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**Connecticut State Medical Society Testimony on**  
**House Bill 6361 An Act Concerning the Establishment of a Sexual Assault Forensic**  
**Examiners Program**  
**House Bill 5086 An Act Concerning the Connecticut Medical Examining Board**  
**655 An Act Concerning Cultural Competency Instruction For Physicians**  
**Public Health Committee**  
**February 11, 2009**

Senator Harris, Representative Ritter and members of the Public Health Committee, on behalf of the more than 7,000 members of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today in support of House Bill 6361 An Act Concerning the Establishment of a Sexual Assault Forensic Examiners Program. CSMS strongly supports the wonderful work of our emergency room physicians and that of the SANE/SAFE Coalition.

The legislation before you today would establish a state-funded rapid response program to ensure that victims of sexual assault receive treatment they need quickly, efficiently and with compassion. Victims will benefit from the services of a highly trained individual specialized in the collection of forensic evidence who can devote his or her full attention to the task. In addition, such a program will not only benefit victims, but Connecticut's strained emergency departments. The plight of Connecticut's emergency rooms has been well documented. In its recently released 2009 National Report Card, the American College of Emergency Physicians dropped Connecticut's emergency rooms from 3<sup>rd</sup> in the nation to 14<sup>th</sup>. A major concern within the report is the boarding of patients within the rooms and hallways of emergency departments.

The overburdening of our ERs leads to an increased need to triage patients. Unfortunately, victims of sexual assault are often triaged at lower acuity levels due to a lack of physical injuries. The wait time in which the victim cannot clean up, shower or even urinate, further adds to the tragedy. A state funded rapid response program would solve this issue.

Finally, in this day where both the state and hospitals are struggling to control the skyrocketing costs of delivering quality healthcare services, this legislation provides a collaboration for the development of a state-wide system in which services are utilized and not duplicated. Please support HB 6361.

**House Bill 5086 An Act Concerning the Connecticut Medical Examining Board**

CSMS has worked over the past years with members of this Committee, the Department of Public Health (DPH) and other stakeholders and policy makers to strengthen the Medical Examining Board (MEB), increase its powers and to ensure that physicians who come before the MEB are efficiently, effectively and properly adjudicated. We welcome the opportunity to continue working with

members of this committee to ensure that physicians in Connecticut are delivering the highest level quality of care.

CSMS continues to assert that Connecticut should follow the lead of several other states as well as the Federation of State Medical Boards and establish an independent and autonomous MEB. The creation of a self sustainable, diverse, transparent and effective independent Board would serve the best interest of Connecticut residents and physicians.

Discussion regarding the input from advocacies and those with differing perspectives is one that we welcome. We would be remiss if we did not point out that several recent appointments to the Board have included candidates of the highest quality with an unquestionable commitment to quality patient care and to the state of Connecticut. However, we must question language before you today to add a criminal defense attorney to the MEB. There does not appear to be a reason for such a change in structure or any specific or identified need.

### **655 An Act Concerning Cultural Competency Instruction For Physician**

The current requirements for physician CME in Connecticut are the result a years of collaboration between the CSMS, DPH and members of the General Assembly. The current statute is strong and serves physicians and their patients. It must be pointed out that although one of the strongest CME requirements in the country, most physicians typically receive significantly more CME than required by statute. Accrediting bodies, professional organizations, hospitals and even managed care organizations that panel physicians require that members meet standards and requirements far beyond the current law.

While we remained involved and active in developing and offering CME for Connecticut physicians we ask that the committee take no action on this legislation and empower DPH to continue to ensure that appropriate CME be obtained. This opinion is not one based on the merit of cultural competency requirements for physicians as we can think of no more significant issue. However, we raise concern that by codifying certain CME requirements we remove any ability to continually review and amend CME requirements as needs and demands change.