

AMA Steps Up to Fight Scope Creep that Threatens Patient Safety



With a raft of actions at the 2024 AMA Annual Meeting in Chicago, the House of Delegates has built upon the AMA's longstanding and successful efforts to [fight scope creep](#) and defend the practice of medicine against scope of practice expansions that threaten patient safety.

Among these actions is a new set of policies adopted to address specialty switching among nonphysician providers. A growing number of nurse practitioners (NPs) and physician assistants (PAs) practice in specialties outside primary care, with the latest federal data showing that only 24% of NPs deliver primary care. By contrast, there is very little publicly available data on how often these nonphysician providers switch specialties.

Both nurse practitioners and physician assistants can easily switch specialties during the course of their health care careers. This "idea of specialty switching by nurse practitioners and physician assistants is not a new phenomenon and such flexibility in specialization is often touted by both professions as a positive attribute to prospective students," says an AMA Board of Trustees report whose recommendations were adopted at the 2024 AMA Annual Meeting in Chicago.

Though state licensure requires that nurse practitioners and physician assistants graduate from an accredited program and get certified by a designated body, these certifications "are extremely broad, allowing wide latitude in the patient population, specialty or setting in which they can practice," the report says, adding that there are "little to no guardrails limiting the specialties in which nurse practitioners and physician assistants may work."

Much research shows "a misalignment between nurse practitioner education, training and certification and the specialty or setting in which they practice, such that some nurse practitioners find themselves in the position of caring for a patient population or level of acuity in which they have received no formal education or training," the board report notes.

By contrast, both professions rely on postgraduate, on-the-job training as a means to gain specialty expertise. There is a dearth of research on the impact of nonphysician providers' specialty switching on the quality of care.

To that end, the House of Delegates (HOD) adopted new policy to:

- Encourage hospitals and other health care entities employing nurse practitioners and physician assistants to ensure that the nurse practitioner's certification aligns with the specialty in which they will practice.
- Continue educating policymakers and lawmakers on the education, training and certification of nurse practitioners and physician assistants, including the concept of specialty switching.
- Continue supporting expansion of access to physicians in underresourced areas.

Stop scope of practice disinformation

In a separate action, delegates took action to counter the "political misinformation and disinformation about the benefits and safety of scope of practice expansion" that is regularly set forth by physician providers.

AMA members must spend lots of time and money countering such low-quality information, while a growing body of research is detailing promising strategies that can be used to correct misinformation, says a resolution introduced by the American Academy of Ophthalmology.

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To help physicians take a more proactive approach in debunking rhetoric used to advance efforts to inappropriately expand nonphysicians providers' scope of practice, delegates directed the AMA to:

- Perform a comprehensive literature review on current research on correcting political misinformation and disinformation and conduct field research on ways to correct political misinformation and disinformation amongst policymakers as it pertains to scope of practice.
- Report its findings and recommendations by the 2025 AMA Annual Meeting to the House of Delegates on correcting political misinformation and disinformation and that our AMA incorporate these findings to the extent possible into our AMA's advocacy efforts on scope of practice.

Patients deserve care led by physicians—the most highly educated, trained and skilled health professionals. The AMA [successfully fights scope of practice expansions that threaten patient safety](#).

When it's an emergency, a doctor should be there

Nurse practitioners delivering emergency care without physician supervision or collaboration in the Veterans Health Administration increased lengths of stay by 11% and raised 30-day preventable hospitalizations by 20% compared with emergency physicians, [according to research cited](#) in a resolution introduced by the Florida Medical Association.

Meanwhile, the resolution says, “state laws vary on the number of nurse practitioners and physician assistants that a physician can supervise, with some states having no limits at all.” And in a growing number of states, corporate staffing groups are replacing emergency physicians with nonphysician providers.

In an effort to protect patients seeking emergency care from harm, the HOD directed the AMA to seek federal legislation or regulation to prohibit staffing ratios that do not allow for proper physician supervision of nonphysician providers in the emergency department.

Delegates also adopted new policy urging “that all emergency departments be staffed 24/7 by a qualified physician.”

Don't open wide for dental scope creep

Some dentists and dental hygienists are performing medical procedures related to fillers and neurotoxins such as onabotulinumtoxinA (marketed as Botox).

That trend comes despite consumer guidance issued last year by the Food and Drug Administration saying that anyone considering a neurotoxin or dermal filler should consult with a health professional “who has experience in the fields of dermatology or plastic surgery, who is experienced in injecting dermal fillers, who is knowledgeable about fillers, anatomy and managing complications, and who knows the risks and benefits of treatment,” says a resolution introduced by American Academy of Dermatology, American Society for Dermatologic Surgery Association, American Contact Dermatitis Society and American College of Mohs Surgery.

Letting “dentists and dental hygienists to administer neurotoxins and dermal fillers for therapeutic or cosmetic purposes jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training,” the resolution adds, noting that intravascular injection can carry a higher risk of filler embolization, necrosis, visual abnormalities, blindness and stroke.

Addressing this troubling trend, the House of Delegates adopted new policy to “recognize the threat posed to patient safety when dentists and dental hygienists are authorized to practice medicine and administer procedures outside their level of education and training.”

Delegates also directed the AMA to “actively oppose regulatory and legislative efforts authorizing dentists and dental hygienists to practice outside their level of education and training.”

With their actions at the Annual Meeting, delegates are building on the AMA's longstanding and successful efforts to fight scope creep and protect physician-led care. Last year, the AMA helped [stop more than 100 such legislative proposals](#), and has helped block dozens more so far in 2024 through the AMA Scope of Practice Partnership.

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