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June 11, 2008

Craig W. Anderson, MD, Chair  
AMA Reference Committee B, Legislation  
c/o Roger Brown, PhD  
Director, Office of House of Delegates Affairs  
American Medical Association  
515 N. State Street  
Chicago, IL 60610

Sent via email to:  
[Roger.Brown@ama-assn.org](mailto:Roger.Brown@ama-assn.org)

Re: **American Medical Association House of Delegates Resolution 214 (A-08)**  
**"Doctor of Nursing Practice"**

Dear Dr. Anderson:

The American Nurses Association (ANA), an official observer to the AMA House of Delegates, offers the following comments regarding Resolution 214 (A-08), "Doctor of Nursing Practice," which was introduced by the Georgia Delegation of the AMA.

The ANA represents the interests of the nation's 2.9 million registered nurses, the single largest group of health care professionals in the United States. We represent RNs in all roles and practice settings, through our 54 constituent member associations. Our membership includes registered nurses and many advance practice registered nurses (APRNs), including nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists. The ANA is committed to ensuring that all patients have access to affordable, quality health care benefits and services, and the ability of all health professions and organizations to innovate and evolve to improve quality of care.

Resolution 214 opposes the participation of the National Board of Medical Examiners in any credentialing and certification testing procedures for Doctors of Nursing Practitioners (DNPs); calls for increased federal funding of medical residency slots, particularly in primary care; and would require physician supervision for DNPs to practice.

Our comments are directed toward the last statement in Resolution 214 which proposes to require physician supervision of DNPs' practice. State law, state boards of nursing, and the nursing profession itself are the only appropriate entities to regulate the practice of nursing. It is not appropriate for the AMA or the medical profession to regulate the practice of nursing, any more than it would be appropriate for the nursing profession to attempt to regulate physicians and the practice of medicine. The medical profession is not the "starting place" from which all other healthcare professions must seek authorization to practice. This diminishes the unique contribution and role of nurses and other healthcare providers,

and assumes a level of knowledge of nursing care, education and practice that is simply not the province of the medical profession.

The ANA has historically played a very significant role in establishing standards for nursing education and practice. The ANA currently publishes 21 "Scope and Standards of Practice," in cooperation with 16 specialty nursing organizations. These are updated at least every five years. The ANA owns and promotes the *Code of Ethics for Nurses with Interpretive Statements*. We established the ANA Certification Program in 1973, to provide nurses with tangible recognition of professional achievement in a defined functional or clinical area of nursing. After graduation from an approved school of nursing (diploma, associate, baccalaureate, generic master's, or doctoral degree), RNs at the beginning level are qualified by national examination, known as NCLEX. The American Nurses Credentialing Center (ANCC), a subsidiary of ANA, is the largest and most prestigious nursing credentialing organization in the United States, and its certifications are highly regarded by the nursing profession and health care providers. The American Board of Nursing Specialties and the National Commission for Certifying Agencies accredit most of ANCC's examinations and processes.

Advance practice registered nurses (APRNs) are RNs who have acquired advanced education and clinical training, and additional licensing and/or specialty certification. Currently, Nurse Practitioners (NPs) must hold a master's degree or higher, and their licensing and scope of practice are defined by the laws of the state where they practice. Most NPs also obtain national certification in their specialty area. Certified Registered Nurse Anesthetists (CRNAs) must pass a certification exam administered by the Council on Certification of Nurse Anesthetists, after completing an accredited nurse anesthesia educational program. Certified Nurse Midwives (CNMs) are certified by the American College of Nurse-Midwives. Clinical nurse specialists (CNSs) are RNs who have obtained certification, by examination, for the specialty area in which they practice.

Currently, nurse practitioners are allowed to practice without direct physician supervision, in 22 states plus the District of Columbia.<sup>1</sup> Although NPs in these states may choose to work closely with physicians, these states' legislatures and boards of nursing have determined that NPs are capable of providing healthcare to patients without direct physician supervision. Moreover, NPs have been doing so successfully for many years, and we are unaware of any efforts by patients or patient-led organizations seeking to restrict their autonomy. Resolution 214 cites no evidence to support the need for imposing supervision requirements on doctors of nursing practice.

With master's prepared NPs currently practicing independently in these 22 states and D.C., it would be absurd to impose a requirement of physician supervision for all DNPs. That would mean that if an NP in Colorado were to become a DNP, he or she would suddenly be required to come under physician supervision – after obtaining a higher level of education and training.

The question of physician supervision – and other matters concerning nurses' scope of practice – are a matter for the state legislatures, state boards of nursing, and the nursing profession itself. The ANA respectfully contends that it is inappropriate for the AMA to attempt to limit the scope of practice of RNs and other licensed providers. As health care leaders, physicians and registered nurses need to work together to provide an environment of innovation that allows flexibility to adjust to the constantly changing health care needs of patients.

This need is reflected in the February 2007 report entitled "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations." This report was drafted collaboratively by representatives of six healthcare organizations, including the National Council of State Boards of Nursing (NCSBN) – and the Federation of State Medical Boards (FSMB). This report notes that "It is no longer reasonable to expect

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<sup>1</sup> Alaska, Arizona, Colorado, Hawaii, Idaho, Iowa, Kentucky, Maine (after two years of practice), Michigan, Montana, New Hampshire, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Utah, Washington, West Virginia, Wyoming. American College of Nurse Practitioners, retrieved June 5, 2008, <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3465>.

each profession to have a completely unique scope of practice, exclusive of all others. Overlap among professions is necessary. No one profession actually owns a skill or activity in and of itself.”<sup>2</sup>

The American Nurses Association thanks you for the opportunity to provide its views concerning Resolution 214. We urge Reference Committee B to make a recommendation for either withdrawal or unfavorable consideration of this resolution.

Sincerely,



Rebecca M. Patton, MSN, RN, CNOR  
President



Linda J. Stierle, MSN, RN, CNAA, BC  
Chief Executive Officer

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<sup>2</sup> National Council of State Boards of Nursing, retrieved June 6, 2008,  
<http://www.ncsbn.org/ScopeofPractice.pdf>.