Scope of Practice Determination Process for Health Care Professions

Legislative Program Review & Investigations Committee

Staff Briefing

October 1, 2009

Introduction

- Study Focus:
  - Connecticut's process for determining scopes of practice for health care professions
  - Identify whether problems exist within the process necessitating changes to make it more useful and efficient for legislators and other stakeholders

Presentation

- Background Information
- Scope of Practice Determination Process
- Other States
- Areas for Further Review

Section 1
Background

Background

- Health care providers must be licensed by the state according to state standards for education, training, competency

- Scope of Practice refers to the full range of procedures, actions, and processes health care practitioners are legally allowed to perform, once licensed by the state

Background

- Practice Acts are comprehensive statutes detailing various provisions for individual health care professions; professions' scopes of practice are contained in practice acts

Background

- First statutory scope of practice:
  - Physicians (1893)
  - Unrestricted practice
- Practice scopes for all other health care professions initially stem from physicians' scope of practice
- As the education, training, and overall competency of providers increase over time, the potential exists for overlap across professions' scopes of practice, at which time differences may occur between professions

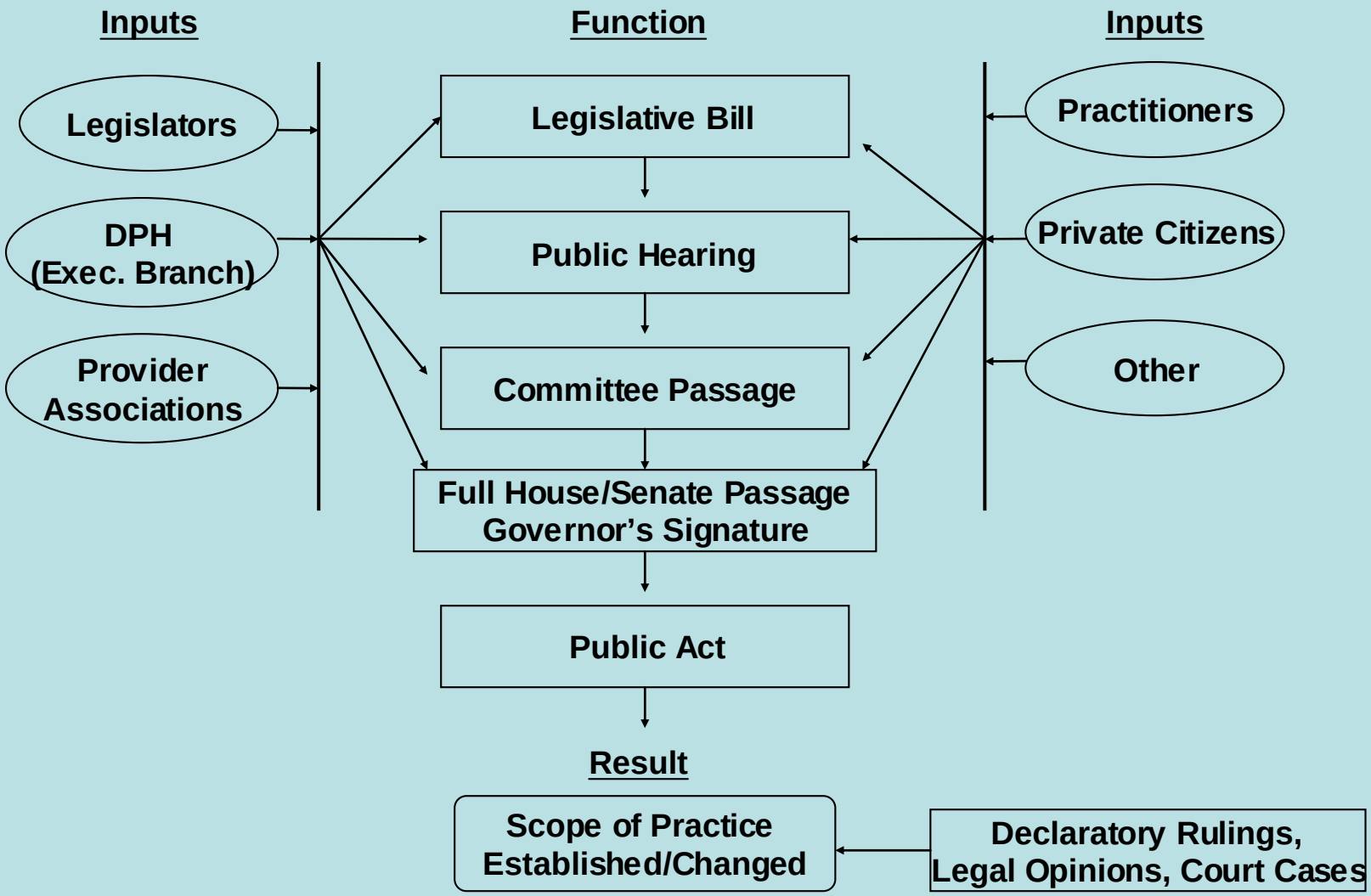
EXAMPLES OF SCOPES OF PRACTICE ESTABLISHED IN LAW (10 oldest/10 newest)		
Health Care Profession	**Date of Original SOP**	**Statutory Cite**
1. Medicine and Surgery	1893	Sec. 20-9
2. Optometry	1913	Sec. 20-127
3. Dental Hygienist	1915	Sec. 20-126l
4. Dentist	1915	Sec. 20-123
5. Podiatry	1915	Sec. 20-50
6. Chiropractor	1917	Sec. 20-28
7. Natureopathy	1923	Sec. 20-34
8. Opticians	1935	Sec. 20-145
9. Nurse	1939	Sec. 20-87a
10. Physical Therapy	1941	Sec. 20-66
20. Massage Therapist	1988	Sec. 20-206a
21. Physical Therapy Assistant	1989	Sec. 20-66
22. Physician Assistant	1990	Sec. 20-12d
23. Radiographer and Radiologic Technologist	1993	Sec. 20-74bb
24. Dietitian-Nutritionist	1994	Sec. 20-206m
25. Acupuncturist	1995	Sec. 20-266aa
26. Alcohol and Drug Counselor	1997	Sec. 20-74s
27. Professional Counselor	1997	Sec. 20-195aa
28. Athletic Trainer	2000	Sec. 20-65f
29. Perfusionist	2005	Sec. 20-162aa

