



Oppose federal legislation that expands health care provider scope of practice

The American Medical Association remains committed to promoting federal policies that preserve physician-led teams as the primary way to provide high-quality patient care. In general, the AMA strongly opposes federal and state efforts to expand the scope of practice of non-physicians, typically referred to as allied health professionals, into areas that constitute the practice of medicine.

While allied health professionals play an important role in team-based health care, the high-stakes field of medicine demands education, expertise, acumen, coordination and robust patient management that can best be delivered by a physician-led team. Data shows that patients are justifiably concerned about the cost and quality of care, especially medical diagnoses, delivered by non-physicians. Recent AMA surveys found that 91% of patients view physicians' education and training as vital for optimal care, 75% would wait longer and pay more to be treated by physicians, and 95% said it is important for physicians to be involved in their diagnosis and treatment. With requirements to complete four years of medical school, three to seven years of residency, and 10,000-16,000 hours of clinical training, physicians are undoubtedly the most qualified and crucial part of a patient's health care delivery team.

The unique challenges of the COVID-19 pandemic accelerated ongoing efforts by federal policymakers to either temporarily relax or even permanently alter scope of practice laws making this issue that was once concentrated at the state level an ever-increasing concern at the federal level. However, the various rationales cited to justify expanded scope of practice policies, such as increased access to care and lower costs, are incorrect.

For example, many policymakers claim that allowing allied health professionals to practice without physician involvement will increase access to care in rural and underserved communities.

- The AMA, however, mapped the locations of primary care physicians and nurse practitioners (NPs) nationwide in 2013, 2018, and 2020 and each time the results showed that they tend to practice in the same areas of the state as physicians, irrespective of scope of practice laws.

Another misconception is that there are no other policy options to increase access to care in underserved areas.

- In reality, there are a multitude of ways to enhance access to physicians outside of expanded scope of practice including: telehealth expansion, increasing residency positions, enhanced loan forgiveness programs for physicians in rural and underserved communities, and supporting students from underserved areas to pursue medical education.

Finally, expanding allied health professionals' scope of practice leads to higher health care costs.

- A robust analysis of data from the Hattiesburg Clinic, an accountable care organization (ACO) and multispecialty clinic in Hattiesburg, Miss., found that care provided by non-physicians working on their own patient panels led to higher costs, more referrals, higher emergency department use and lower patient satisfaction than care provided by physicians. More specifically, Hattiesburg Clinic found that ACO spending was nearly \$43 higher per member, per month for patients with a non-physician primary care practitioner compared to those with a primary care physician, which equated to an additional \$10.3 million in spending annually.

Scope of practice bills in the 117th Congress

Below is a summary of a select cohort of scope of practice bills opposed by the AMA last Congress.

H.R. 8812, the Improving Care and Access to Nurses (ICAN) Act: Introduced by former Rep. Lucille Roybal-Allard (D-Calif.), this broad, sweeping bill effectively removes physicians from important decisions in care for Medicare patients by authorizing nurse practitioners (NPs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNS), and physicians assistants (PAs) to order and supervise cardiac and pulmonary rehabilitation, establish home infusion services, refer patients for medical nutrition therapy, certify and recertify a patient's terminal illness for hospice eligibility, and perform all mandatory examinations in skilled nursing facilities. This legislation, strongly opposed by the AMA, did not become law.

H.R. 6087, the Improving Access to Workers' Compensation for Injured Federal Workers Act: Introduced by Rep. Joe Courtney (D-Conn.), this legislation sought to allow NPs and PAs to diagnose, prescribe, treat, and certify an injury and extent of disability for purposes of compensating federal workers under the Federal Employees' Compensation Act. Current law prohibits non-physicians from making these determinations and reserves that function for physicians. This bill, strongly opposed by the AMA, passed the House of Representatives, but ultimately stalled in the Senate.

H.R. 7213, the Equitable Community Access to Pharmacist Services Act: Introduced by former Rep. Ron Kind (D-Wis.), the legislation allows pharmacists to test and initiate drug regimens for influenza, respiratory syncytial virus or streptococcal pharyngitis. Pharmacists would also be permitted to administer vaccines and provide related services for COVID-19 or influenza, address public health needs related to public health emergencies, and provide services as determined by the secretary of the Department of Health and Human Services for undefined programs, including closing gaps in health equity. This bill, strongly opposed by the AMA, did not become law.

H.R. 2654, the Chiropractic Medicare Coverage Modernization Act: Introduced by Rep. Brian Higgins (D-N.Y.), this bill would amend the definition of physician to extend Medicare coverage for services furnished by chiropractors beyond manual manipulation of the spine. This bill, opposed by the AMA, did not become law.

The AMA expects that each aforementioned bill will be reintroduced as well as possibly new scope expansion legislation in the recently convened 118th Congress, thus necessitating strong physician grassroots opposition.

Action request

- Urge your senators and representative to oppose legislation, such as the examples above, that would expand the scope of practice of non-physicians at the expense of physician-led teams.