

Written Testimony of the  
Connecticut ENT Society  
Connecticut Urology Society  
Connecticut Society of Eye Physicians  
Connecticut Dermatology and Dermatologic Surgery Society  
H. B. No. 6549 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING  
TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Before the PUBLIC HEALTH COMMITTEE  
On  
March 11, 2011

Addressing the process of scope of practice determinations and how these determinations ultimately affect the quality of health care for Connecticut residents has been a major issue for at least the past twenty years. We understand that these decisions in the past have placed a significant burden on the Department of Public Health, the legislature, its staff, and the Public Health Committee.

We believe Connecticut's citizens will be best served if all scope of practice issues are determined after consideration of objective, well-documented criteria with the ultimate goal of protecting the safety of all patients. The deliberative process needs to be transparent, impartial, and free of special interest or personal influence. We encourage the requirement of notification to the Department of Public Health prior to legislative session when scope of practice issues are being considered. We also strongly support the concept that demonstrating a verifiable, compelling need for any change proposed scope of practice. The presumption should be that the scope of practice should not change; placing the burden of proof on the petitioner to demonstrate a need that justifies further action by the legislature. We would also encourage further utilization of mediation, a process that has worked well in the past.

We believe the bill can be strengthened further with the adoption of a few additional requirements for changing any scope of practice. Education purported to support the petition for expansion should be explicitly detailed, including the actual time spent, and the type of teaching involved: lecture, video, or actual performance of a procedure, for example.

To the extent that practitioners with different credentials may begin to overlap in their allowed activities, patients may become confused about who is providing their care, and may wish to exercise control over which practitioners they see. It should therefore be required that practitioners fully identify themselves by degree and qualification when presenting themselves to patients prior to providing health care services.

We believe the exclusionary language for the at-large professional and public members, stating that they have no "personal or professional interest" in the proposed change, should not be interpreted too broadly. For instance, it would not be necessary or appropriate to exclude a general internist from a committee hearing a scope dispute between podiatry and orthopedics, solely because he or she held an MD or DO degree. We would like explicit language to that effect included in the bill, or at least in the statement of legislative intent. We further believe that it is appropriate for one member of the panel to be designated to represent the specific respondent (opposition) specialty as they often have specific insight and experience that would be helpful in the discussion of scope of practice issues. When necessary, they could come from professionals outside the respective Boards or Commissions involved in the discussion. We would also encourage the inclusion of a representatives from the two medical schools in the state to be included on the panels, as they would provide insight regarding current medical education.

We respectfully offer some specific suggestions for several modifications we believe will improve HB 6549:

1. Section b (8) should include malpractice data where it is available. For example, since MD and some non-MD professions are now required by state law to report malpractice events to the DPH, the data that they collect should be considered.
2. Section b (10) needs a longer time frame. Fifteen days to analyze and generate a comprehensive response is simply too short. The applicants will have at least nine months to prepare their petition and gather supporting data, we recommend a period of at least 30 days for review
3. Similarly, the deadline date for the rebuttal by the applicant should also be at least 30 days

We hope you will incorporate these improvements into the final bill regarding determinations for Health care professionals. Thank you for addressing this difficult issue in such a thoughtful manner. The physicians and surgeons of Connecticut stand ready to help you forge an effective and fair process that protects the health and welfare of our state residents.