

# SUBJECT TO RESOLUTION COMMITTEE REVIEW

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 218  
(N-21)

Introduced by: Resident and Fellow Section

Subject: Physician Opposition to the Coordinated Effort by Corporations and Midlevel Providers to Undermine the Physician-Patient Relationship and Safe Quality Care

Referred to: Reference Committee B

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- 1 Whereas, The book *Patients at Risk: The Rise of the Nurse Practitioner and Physician Assistant*  
2 *in Healthcare* by Niran Al-Agba, MD and Rebekah Bernard, MD published in 2020, seeks to  
3 educate patients about the safety of the providers treating them and empower physicians to  
4 regain control of the practice of medicine<sup>1</sup>; and  
5  
6 Whereas, The corporatization of medicine, at the expense of quality, safe healthcare, has led to  
7 physicians being fired and replaced by midlevel providers, especially in states with legislatively  
8 awarded independent practice for midlevel providers<sup>1</sup>; and  
9  
10 Whereas, The corporate practice of medicine has created a situation in which physicians are  
11 expected to “train their replacements”; and  
12  
13 Whereas, Post-graduate programs for midlevel providers expand while physician post-graduate  
14 training programs stay stagnant or close<sup>1</sup>; therefore be it  
15  
16 RESOLVED, That our American Medical Association study the impact that individual physician  
17 scope of practice advocacy has had on physician employment and contract terminations  
18 (Directive to Take Action); and be it further  
19  
20 RESOLVED, That our AMA study the views of patients on physician and non-physician care to  
21 identify best practices in educating the general population on the value of physician-led care  
22 (Directive to Take Action); and be it further  
23  
24 RESOLVED, That our AMA study the utility of a physician-reported database to track and report  
25 institutions that replace physicians with midlevel providers in order to aid patients in seeking  
26 physician-led medical care as opposed to care by midlevel providers practicing without  
27 physician supervision. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/12/21

### AUTHORS STATEMENT OF PRIORITY

This policy is lower priority, but is important to resident and fellow training, especially in assessing the conflicts that may exist between for-profit corporations and providing adequate and appropriate training for trainees.

**References:**

1. Al-Agba, Niran, and Rebekah Bernard. *Patients at Risk: the Rise of the Nurse Practitioner and Physician Assistant in Healthcare*. Universal-Publishers, Inc., 2020

**RELEVANT AMA POLICY**

**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.

Citation: Res. 317, I-94 Modified by Res. 501, A-97 Appended: Res. 321, I-98 Reaffirmation A-99 Appended: Res. 240, Reaffirmed: Res. 708 and Reaffirmation A-00 Reaffirmed: CME Rep. 1, I-00 Reaffirmed: CMS Rep. 6, A-10 Reaffirmed: Res. 208, I-10 Reaffirmed: Res. 224, A-11 Reaffirmed: BOT Rep. 9, I-11 Reaffirmed: Res. 107, A-14 Appended: Res. 324, A-14