

Waterbury Medical Association

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Statement in opposition to

House Bill 6674 - An Act Concerning Workforce Development and Improved Access to Health Care Services

Public Health Committee

March 16, 2009

Good afternoon Senator Harris, Representative Ritter and members of the Public Health Committee. My name is Craig Czarsty and I am a family physician in private practice in Oakville. I am on the Board of Directors of the American Board of Family Medicine and I am here today on behalf of the 700 members of the Connecticut Academy of Family Physicians and the 300 members of the Waterbury Medical Association in strong opposition to House Bill 6674 – An Act Concerning Workforce Development and Improved Access to Health Care Services.

The bill before you would remove the requirement that Advanced Practice Registered Nurses (APRNs) collaborate with physicians when providing medical care. In addition, it would also remove the requirement that APRNs who administer anesthesia be supervised by a physician. We feel that the removal of these requirements would pose a significant health and safety risk to patients and it is for that reason we cannot support House Bill 6674.

We should begin by stating that APRNs are valuable members of the health care team. They are not adversaries. They are colleagues with whom we collaboratively practice. However, we have not been given any concrete reason why the removal of a collaborative arrangement or a supervisory arrangement is necessary and/or in patients' best interests. We understand that APRNs may have difficulty establishing a collaborative arrangement. In 2007, medicine, through the Connecticut State Medical Society, established a referral program to assist APRNs fine collaborative arrangements. To date, only five have taken advantage the program. We now are hearing that the program is not working but we question why we have not been informed of this prior to the introduction of the bill.

To completely remove a requirement for collaborative practice seems both rash and short sighted, not to mention puts patients at considerable risk. We simply cannot support the removal of a requirement that was established to protect patients and assure that they receive the highest quality of care.

The training and educational requirements of an APRN simply do not permit for safe independent practice. We have been told by some legislators that simply reiterating the differences between training and education is not enough of an argument against independent practice. As physicians who have endured the most rigorous of training and education to get to a point where we feel comfortable to independently practice medicine,

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(OVER)

we respectfully disagree. Please consider for a moment that curriculums for medical students are standardized throughout the country, curriculums for APRNs are not. Physicians must complete at least 11 years of training while APRNs complete 6. Physicians complete on average 3200 hours of clinical training in medical school and 9000 hours during residency compared to 500 for APRNs. In addition, physicians must complete a minimum of 50 hours of continuing education per year while APRNs are not mandated to complete any. The substantial differences in education and training are clear. Our training and education prepare us to diagnose challenging diseases and illnesses, to safely prescribe and administer medications including controlled substances, and to develop and oversee a treatment plan. We do not believe that given the differences between physicians' training and education and that of an APRN, that they are adequately prepared to safely and independently treat patients.

We respectfully request that you oppose House Bill 6674.

Craig W. Czarsty, M.D., DABFM, FAAFP, Legislative Chair CAFP and WMA

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