a “doctor” degree, but just using the description “Dr.” does not help a patient know very much. In fact, a recent survey found that patients overwhelmingly want all health care professionals—physicians and non-physicians alike—to clearly state their level of education, training and licensure.

### **Aren't there already laws that prevent deceptive advertising?**

Many, if not most states likely have consumer protection statutes to help protect consumers from false advertising, but what we're doing is a bit different. Because there has been an explosion of health care professionals with “doctor” degrees, we believe patients deserve to know what kind of “doctor” they are seeing. There is a great difference between a doctor of psychology and a medical doctor who practices psychiatry, for example.

### **What are the key elements of this campaign?**

We would like to see all health care professionals—physicians and non-physicians alike—clearly display their education and licensure so that patients know who is providing their care. The letters after someone's name might mean something to a health care professional, but without something more, patients will not know that a D.O. is a Doctor of Osteopathic Medicine; or that an Au.D. means a person has a doctorate of audiology.

Furthermore, we want to help ensure that when health care practitioners advertise their services, they are not promising more than what their education, training and licensure permits.

### **Is this campaign an attempt to restrict the practice of non-physicians?**

No. The AMA believes that efficient, high quality health care requires all members of the health care team to work closely together. Every member of the health care delivery team plays an important role, but to ensure optimal care and help protect patient safety, physicians and non-physicians must provide only the services that their education and training has prepared them to provide—and their licensure legally allows them to provide.

### **What would you say to critics who call this campaign a “turf battle”?**

The AMA “Truth in Advertising” campaign is about transparency for patients, patient education and patient safety. This campaign does not increase or limit anyone's scope of practice. Instead, this campaign increases transparency of health care professionals' qualifications for patients so that patients can clearly see and make informed decisions about who provides their care.

### **Is this legislation really necessary?**

Yes. The Internet and other forms of communication gives almost limitless ability for anyone to say anything. We believe that for the health care system to operate most effectively, patients must be able to rely on their health care practitioner. We believe that legislators will be providing a proactive public service by requiring health care practitioners to be truthful in how they market themselves and their services.

### **Is “false advertising” of medical services really a problem?**

The problem is real. Confusion among Americans about who is and who is not qualified to provide specific patient care undermines the reliability of the health care system and can put patients at risk. People unqualified to perform health services can lead to medical errors and cause patient harm. Bottom line: Patients deserve to know who is providing their care.

With only a brief period of online research, we identified thousands of potentially misleading or deceptive advertising from a variety of non-physician practitioners. Remember, this is not simply about misleading ads—it’s about increasing transparency. Anyone can call themselves “doctor.” We want patients to know whether that “doctor” is a physician, nurse, podiatrist, chiropractor, and so on. Titles and definitions matter because they influence patients’ perceptions.

### **How will this legislation help solve the confusion among patients?**

This will alleviate confusion by making sure patients know precisely what type of health care professional is treating them—whether it is a physician, nurse, assistant or technician.

### **Why is the AMA pushing this legislation now? Aren’t there a lot bigger problems in our health care system?**

Improving the nation’s health care system requires looking at many different pieces. This legislation will help empower patients to take a more active role in their health care and become more informed about the qualifications and training of health care professionals.

### **Who did your survey, and what methodology was used?**

Global Strategy Group, a nationally recognized polling firm, conducted the survey. The survey was conducted between August 13 and August 18, 2008, with 852 adults nationwide. The margin of error is +/- 3.4 percent at the 95 percent confidence level.

## Bill summary: “Health Care Professional Transparency Act”

### **Purpose**

The purpose of this bill is to help provide clarity and transparency for patients when they seek out and go to a health care practitioner. Due to the explosion of professional and quasi-professional titles employing the term “doctor,” patients are confused about the training and education of health care practitioners. This bill helps ensure that patients are promptly and clearly informed of the training and qualifications of their health care practitioner.

### **Definitions**

This bill defines “deceptive” or “misleading” advertisements and any advertisement or affirmative communication or representation that mis-states, falsely describes, holds out or falsely details the health care practitioner’s profession, skills, training, expertise, education, board certification or licensure.

The model bill also includes definitions for several different types of health care practitioner, including medical doctors, doctors of osteopathic medicine, podiatrists, chiropractors, dentists, optometrists, naturopaths, physician and medical assistants, psychologists, therapists, audiologists and counselors. Medical societies using this model bill will need to determine which definitions to include in their legislation.

### **Requirements**

There are two main requirements under this Act. First, the health care practitioner must wear a name tag during all patient encounters that clearly identifies the type of license held by the health care practitioner. And second, the health care practitioner must display in his or her office a writing that clearly identifies the type of license held by the health care practitioner.

