AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 208
(I-23)

Introduced by: Young Physicians Section

Subject: Non-Physician Practitioners Oversight and Training

Referred to: Reference Committee B

Whereas, the number and utilization of non-physician providers (NPPs) is increasing; and

Whereas, there is increasing scope of practice for NPPs in many states; and

Whereas, patient safety should remain one of the main priorities in providing high quality healthcare; and

Whereas, the number of clinical hours required for physician board certification exceeds that of NPPs by over 10,000 hours; and

Whereas, data are limited in regards to competence, cost and quality of NPPs practicing without any type of physician supervision; and

Whereas, NPPs have the ability to practice in multiple specialties without a formalized graduate medical education program and engage in highly variable training experiences with very few “specialty” certifications; and

Whereas, the terminology “practicing at the top of license” in regards to non-physician providers does not appropriately reflect the significant variability in training and experiences of non-physician providers; and

Whereas, there is variability in regulatory and accreditng bodies for the different types of NPPs; therefore be it

RESOLVED, that our American Medical Association encourage oversight and regulation of non-physician providers by regulatory bodies comprised of individuals with equivalent and higher levels of training, including state composite medical boards. (New HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 9/26/23

REFERENCES
RELEVANT AMA POLICY

Physician and Nonphysician Licensure and Scope of Practice D-160.995
1. Our AMA will: (a) 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; (b) 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 (c) 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.

2. Our AMA will: (a) continue to work with relevant stakeholders to recognize physician training and education and patient safety concerns, and produce advocacy tools and materials for state level advocates to use in scope of practice discussions with legislatures, including but not limited to infographics, interactive maps, scientific overviews, geographic comparisons, and educational experience; (b) advocate for the inclusion of non-physician scope of practice characteristics in various analyses of practice location attributes and desirability; (c) advocate for the inclusion of scope of practice expansion into measurements of physician well-being; and (d) study the impact of scope of practice expansion on medical student choice of specialty.

3. Our AMA will consider all available legal, regulatory, and legislative options to oppose state board decisions that increase non-physician health care provider scope of practice beyond legislative statute or regulation.

[Reaffirmed: Res. 222, I-19]

AMA Support for States in Their Development of Legislation to Support Physician-Led, Team Based Care D-35.982
1. Our AMA will continue to assist states in opposing legislation that would allow for the independent practice of certified registered nurse practitioners.

2. Our AMA will assist state medical societies and specialty organizations that seek to enact legislation that would define the valued role of mid-level and other health care professionals within a physician-led team based model structured to efficiently deliver optimal quality patient care and to assure patient safety.

3. Our AMA will actively oppose health care teams that are not physician-led.

[Res. 240, A-13; Reaffirmation A-15]

Support for Physician Led, Team Based Care D-35.985
Our AMA:

2. Will identify and review available data to analyze the effects on patients’ access to care in the opt-out states (states whose governor has opted out of the federal Medicare physician supervision requirements for anesthesia services) to determine whether there has been any increased access to care in those states.

3. Will identify and review available data to analyze the type and complexity of care provided by all non-physician providers, including CRNAs in the opt-out states (states whose governor has opted out of the federal Medicare physician supervision requirements for anesthesia services), compared to the type and complexity of care provided by physicians and/or the anesthesia care team.

4. Will advocate to policymakers, insurers and other groups, as appropriate, that they should consider the available data to best determine how non-physicians can serve as a complement to address the nation’s primary care workforce needs.

5. Will continue to recognize non-physician providers as valuable components of the physician-led health care team.

6. Will continue to advocate that physicians are best qualified by their education and training to lead the health care team.

7. Will call upon the Robert Wood Johnson Foundation to publicly announce that the report entitled, "Common Ground: An Agreement between Nurse and Physician Leaders on Interprofessional
Collaboration for the Future of Patient Care" was premature; was not released officially; was not signed; and was not adopted by the participants.