Whereas, Ensuring access to quality medical care is unquestionably a challenge in Georgia and across the country; and

Whereas, Physician education and training is rigorous and reliably tested through our SHELF exams, Step Exams, and our Board exams; and

Whereas, There has been an influx of non-physician providers who wish to practice independent of physician supervision or collaboration, ostensibly to help fill the need for medical care in underserved areas; and

Whereas, It has been shown that non-physician providers do not, indeed, practice in underserved areas in any greater numbers than physicians do; and

Whereas, A new degree, the “Doctor of Medical Science”, has been created by a single university, and is intended to allow Physician Assistants a pathway to fully independent practice of medicine; and

Whereas, This “Doctor of Medical Science” degree is not yet recognized by any state as valid for producing a competent, independent medical practitioner; and

Whereas, We believe that all patients deserve to be treated by a fully trained medical physician (MD or DO); therefore be it

RESOLVED, That our American Medical Association develop model legislation for states that would oppose the holders of the degree of Doctor of Medical Science from being recognized as a new category of health care practitioners licensed for the independent practice of medicine.

(Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/24/17

RELEVANT AMA POLICY

Scope of Practice Model Legislation D-35.996
Our AMA Advocacy Resource Center will continue to work with state and specialty societies to draft model legislation that deals with non-physician independent practitioners’ scope of practice, reflecting the goal of ensuring that non-physician scope of practice is determined by training, experience, and
demonstrated competence; and our AMA will distribute to state medical and specialty societies the model legislation as a framework to deal with questions regarding non-physician independent practitioners’ scope of practice.
Res. 923, I-03; Reaffirmed: BOT Rep. 28, A-13

Need for Active Medical Board Oversight of Medical Scope-of-Practice Activities by Mid Level Practitioners H-270.958
1. It is AMA policy that state medical boards shall have authority to regulate the practice of medicine by all persons within a state notwithstanding claims to the contrary by nonphysician practitioner state regulatory boards or other such entities.
2. Our AMA will work with interested Federation partners: (a) in pursuing legislation that requires all health care practitioners to disclose the license under which they are practicing and, therefore, prevent deceptive practices such as nonphysician healthcare practitioners presenting themselves as physicians or “doctors”; (b) on a campaign to identify and have elected or appointed to state medical boards physicians (MDs or DOs) who are committed to asserting and exercising the state medical board’s full authority to regulate the practice of medicine by all persons within a state notwithstanding efforts by nonphysician practitioner state regulatory boards or other such entities that seek to unilaterally redefine their scope of practice into areas that are true medical practice.
BOT Action in response to referred for decision Res. 902, I-06; Reaffirmed: BOT Rep. 06, A-16

Physician and Nonphysician Licensure and Scope of Practice D-160.995
Our AMA will: (1) continue to support the activities of the Advocacy Resource Center in providing advice and assistance to specialty and state medical societies concerning scope of practice issues to include the collection, summarization and wide dissemination of data on the training and the scope of practice of physicians (MDs and DOs) and nonphysician groups and that our AMA make these issues a legislative/advocacy priority; (2) endorse current and future funding of research to identify the most cost effective, high-quality methods to deliver care to patients, including methods of multidisciplinary care; and (3) review and report to the House of Delegates on a periodic basis on such data that may become available in the future on the quality of care provided by physician and nonphysician groups.

Practicing Medicine by Non-Physicians H-160.949
Our AMA: (1) urges all people, including physicians and patients, to consider the consequences of any health care plan that places any patient care at risk by substitution of a non-physician in the diagnosis, treatment, education, direction and medical procedures where clear-cut documentation of assured quality has not been carried out, and where such alters the traditional pattern of practice in which the physician directs and supervises the care given; (2) continues to work with constituent societies to educate the public regarding the differences in the scopes of practice and education of physicians and non-physician health care workers; (3) continues to actively oppose legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (4) continues to encourage state medical societies to oppose state legislation allowing non-physician groups to engage in the practice of medicine without physician (MD, DO) training or appropriate physician (MD, DO) supervision; (5) through legislative and regulatory efforts, vigorously support and advocate for the requirement of appropriate physician supervision of non-physician clinical staff in all areas of medicine; and (6) opposes special licensing pathways for physicians who are not currently enrolled in an Accreditation Council for Graduate Medical Education of American Osteopathic Association training program, or have not completed at least one year of accredited post-graduate US medical education.