### **Violations and enforcement**

The model bill provides that it is a violation of the Act to knowingly aid, assist, procure, employ or advise any unlicensed person to practice or engage in acts contrary to the health care practitioner’s degree of licensure. It also is a violation to delegate or contract for the performance of health care services to a person that does not have the required authority to provide the health care services.

Violators under this Act are guilty of unprofessional conduct and subject to disciplinary action under the health care practitioner’s licensing statute. Of note, this Act does not provide for criminal penalties, although a state may wish to pursue that course.

## Model legislation

IN THE GENERAL ASSEMBLY

STATE OF \_\_\_\_\_

### Health Care Professional Transparency Act

1 Be it enacted by the People of the State of \_\_\_\_\_, represented in the  
2 General Assembly:

3 **Section 1. Title.** This Act shall be known and may be cited as the “Health Care  
4 Professional Transparency Act.”

5 **Section 2. Purpose.** The Legislature hereby finds and declares that:

6 (a) There are a multitude of professional degrees using the term “doctor,”  
7 including Medical Doctor (M.D.); Doctor of Osteopathic Medicine (D.O);  
8 Doctor of Dental Surgery (D.D.S.) Doctor of Podiatric Medicine (D.P.M.);  
9 Doctor of Optometry (O.D.); Doctor of Chiropractic (D.C.); and other  
10 designations which may be used by health care practitioners.

11 (b) An August 2008 study by the American Medical Association found that thirty-  
12 eight (38) percent of patients believe that a chiropractor is a medical doctor;  
13 thirty-eight (38) percent of patients believe that a doctor of nursing practice is a

1 medical doctor; forty-nine (49) percent of patients believe that a  
2 psychologist is a medical doctor; fifty-four (54) percent of patients believe that  
3 an optometrist is a medical doctor; and sixty-seven (67) percent of patients  
4 believe a podiatrist is a medical doctor.

5 (c) There are widespread differences regarding the training and qualifications  
6 required to earn the professional degrees described in and subject to this Act.  
7 These differences often concern the training and skills necessary to correctly  
8 detect, diagnose, prevent and treat serious health care conditions.

9 (d) There is a compelling state interest in patients being promptly and clearly  
10 informed of the training and qualifications of the health care practitioners who  
11 provide health care services.

12 (e) There is a compelling state interest in the public being protected from  
13 potentially misleading and deceptive health care advertising that might cause  
14 patients to have undue expectations regarding their treatment and outcome.

15 **Section 3. Definitions.**

16 For the purposes of this Act:

17 (a) “Advertisement” denotes any communication or statement, whether printed,  
18 electronic, or oral, that names the health care practitioner in relation to his or  
19 her practice, profession, or institution in which the individual is employed,  
20 volunteers or otherwise provides health care services. This includes business  
21 cards, letterhead, patient brochures, e-mail, Internet, audio and video, and  
22 any other communication or statement used in the course of business.

1 (b) “Deceptive” or “misleading” includes, but is not limited to, any advertisement  
2 or affirmative communication or representation that mis-states, falsely  
3 describes, holds out or falsely details the health care practitioner’s profession,  
4 skills, training, expertise, education, board certification or licensure.

5 (c) “Health care practitioner” means any person who engages in acts that are the  
6 subject of licensure or regulation.

7 **Drafting Note Re: Health care practitioner**—*To provide further guidance on different*  
8 *types of health care practitioners a state may wish to include as a subset under this*  
9 *“Definitions” provision, this Drafting Note provides the following suggestions.*

10 Categories of health care practitioner include:

- 11 (1) Practitioners of allopathic medicine, signified by the letters “M.D.” or the words  
12 surgeon, medical doctor, or doctor of medicine by a person licensed to practice  
13 medicine and surgery.
- 14 (2) Practitioners of osteopathic medicine, signified by the letters “D.O.” or the words  
15 surgeon, osteopathic surgeon, osteopath, doctor of osteopathy, or doctor of  
16 osteopathic medicine.
- 17 (3) Practitioners of nursing, signified by the letters “D.N.P.”, “N.P.”, “R.N.”, “L.P.N.”,  
18 “C.R.N.A.”, “C.N.A.”, or any other commonly used signifier to denote a doctorate of  
19 nursing practice, nurse practitioner, registered nurse, licensed practical nurse,  
20 certified registered nurse anesthetist, or certified nurse assistant, respectively, as  
21 appropriate to signify the appropriate degree of licensure and degree earned from

