

Board of Trustees Report 28 - Practice Agreements between Physicians and Advance Practice Nurses and the Physician to Advance Practice Nurse Supervisory Ratio: The ANA submitted written comments on this resolution, together with AANP, ACNM, ACNP, NACNS, NAPNAP, and NONPF, largely supporting the independence and qualifications of APRNs; a collaborative relationship with physicians; and no need for physician supervision. The report's recommendations and title originally referred to "collaborative" practice agreements, but several AMA members objected to this term's connotation of a relationship between equals - and many members advocated for a major supervisory role of physicians. That included Alex Hannenberg of the American Society of Anesthesiology, and an Oregon delegate who described CRNA's providing anesthesia independently as "practicing medicine." A representative of ACOG (American College of Obstetricians & Gynecologists) noted the need to examine the workforce in underserved areas, and more physicians are needed.

Lynn Perry, MD of Colorado, however, said that "we cannot be stuck in the same concept of health care as we move forward;" physicians need to build bridges with all the other providers; collaboration is important; and there is a need to think outside the box or "we will fail."

The report was adopted with amended recommendations, which provide:

That our AMA continue to work with the Federation in developing necessary state advocacy resource tools to assist the Federation in: (a) addressing the development of practice agreements between practicing physicians and advance practice nurses; and (b) responding to or developing state legislation or regulations governing these practice agreements, and that the AMA make these tools available on the AMA Advocacy Resource Center Web site.

That our AMA support the development of methodologically valid research comparing physician-APRN practice agreements and their respective effectiveness.