Health Care Professionals Licensed by Department of Public Health (10 most/10 fewest): As of April 2009		
Profession	**Total Licensed Providers** (n=130,280)	**% of Total**
1. Registered Nurse (RN)	53,476	41.0%
2. Physician/Surgeon	16,355	12.6%
3. Licensed Practical Nurse (LPN)	12,293	9.4%
4.Clinical Social Worker	5,082	3.9%
5. Physical Therapist	4,302	3.3%
6. Massage Therapist	4,027	3.1%
7. Radiographer	3,969	3.0%
8. Dental Hygienist	3,495	2.7%
9. Dentist	3,331	2.6%
10. Advanced Practice Registered Nurse (APRN)	3,096	2.4%
20. Dietitian/Nutritionist	657	0.5%
21. Occupational Therapy Assistant	615	0.5%
22. Physical Therapist Assistant	543	0.4%
23. Athletic Trainer	515	0.4%
24. Acupuncturist	319	0.2%
25. Podiatrist	310	0.2%
26. Audiologist	243	0.2%
27. Naturopathic Physician	235	0.2%
28. Licensed Nurse-Midwife	212	0.2%
29. Perfusionist	58	0.1%

Section 2

Scope of Practice Determination Process

Figure II-1. Connecticut's Scope of Practice Determination Process



Process (Pre-meetings with DPH)

- DPH available to discuss scope of practice proposals prior to provider groups submitting their proposals to legislature
- Groups not required to meet, although pragmatic practice to do so
- DPH has list of standard questions to ask groups about their scope proposals

Process (Alternative Processes Used in CT)

- Legislature has gone outside the standard legislative process on several occasions to help resolve scope of practice conflicts
  - 2004: Dentists and Oral/Maxillofacial Surgeons
  - 2005: Podiatrists and Orthopedic Surgeons
- Alternative dispute resolution methods (i.e., mediation) used in each instance

Process (Alternative Processes Used in CT)

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Process (Preliminary Analysis)

Table II-2. Scope of Practice Legislation: Selected Professions (1999-2009)			
Profession	**Total # of Bills (Introduced/Initially Referred to Public Health Comm.)**	**Bills with SOP Changes**	**Resulting Public Acts (Of the SOP bills)**
Dental Hygienist	24	6 (25%)	3
Nursing	128	14 (11%)	10
Physical Therapy	34	8 (24%)	2
Totals	186	28 (15%)	15

Note: percents are rounded
Source: PRI staff analysis.

Process (Preliminary Analysis)

- Public hearing testimony presented to Public Health Committee between 1999-2009 reviewed to understand: 1) the types of groups testifying; 2) the content of information presented; and 3) the types of questions asked by committee members

- Testimony further reviewed according to three key “best practices” for determining scopes of practice

Process (Preliminary Analysis)

- Legislators were frequently faced with contrasting public hearing testimony from which their policy decisions would be partly based

- Oral testimony received by the public health committee addressed public safety, access to care, and practices used in other states, although not always

Process (Preliminary Analysis)

- Questions from committee members mostly addressed the three key factors, although not uniformly across committees

- Most DPH testimony on various scope of practice bills can be classified as neutral; department took other positions at times

Process (Provider Oversight)

- DPH has a structure in place responsible for overseeing licensed health care providers
- Professional boards for 10 health care professions exist; boards responsible for disciplinary actions against providers and issuing declaratory rulings
  - 21 declaratory rulings made since 1987

Section 3
Scope of Practice
Processes in Other States

Other States

Arizona

- Statutory requirement for provider groups to submit standardized reports to legislature regarding any changes to scopes of practice for health care professions or new regulation of a profession

Virginia

- 18-member state Board of Health Professions
  - Members include representatives of state's health regulatory boards and public citizens
  - Examines scope of practice conflicts between professions; advises regulatory boards and the legislature

Other States

Iowa

- Legislature established scope of practice review committees to evaluate requests for scope of practice changes outside of the legislative process (10-year pilot program)

Areas for Further Review

- Determine if problems exist and if changes necessary
- Identify additional "best practices" for determining scopes of practice
- Examine DPH's overall role in scope of practice determination process
- Continue to review processes used in other states
- Collect feedback from current and former members of the public health committee

Public Hearing

Today

Legislative Office Building

Room 2D

3:00 p.m.

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