Over the last two years, the AMA State Advocacy Resource Center worked with medical associations to secure over 70 state legislative victories stopping inappropriate scope expansions of nonphysicians. This included defeating bills that would have allowed:

- Nurse practitioner (NP) independent practice.
- CRNA independent practice.
- Physician assistant independent practice.
- Independent prescribing of psychotropic drugs by psychologists.
- Optometrists’ performing surgical procedures.
- Pharmacists’ prescribing.

Patients deserve care led by physicians—the most highly educated, trained and skilled health professionals. Learn how the AMA vigorously defends the practice of medicine against scope of practice expansions that threaten patient safety through research, advocacy and education.

How medicine bands together

To help state and specialty societies in opposing scope-of-practice expansion legislation, the AMA formed the Scope of Practice Partnership (SOPP), which includes 105 national, state and specialty medical associations.

The SOPP has awarded more than $2 million in grants to its members to fund advocacy tools and campaigns. Read how the AMA and the Medical Society of New Jersey collaboration resulted in New Jersey rejecting the bill to weaken doctors’ role as care team leaders.

The State Advocacy Resource Center provides state, local and national specialty societies with issue briefs, model legislation and updates on the status of scope-of-practice legislative and
regulatory issues in each state.

Data tells the story

Tools include the AMA Health Workforce Mapper, which reveals through data the reality behind false claims that independent APRNs, CRNAs and physician assistants (PAs) improve access to care in rural areas. The Health Workforce Mapper indicates that, in states where APRNs and others can practice independently, they are likely to practice in the same markets as physicians and that underserved areas remain underserved.

Learn more about how the AMA mapping tool identifies where workforce needs are greatest.

A persuasive argument in scope-of-practice battles has been the differences in education and training. Physicians complete between 10,000 and 16,000 hours of clinical education and training—four years in medical school and another three to seven years of residency training. By comparison, NPs, for example, complete between 500–720 hours of clinical training during two or three years of graduate-level education.

It's an issue that patients take seriously.

An overwhelming majority of patients, 91%, agree that a physician’s years of education and training are vital to optimal patient care—especially in the event of a complication or medical emergency, according to an online survey of adults conducted by Baselice & Associates, an Austin, Texas-based national research firm.

Other findings from the patient survey include:

- 86% said patients with one or more chronic diseases benefit when a physician leads the primary health care team.
- 84% said they prefer a physician to have primary responsibility for the diagnosis and management of their health care.
- 75% said they prefer to be treated by a physician—even if it takes longer to get an appointment and costs more.

Learn more with the AMA about how to #StopScopeCreep with these four tips for physician advocates to protect the doctor-led care team.