

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 222  
(A-22)

Introduced by: Mississippi, Florida, Arizona, Texas, New Jersey, California

Subject: To Study the Economic Impact of Mid-Level Provider Employment in the United States of America

Referred to: Reference Committee B

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1 Whereas, 24 out of 50 states have granted full practice rights for registered nurse practitioners  
2 (<https://www.aanp.org/advocacy/state/state-practice-environment>); and  
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4 Whereas, In a CDC funded study performed in 2016, it was discovered that patients were more  
5 frequently prescribed antibiotics if evaluated and treated by a NP or PA vs a physician only. The  
6 frequency of antibiotic prescriptions was 17% to 12% for overall visits and 61% to 54% for acute  
7 respiratory infection visits, respectively  
8 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047413/>); and  
9

10 Whereas, A study published in 2013 determined that the quality of referrals to an academic  
11 medical center was higher for physicians than that of NPs and PAs regarding the clarity of the  
12 referral question, understanding of pathophysiology, and adequate pre-referral evaluation and  
13 documentation ([https://www.mayoclinicproceedings.org/article/S0025-6196\(13\)00732-5/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(13)00732-5/fulltext));  
14 and  
15

16 Whereas, A study published in *JAMA* in 2015 concluded that mid-level providers ordered more  
17 imaging studies during clinic visits  
18 (<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374>); and  
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20 Whereas, A study published in *JAMA Dermatology* in 2015 determined that the number needed  
21 to biopsy (NNB) for NP's/PA's was significantly higher compared to physicians. 2.9 v 5.9  
22 respectively (<https://jamanetwork.com/journals/jamadermatology/fullarticle/2203840>); and  
23

24 Whereas, A recent study published in the *Journal of the Mississippi State Medical Association*  
25 found that the care for over 33,000 Medicare patients provided by nonphysician providers was  
26 \$43 higher per patient per month than the care provided by physicians. This difference was  
27 estimated to add \$10.3 million annually to the cost of providing care to these patients if all of the  
28 care was provided by nonphysician providers. When adjusted for risk due to patient complexity,  
29 the cost increased to \$119 per patient per month or \$28.5 million annually ([https://www.ama-  
30 assn.org/print/pdf/node/82301](https://www.ama-assn.org/print/pdf/node/82301)); therefore be it  
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32 RESOLVED, That our American Medical Association encourage and support studies sponsored  
33 by relevant state and federal agencies to determine the economic impact of mid-level  
34 unsupervised practice on American consumers (Directive to Take Action); and further be it  
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36 RESOLVED, That our AMA develop model state legislation that opposes enactment of  
37 legislation and reversal of such legislation, if present, that would authorize the independent  
38 practice of medicine by any individual who is not a physician. (Directive to Take Action)

Fiscal Note: Not yet determined

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## **RELEVANT AMA POLICY**

### **Independent Practice of Medicine by Advanced Practice Registered Nurses H-35.988**

Our AMA, in the public interest, opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the states requirements for licensure to engage in the practice of medicine and surgery in all of its branches. Our AMA opposes enactment of the Advanced Practice Registered Nurse (APRN) Multistate Compact, due to the potential of the APRN Compact to supersede state laws that require APRNs to practice under physician supervision, collaboration or oversight.

Citation: Sub. Res. 53, I-82; Reaffirmed: A-84; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: BOT Rep. 28, A-03; Reaffirmed: BOT Rep. 9, I-11; Modified: Res. 214, I-17; Modified: BOT Rep. 15, A-18

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