



House Bill 6840 – An Act Concerning Screening for Kidney Disease

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Ladies and Gentlemen of the Committee:

Thank you very much for giving me the opportunity to be heard today. I'm here to speak in support of H.B. 6840, An Act Concerning Screening for Kidney Disease.

My name is Mark DeFrancesco, and I am a practicing gynecologist in Waterbury. I am also the Chief Medical Officer of Women's Health Connecticut, Vice-President of Physicians for Women's Health and Chair of the American College of Obstetricians and Gynecologists District I, which encompasses New England, Quebec and Canada's Atlantic Provinces.

Physicians for Women's Health is the largest single specialty medical group practice in the country. It consists of more than 150 Ob-Gyn doctors in Connecticut, and was formed in 1997. Our practice is statewide, and we provide health care to over 400,000 Connecticut women.

I wasn't always a doctor however. Before there was an LOB, I served as the State Representative from the 99th district back in the early 1970's. Because of that experience, I do understand first-hand the responsibility you have as you listen to all sides of an issue. Hearings like this are very important, as they allow people who are closest to the issues a chance for real input into the legislative process.

House Bill 6840 we believe clarifies an ambiguity in the original law passed last year, which sought to ensure that patients in Connecticut would be screened for kidney disease whenever they visited their physicians for an "annual physical examination." The bill would exempt gynecologists who

perform annual gynecological examinations and clarify that what were intended to be covered were “routine general medical examinations.”

While we believe the original intent of the law is laudable, we feel this clarification is necessary for at least two important reasons. First and foremost, from the point of view of society and the entire healthcare system, the performance of any duplicative and therefore unnecessary testing is a waste of resources in a system where resources are scarcer and scarcer. Since so many of our patients in fact do see their primary care (general medical) providers on a fairly regular basis, if we also ordered this test, it would indeed be duplicative.

Many patients are not always aware of all tests performed during “routine” blood work when they do see their primary care doctors, and so if we were to ask our patients if they indeed had this test run by their regular doctors, they might not know with certainty. If we clearly define that the responsibility for ordering this test lies with the primary care, general medicine provider, then we increase the chance that the patient will have the test done only once, in an appropriate manor.

The other reason we would also support this clarification is to avoid placing an additional burden on the already strained resources of our Ob/Gyn practices. Primary care physician offices are already geared up for the routine ordering of certain blood tests when patients come in for a routine examination. This law ensures that a creatinine test is included in that testing, and the system is in place for ordering and following up on these tests. The typical Ob/Gyn office does not routinely order blood tests for annual gynecological exams, and if the language of this law is not amended, it could be interpreted that the Ob/Gyn office also must order a creatinine test as part of the annual gynecological exam.

Our workflow is not configured for that. We would need additional staff to track these results and then refer any patients to their primary care providers, who have in all likelihood already ordered the test, as is required by law.

Therefore, I would respectfully ask that you approve this change. Thank you very much.