- 1 a regionally accredited institution of higher education in the appropriate field of  
2 learning.
- 3 (4) Practitioners of podiatry, signified by the letters “D.P.M.” or the words podiatrist,  
4 doctor of podiatry, podiatric surgeon, or doctor of podiatric medicine.
- 5 (5) Practitioners of chiropractic, signified by the letters “D.C.” or the words chiropractor  
6 or doctor of chiropractic.
- 7 (6) Practitioners of dentistry, signified by the letters “D.D.S.” or “D.M.D.”, as  
8 appropriate, or the words dentist, doctor of dental surgery, or doctor of dental  
9 medicine, as appropriate.
- 10 (7) Practitioners of optometry, signified by the letters “O.D.” or the words optometrist  
11 or doctor of optometry.
- 12 (8) Practitioners of naturopathy, signified by the letters, “N.D.” or the words  
13 naturopathic doctor or doctor of naturopathy.
- 14 (9) Physician and medical assistants, signified by the letters “P.A.”, “M.A.”, or the  
15 words physician assistant or medical assistant, respectively.
- 16 (10) Practitioners of Audiology, signified by the letters “Au.D.”, “Sc.D.”, or “Ph.D.”, or the  
17 words audiologist or doctor of Audiology.
- 18 (11) Psychologists, therapists, speech-language pathologists, counselors, or any other  
19 health care practitioner not covered under this section, including but not limited to  
20 those signified by the letters “Ph.D.”, “Ed.D.”, “P.T.”, “M.P.T.” or “Psy.D.”, or  
21 “Sc.D.”, as appropriate to signify the appropriate degree of licensure and degree

1 earned from a regionally accredited institution of higher education in the  
2 appropriate field of learning.

3 (d) “Licensee” means a health care practitioner who holds an active license with  
4 the licensing board governing his or her practice in this State.

5 **Section 4. Requirements.**

6 (a) An advertisement for health care services that names a health care  
7 practitioner must identify the type of license held pursuant to the definitions  
8 under this Act. The advertisement shall be free from any and all deceptive or  
9 misleading information.

10 (b) A health care practitioner providing health care services in this state must  
11 conspicuously post and affirmatively communicate the practitioner’s specific  
12 licensure as defined under this Act. This shall consist of the following:

13 (1) The health care practitioner shall wear a photo identification name tag  
14 during all patient encounters that shall include (i) a recent photograph of  
15 the employee; (ii) the employee’s name; (iii) the type of license (e.g.  
16 “medical doctor”, “psychologist”, “nurse practitioner”, “podiatrist”); and  
17 (iv) the expiration date of the license. The name tag shall be of sufficient  
18 size and be worn in a conspicuous manner so as to be visible and  
19 apparent; and

20 (2) The health care practitioner shall display in his or her office a writing  
21 that clearly identifies the type of license held by the health care

1 practitioner. The writing must be of sufficient size so as to be visible  
2 and apparent to all current and prospective patients.

3 (c) A health care practitioner who practices in more than one office shall be  
4 required to comply with these requirements in each practice setting.

5 (d) A medical doctor or doctor of osteopathic medicine who supervises or participates  
6 in collaborative practice agreements with non-M.D. or non-D.O. health care  
7 practitioners shall be required to conspicuously post in each office a schedule  
8 of the regular hours when he or she will be present in that office.

9 (e) Health care practitioners working in non-patient care settings, and who do not  
10 have any direct patient care interactions, are not subject to the provisions of  
11 this Act.

## 12 **Section 5. Violations and Enforcement**

13 (a) Failure to comply with any provision under this Section shall constitute a  
14 violation under this Act.

15 (b) Knowingly aiding, assisting, procuring, employing or advising any unlicensed  
16 person or entity to practice or engage in acts contrary to the health care  
17 practitioner's degree of licensure shall constitute a violation under this Act.

18 (c) Delegating or contracting for the performance of health care services by a  
19 health care practitioner when the licensee delegating or contracting for  
20 performance knows, or has reason to know, the person does not have the  
21 required authority pursuant to the person's licensure, shall constitute a  
22 violation under this Act.

- 1 (d) Each day this act is violated shall constitute a separate offense and shall be  
2 punishable as such.
- 3 (e) Any health care practitioner who violates any provision under this Act is guilty  
4 of unprofessional conduct and subject to disciplinary action under the  
5 appropriate licensure provisions governing the respective health care  
6 practitioner.
- 7 (f) Any and all fees and other amounts billed to and paid by the patient shall be  
8 effectively rescinded and refunded. This includes third parties contracted to  
9 collect fees on behalf of the health care practitioner, the health care  
10 practitioner's employer, or other entity contracting with the health care  
11 practitioner.
- 12 (g) The imposition of professional sanctions, administrative fees or other  
13 disciplinary actions shall be publicly reported in a journal of official record.
- 14 (h) Notwithstanding the imposition of any penalty, a professional licensing board  
15 or other administrative agency with jurisdiction may seek an injunction or  
16 other legal means as appropriate against a person or entity violating this Act.

