

# Connecticut Association of Nurse Anesthetists

377 Research Parkway, Suite 2D  
Meriden, CT 06450

Written Testimony of  
Dianne M. Murphy, RN, APRN, CRNA, MS  
Connecticut Association of Nurse Anesthetists

Raised Bill No. 6549, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions.

Friday, March 11, 2011  
General Assembly's Public Health Committee

Good Morning Senator Gerratana, Representative Ritter, Members of the Committee. My name is Dianne Murphy. I live in Waterbury. I'm a licensed Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN), a Certified Registered Nurse Anesthetist (CRNA), and I hold a Master's Degree in Biological Sciences, specializing in anesthesia. Today I am here to speak as President of the Connecticut Association of Nurse Anesthetists (CANA), which represents nearly 400 CRNA members. Thank you for the opportunity to testify on Raised Bill No. 6549, "An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions."

CANA understands that the Connecticut legislature would like a system to assess scope of practice requests. We compliment the committee for being ahead of the nationwide movement for Scope of Practice reform which is emerging. Advocates of healthcare reform argue that Scope of Practice reform is essential and that access to quality healthcare can only be assured if healthcare professionals can practice to the full extent of their education and ability.

We like the changes the Committee has made to the language so far. Some of our concerns were addressed. After reviewing the proposed legislation, we conclude that the proposal is still flawed. The thrust of much of the work on Scope of Practice reform by the Institute of Medicine and others is to make it easier for all health care professionals to practice to the full extent that their education and skill allow. Their goal is to make Scope of Practice decisions less contentious and to move away from a model where all changes are seen as turf battles and toward a more inclusive view where increasingly there will be areas of overlap among the Scopes of Practice of healthcare professionals.

We are concerned that House Bill 6549, as currently drafted, proposes a process that is too complex and too contentious for many Scope decisions. In addition, the proposal still appears to be grounded in the dated assumption that all non-physician scope of practice issues are attempts to encroach upon a physicians' scope of practice, rather

than viewing the issues as the efforts by a set of healthcare professionals to practice to the full extent of their skills and education.

Some additional concerns include.

- Raised Bill No. 6549 assumes that all legislative changes equal scope of practice changes for health professions. The question of exactly what constitutes a scope of practice change and what entity determines it is not addressed.
- This bill reflects a key point raised in the early process of development of this bill by PRI which illustrates, we contend, how a physician bias crept into the review. Connecticut's original scope of practice for physicians gave the profession an unrestricted practice scope in the field of medicine and surgery which continues to exist. **It is within the context of the scope of practice for physicians and surgeons that other health care professions are generally judged when wanting either to establish or expand their scopes of practice. This is stated as fact, yet it is in fact, opinion. It reflects a very physician centric view of the complex healthcare field and is no longer the dominant viewpoint among forward looking policy leaders.** Please also understand that it is in no way part of the education or training of physicians to adjudicate the scope of practice of others or to preside over all other health care professions.
- All health professions but one are subject to intense scrutiny. Physicians who broaden their practice are not affected by the requirements of this Raised Bill.
- Raised Bill No. 6549 is too closely modeled on the American Medical Association (AMA) Scope of Practice Campaign Advocacy Resource Center's document "Creation of State-based Scope of Practice Review Committees Legislative Template". Attached, find the AMA document "Creation of State-Based Scope of Practice Review Committees" Legislative Template to see the following similar elements:
  1. Committee membership elements a compilation of Arizona, New Mexico, Texas AMA approaches. Pp5-6
  2. Deadline concept for initial notification of legislature. P9
  3. Information required of proponent. Pp9-10, d: i – ii, v
  4. Additional burden of information requirements placed on proponents in Bill 5258, P11
  5. Potential harm, benefits, economic impact and access to care, need for a change, review of other states practices. b: iv 1 2, 3, 5; vi, vii.
- The AMA's public position is to oppose any scope of practice change as an "expansion" by non-physician health professionals. The AMA Scope of Practice Partnership was created expressly as a tool to assist in attempts to stifle efforts by non-physician health professionals to make any changes in their scopes of practice. Given that background, it is not comforting to see the closeness of some requirements of Raised Bill No. 6549 to the AMA's political document, and it seems unlikely to build the confidence of the non-physician professionals that it will be a fair, reasonable process for scope of practice determination can be created.

- Proponents of legislation are required to deliver supporting documentation to opponents. Is it not more reasonable for opponents to create their own arguments? Primary opposition to any scope of practice change is organized medicine, as evidenced by the AMA's Scope of Practice Partnership.
- Licensed Health care professionals forced to jump over artificially constructed hurdles that serve as a barrier to prevent professionals from delivering services they are able to safely perform.
- What is the relevance of the history of requested scope of practice changes? If a profession has asked for a change more than one time does it become unreasonable to request? This history has no bearing on the professionals' ability to provide a service. It is only relevant to demonstrate that the service can be provided safely and competently.
- Reporting on the economic impact on the profession creates a double standard. Physicians who already have all-encompassing scopes of practice do not need to request a change and therefore never have economic interest evaluated. Conversely, all other professionals have motives dissected. It is anticompetitive.
- It is unclear how comprehensive a summary of regional and national trends would need to be. An entire history of similar scope practice initiatives would be too broad and burdensome to undertake thereby suppressing any potential requests by professions who do not have significant support. What is considered relevant? This limits any potential improvement in access to care.
- It is unreasonable to expect a health care professional group to identify opponents to objectively assess the history of interactions and efforts to discuss the issue and summarize areas of opposition and agreement. This option requires the proponents to do the opponents work for them.
- What health care professional could have no interest when evaluating a scope of practice request? Who determines what profession would be impartial?

The Connecticut Association of Nurse Anesthetists sincerely appreciates the devotion of the Public Health Committee to the mission of protecting the public. Along with the AMA document, please find the other attached documents: suggested revisions to Raised Bill No. 6549 created by the Connecticut Coalition of Advanced Practice Nurses, "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations" by the National Council of State Boards of Nursing in conjunction with social work, physical therapy, physicians, occupational therapy, nursing and pharmacy, and finally, "The Future of Nursing" by the Institute of Medicine. The Connecticut Association of Nurse Anesthetists envisions a truly multidisciplinary approach to meet the needs of access to high quality, affordable healthcare for the people of Connecticut. **We would be happy to work with you and other providers to develop a process that could facilitate Scope decisions that protect patient safety, improve access for all to quality healthcare and respect the talents, education and dedication of the wide array of professionals in the healthcare field today.**