

**HB 5288 An Act Implementing the Recommendations of the Program Review and Investigations
Committee Concerning Scope of Practice Determinations for Healthcare Providers**

Testimony of Brian T. Lynch, OD

February 25, 2010

I am Dr. Brian T. Lynch, an optometrist practicing in Branford for 28 years, and I have served as the legislative chair for the Connecticut Association of Optometrists for 25 of those 28. I have witnessed 5 of the "eye wars" and have become very familiar with the legislative process as it pertains to scope issues.

Historically in Connecticut, the Public Health Committee has primary involvement in medical scope matters. When legislation is proposed, a public hearing is held and all involved parties are able to make their case and educate legislators regarding the nuances of the proposal. A vote is then taken, and a decision is made. It may be uncomfortable at times and doesn't always produce the desired outcome, but the process is a democratic one and our "bird in the hand."

According to the Program Review and Investigative Committee, our current system works pretty well. By their report, 16% of all bills filed with the Public Health Committee over the last 5 years pertained to the 29 licensed professions. Only 23% of these dealt with scope of practice issues. 70% of those scope bills became law. Furthermore, between 1999-2008, the state assessed "limited negative impact on public safety with few complaints." Overall the committee acknowledged that the current process serves our citizens well.

Scope of practice issues can become quite contentious. They're often viewed as "turf battles," with one group in favor of expansion and the other opposed to it. As legislator, one is left in the middle trying to sift through the volumes of information to determine the best outcome for Connecticut's citizens. This is not unlike "non-scope" issues that are handled regularly. However, questions of scope tend to be very technical, highly specialized and of little public interest, thus making them even less desirable to deal with.

It is my belief that every committee is faced with issues that leave its members feeling ill-equipped to decide because they aren't experts in the field. Is every member on the Transportation Committee a traffic or civil engineer? Does everyone on the Insurance Committee have an actuarial degree? If not, should all of the issues before them be referred to a committee of experts to review and make legislative recommendations?

Only non-MD providers would be bound to adhere to this proposed process. Since all non-MDs are legislated professionals when new technologies, new techniques or contemporary education exceeds our statutory abilities, we would have to argue our case to this appointed, not elected committee, potentially comprised of one professional seeking expansion, one layperson and four MDs. This group will then make recommendations and suggest legislative changes. As a non-MD provider I'm skeptical about my chances before this committee.

It should also come as no surprise to you that the AMA has made the establishment of state-based scope of practice review committees a legislative priority. By doing so they believe they can curb scope expansion of non-MD providers. So you're embroiled in a turf battle about turf battles.

Your constituents elected you to your position because they had confidence in your ability to make difficult choices. They trust you to analyze data and do what's best for your community and state. Affirm their trust and confidence in you and reject this proposal.