17  
18 **Drafting Note Re: Enforcement**—*To provide further guidance on different types of*  
19 *enforcement provisions, this Drafting Note provides a representative sample from nine*  
20 *states with TIA-type legislation, whether proposed or current law.*

21 **Arizona.** One proposed bill (S. 1264) would require that health care practitioners  
22 include a full spelling of their type of license in any advertisement. Violations are

1 deemed acts of “unprofessional conduct.” A second bill (H.B. 2560) would make the  
2 representation of board certification in a specialty or specific procedure an act of  
3 “unprofessional conduct” for a physician, member of the physician’s staff, employer or  
4 representative if the representation is not true or the board standing is not current.

5 **California.** A proposed bill (AB No. 583) would amend existing requirements to disclose  
6 a health care practitioner’s license status on a name tag by requiring the health care  
7 practitioner to display the type of license, highest level of academic degree and the  
8 name of a certifying board or association (if applicable). Current law provides that  
9 violators are guilty of a misdemeanor, may result in license revocation or suspension,  
10 “or other disciplinary action including an administrative fine not to exceed \$10,000.”  
11 (Cal. Bus. & Prof. Code § 651 (2003)).

12 **Florida.** Current law requires health care practitioners to inform patients about their  
13 credentials. Violations for misleading or deceptive statements, or offering to practice  
14 beyond one’s scope of practice, include professional licensure sanctions, suspension,  
15 restrictions and probation. Violators also may be subject to administrative fines and be  
16 forced to undergo “remedial education.” (Fla. Stat. § 456.072 (2006)).

17 **Georgia.** Current law provides that “Any person willfully violating, with intent to defraud,  
18 subsection (a) of this Code section shall be guilty of a misdemeanor.” (Ga. Code Ann. §  
19 10-1-422 (2006)).

20 **Massachusetts.** A proposed bill (S. 827) directs the attorney general to “develop fines  
21 and penalties” for misleading or deceptive statements by a non-M.D., D.O., D.D.S., or


1 D.D.M. The statement would be one that implies the “same or equivalent education  
2 skills or training” as an M.D., D.O., D.D.S., or D.D.M.

3 **New Hampshire.** Current law is limited to health care practitioners being required to  
4 wear name tags or some other form of identification that “readily discloses the name,  
5 licensure status, if any, and staff position.” Violations are limited to fines “of no more  
6 than \$50 on the facility per infraction.” (N.H. Rev. Stat. Ann. § 151:3-b (1999)).

7 **Oklahoma.** Current law provides that any advertisement must include a notice stating  
8 “If you find anything in this communication to be inaccurate or misleading, you may  
9 report the same by writing to [the M.D. or D.O. medical board].” The law also deems  
10 violations of the appropriate health care practitioner licensing act.

11 **Pennsylvania.** A proposed bill (S. 306) is limited to health care practitioners being  
12 required to wear identification that includes the health care practitioner’s name,  
13 photograph, and “the license, certification or registration held by the practitioner.” There  
14 are exceptions for situations requiring sterile dressing and alternate identification  
15 badges. Violations are grounds for “disciplinary actions” by the provider’s licensing  
16 board or other regulatory authority.

17 **Tennessee.** Current law provides a requirement that all licensed health care  
18 practitioners in the state keep their “certificate of registration” in a conspicuous place,  
19 and the certificate contain the “recognized professional abbreviation or designation”  
20 after the practitioner’s name. Violations, including civil penalties, suspension or license  
21 revocation, are at the discretion of the respective health care licensing boards. (Tenn.  
22 Code Ann. § 63-1-109 (2005)).



1    **Section 6. Effective Date.** This Act shall become effective immediately upon  
2    being enacted into law.

3    **Section 7. Severability.** If any provision of this Act is held by a court to be  
4    invalid, such invalidity shall not affect the remaining provisions of this Act, and to this  
5    end the provisions of this Act are hereby declared severable.

## Are *you* an AMA member?

It is only through the support of our members that the Advocacy Resource Center's work is possible. Join the AMA today and help sustain our state advocacy efforts on issues of importance to you and your patients.

Become an AMA member today.

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