



Connecticut Academy of Physician Assistants

One Regency Drive • PO Box 30 • Bloomfield, CT 06002
860/243-3977 • Fax: 860/286-0787 • connapa@ssmgt.com • www.connapa.org

TESTIMONY by the

**Connecticut Academy of Physician Assistants (ConnAPA)
for the**

**Program Review and Investigations Committee/Public Health Committee Public Hearing
on**

**An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning
Scope of Practice Determinations for Health Care Professions**

Senators Kissel and Harris, Representatives Mushinsky and Ritter, and members of the committees:

The Connecticut Academy of Physician Assistants (ConnAPA) is the professional society representing all physician assistants (PAs) in Connecticut. ConnAPA serves as the collective voice for over 1600 PAs who practice medicine in Connecticut. A major component of our mission is to provide accessible, high quality, cost-effective healthcare to the CT residents we serve. We care for patients across the age continuum from pediatric to geriatric populations in all care settings including primary care, internal medicine, and surgery. We accomplish this by working collaboratively with our supervising physician colleagues. In 2008, census data revealed this medical care by Connecticut PAs amounted to nearly 4 million individual patient contacts.

The Connecticut Academy of Physician Assistants submits this written testimony because we wish to go on the record as in favor of a rational system for evaluating proposed changes in scope of practice for health care professions. We commend the Legislative Program Review and Investigations Committee for their work towards that goal. While we support the overarching idea behind Raised Bill No. 5258, we have concerns about some of the specific provisions of the bill, and we thank the committees for the opportunity to communicate those concerns.

The proposed bill includes a list of 11 pieces of information that professions seeking a change in their scopes of practice would be required to provide to the Department of Public Health. We are concerned that certain items on that list cannot feasibly be provided by "any person or entity, acting on behalf of a health care profession." In particular, number (8) requires that the Department be provided with information related to all complaints, disciplinary actions, and malpractice claims brought against members of the health profession seeking a change in scope of practice. While ConnAPA is the only professional society representing all PAs in Connecticut, we do not keep records of disciplinary actions and malpractice claims against PAs. In order to provide this information to the Department, ConnAPA would have to rely on information provided by other groups, including the Department.

Number (9) on the list of required information is: "The anticipated economic impact to the health care professions affected by the request." As licensed health care providers, our expertise is in caring for patients, not in economic analysis. Providing this information to the Department will be exceedingly difficult except in the most general terms.

In addition to the items on this list that are difficult to comply with from a logistical perspective, there are some items on this list that we believe are not relevant to the merits of a scope of practice request. Number (7) on the list requires that a profession seeking a scope of practice change provide a list of all scope of practice changes "requested or enacted" during the five-year period preceding the date of the request. As currently drafted, the bill does not define what constitutes a "scope of practice change," nor does it define what constitutes a "request." This requirement has the potential to create a bias against scope of practice requests from professions who have requested multiple changes in the previous five-year period, regardless of the merits of those previous changes.

For PAs, the vast majority of scope of practice changes are very minor and technical in nature. They are often needed when a provision of law fails to mention PAs. For example, a recent public health bill inadvertently omitted PAs from a list of professionals who could accompany neo-natal emergency transports. PAs had been providing care on neo-natal emergency transports for years, and once the omission was brought to the attention of the Public Health Committee, PAs were added to the provision. Would something like that constitute a "scope of practice change" that would need to be reported to the Department? Such omissions are quite common, and they are almost always non-controversial. Should this

requirement become law, we would hope that protections are put in place to ensure that future non-controversial scope of practice requests are not denied solely as a result of the number of previous requests.

Physician assistants embrace a physician-delegated scope of practice. According to the PA Practice Act:

(a) A physician assistant who has complied with the provisions of sections 20-12b and 20-12c **may perform medical functions delegated by a supervising physician** when: (1) The supervising physician is satisfied as to the ability and competency of the physician assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; and (3) when such functions are performed under the oversight, control and direction of the supervising physician. The functions that may be performed under such delegation are those that are within the scope of the supervising physician's license, within the scope of such physician's competence as evidenced by such physician's postgraduate education, training and experience and within the normal scope of such physician's actual practice. **Delegated functions shall be implemented in accordance with written protocols established by the supervising physician.** [Emphasis added]

- CONN. GEN. STAT. §20-12d

ConnAPA believes that as leaders of the medical team, supervising physicians should be able to customize the practice of team members. Supervising physicians should delegate services to a PA based on several factors, including the experience and skill of the individual PA, the nature of the physician's practice and the complexity of the patient population. This is in line with the existing PA Practice Act referenced above, and it is also in line with policies of our national professional society, the American Academy of Physician Assistants (AAPA):

HP-3400.1.2

It is the obligation of each team of physician-PA team to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of and access to the supervising physician is defined; and that a process of performance evaluation is established.

-AAPA Policy Manual

We hope that the changes proposed in Raised Bill No. 5258 will not alter this fundamental tenet of physician-PA team practice.

ConnAPA thanks the committees for its time and consideration, and this opportunity to submit this written testimony.

Respectfully submitted,

Jonathan M. Weber, MA, PA-C
Government Affairs Co-Chair
Connecticut Academy of Physician Assistants

Jeanine Sico, PA-C
President
Connecticut Academy of Physician Assistants