

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 902
(I-06)

Introduced by: American Society of Anesthesiologists

Subject: Need for Active Medical Board Oversight of Medical Scope-of-Practice
Activities by Mid Level Practitioners

Referred to: Reference Committee L
(H. David Bruton, MD, Chair)

1 Whereas, Quality medical care requires appropriate education, skills, training and experience,
2 as recognized and established by state laws; and
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4 Whereas, As physicians, Medical Doctors (MDs) and Doctors of Osteopathy (DOs) are the only
5 persons fully licensed by the states to practice medicine; and
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7 Whereas, Some mid-level or limited license practitioners continue to attempt to practice
8 medicine and rely on false assertions of authority, not backed up by scope of practice laws, by
9 various nursing boards and other bodies regulating limited license practitioners; and
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11 Whereas, The quality of care rendered by individuals with limited licenses is not equivalent to
12 that of a physician (MD or DO); and
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14 Whereas, Patients may be put at risk for injury or death by receiving care from persons who are
15 not physicians (MD or DO), but who claim to be able to render medical care under the pretense
16 that such conduct is allowed by their respective state board or similar entity; and
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18 Whereas, State-based regulation and licensure of medicine should be aggressively protected to
19 ensure patient safety and optimal clinical outcomes; and
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21 Whereas, Some state medical boards have asserted that they lack jurisdiction over limited
22 license practitioners who claim to act under the authority of boards or entities other than the
23 state medical board, even though the conduct of such limited license practitioners would
24 otherwise amount to the practice of medicine without a license; and
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26 Whereas, The Federation of State Medical Boards (FSMB) established the Special Committee
27 on Scope of Practice in July 2003, charged with making decisions about changes in scope of
28 practice for non-physician practitioners, but it has declined to assist in prosecuting cases of
29 medical practice by limited license practitioners operating under claims of authority by limited
30 license boards and similar entities; and
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32 Whereas, A unified response by organized medicine is needed to counter the inability or
33 unwillingness of state medical boards and the FSMB to halt the unlicensed practice of medicine;
34 and
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1 Whereas, Our AMA and the Scope of Practice Partnership are uniquely positioned and well
2 qualified to address this matter of extreme urgency so that our state laws and regulations can
3 be upheld and the authority of state medical boards can be re-established as having full
4 jurisdiction, oversight and authority over medical scope-of-practice activities by mid-level
5 practitioners; therefore be it
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7 RESOLVED, That it shall be the policy of our American Medical Association that state medical
8 boards shall have full authority to regulate the practice of medicine by all persons within a state
9 notwithstanding claims to the contrary by boards of nursing, mid-level practitioners or other
10 entities (New HOD Policy); and be it further
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12 RESOLVED, That our AMA, through the Scope of Practice Partnership, work jointly with state
13 medical boards to assist law enforcement authorities in the prosecution of unlicensed medical
14 practice by limited or mid-level practitioners (Directive to Take Action); and be it further
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16 RESOLVED, That our AMA, through the Scope of Practice Partnership, immediately embark on
17 a campaign to identify and have elected or appointed to state medical boards physicians (MDs
18 or DOs) who are committed to asserting and exercising their full authority to regulate the
19 practice of medicine by all persons within a state notwithstanding efforts by boards of nursing or
20 other entities that seek to unilaterally redefine their scope of practice into areas that are true
21 medical practice. (Directive to Take Action)

Fiscal Note: Implement accordingly at estimated staff cost of \$10,836.

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