

**National Association  
of Neonatal Nurse  
Practitioners**



**National  
Association of  
Neonatal  
Nurses**

June 12, 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 National Association of Neonatal Nurse Practitioners (NANNP) and the National Association of Neonatal Nurses (NANN) would like to offer the following comments regarding Resolutions 214 (A-08), “Doctor of Nursing Practice,” which was introduced by the Georgia Delegation of the AMA. The NANNP represents the interest of approximately 4,600 Neonatal Nurse Practitioners and NANN represents many more registered nurses who work in Neonatal Acute care settings in the United States and abroad. Our membership includes over 6,000 registered nurses and more than 1,000 advance practice registered nurses (APRNs), including neonatal nurse practitioners and clinical nurse specialists. Both NANNP and NANN are committed to ensuring that all patients have access to affordable, quality health care benefits and services, and we work in close collaboration with all neonatal health professions to continue the innovation and evolution that improves quality of care in the NICU.

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. NANNP and NANN agree with the first two areas within this resolution but have issues with requiring physician supervision of DNP practice. We would like to take a moment to comment to each of these areas.

We agree with the Medical Association and oppose the National Board of Medical Examiners participating in any credentialing procedures for Doctors of Nursing Practitioners (DNP) and we would like them to refrain from producing test questions to certify these DNP candidates. The American Association of Colleges of Nursing through a national consensus process with many nursing organizations has collaborated on a model for the future regulation of all APRNs. A critical element of the consensus agreement is that all APRNs should be certified through a nationally recognized nursing certifying body. Currently, the Pediatric Nursing Certification Board (PNCB), the American Nurses Credentialing Center (ANCC), the American Academy of Nurse

Practitioners (AANP), the National Certification Corporation (NCC) and others offer nationally accredited certification exams for NPs that test synthesis and application of specialty knowledge for various populations. We believe the additional DNP competencies can be incorporated into these current exams. The certification process is linked to licensure in the majority of states and is recognized as an essential credentialing component by the Centers for Medicare and Medicaid Services. We recognize the importance of assuring the competency of Nurse Practitioners (NPs) and we are committed to advancing the profession to meet the ever-challenging needs of our critically ill patients. Masters prepared Neonatal Nurse Practitioners have been shown to be competent APRNs delivering quality, cost-effective care to critically ill neonates. We must not mislead the public or undermine their confidence in the competence or skill set of the masters prepared NP.

As for an increase in medical funding for residency slots both NANNP and NANN feel there needs to be increased funding for medical residency and nursing education. The shortage of nurses in the United States has the health care system in crisis. The shortage of Neonatal Nurse Practitioners to cover Neonatal Intensive Care Units across the country has reached a critical level and alternative providers are being sought to fill this ongoing coverage need. The DNP may further exacerbate the NNP shortage and could put this critically needed advanced practice role in jeopardy. It is essential that we work together to find ways to fund residencies for both nurses and physicians and work collaboratively to meet the needs of our critically ill patients.

The last statement in Resolution 214 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. NANNP and NANN agree with the American Nurses Association that 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 National Association of Neonatal Nurses (NANN) plays a significant role in establishing standards for neonatal nursing education and practice, including the Educational Standards for Neonatal Nurse Practitioner Programs. These standards are currently being revised and will continue to be based on the foundation of standards for advanced practice nursing (AACN) and the evaluation criteria for nurse practitioner programs (NONPF). These National Educational Standards for NNPs will continue to be used when accrediting either masters or DNP programs, assuring that Neonatal Nurse Practitioners at both levels are competent to enter 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 patient advocacy groups seeking to restrict their autonomy. Resolution 214 cites no evidence to support the need for imposing supervision requirements on doctors of nursing practice. With masters 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 Michigan or Colorado were to become a DNP, they would now be directly supervised by a physician— 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 NANNP and NANN respectfully contend that it is inappropriate for the AMA to attempt to limit the scope of practice of RNs or 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." Representatives of six healthcare organizations, including the National Council of State Boards of Nursing (NCSBN) – and the Federation of State Medical Boards (FSMB), drafted this report collaboratively. This report notes that "It is no longer reasonable to expect 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 National Association of Neonatal Nurse Practitioners and the National Association of Neonatal Nurses would like to thank 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,



Robin Bissinger APRN, NNP-BC, PhD  
NANNP Council Chair



Peggy Gordin MS, RN, NEA-BC, FAAN  
NANN President

<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 10, 2008, <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3465>.

<sup>2</sup> National Council of State Boards of Nursing, retrieved June 10, 2008, <http://www.ncsbn.org/ScopeofPractice.pdf>.