



# CONNECTICUT PHYSICAL THERAPY ASSOCIATION

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## Testimony of

**Victor Vaughan PT, DPT, MS, OCS, Past President  
CT Physical Therapy Association**

**Before the  
Joint Committee on Public Health**

**March 11, 2011**

### **HB 6549, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.**

Chairperson Gerratana, Chairperson Ritter, members of the Public Health Committee, my name is Vic Vaughan, representing the Connecticut Physical Therapy Association (CPTA). I have served as President and Legislative Chairman of CPTA.

I am here today to speak in opposition to H.B. 6549, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS in its current form.

As many of you know, our organization led a nearly twenty year fight to secure Direct Access to physical therapy services for patients in Connecticut, before winning passage just four years ago. Our case was well-supported by the evidence and allowable practice in more than 40 states across the country, before it finally became law here. Based on our experience in such an arduous battle, we can easily find reasons to be very supportive of a process that brings logic and reason to Legislative "turf fights."

Unfortunately, we don't believe this bill succeeds in its goal of making scope of practice changes follow a more reasoned, logical, evidenced based path. Instead, we believe it discriminates in favor of the maintaining the current scope of practice status quo for all providers.

If one of the goals is to streamline this the legislative process in dealing with scope of practice legislation this bill does not appear to do that. In fact it adds an additional step that occurs outside of the legislative process, before one can begin the actual legislative process. It also provides even greater advantage to large professional organizations that have significant resources.

At the request of the House Chair to provide constructive comments to improve the bill, we would make the following recommendations. If the committee intends to move forward with the proposal, we ask that you seriously consider the following:

### **Appointment Process**

We are very concerned about the appointment process and whether there exists a strong potential for bias in who is appointed to the committees. We suggest that DPH create a pool of experts, nominated from the state professional associations, to rotate through the review committee on some random basis. This would reduce the likelihood of committee appointments for the purpose of affecting the outcome.

### **Opposition Member**

We have grave concerns regarding the selection of the opposition members of the Committee. The bill allows for up to three members from any opposition groups be appointed while only one member from the supporting group. We believe this grossly favors the opposition before the committee begins its process. We recommend that only one member of the committee be from the opposition groups. This will balance the committee from the outset.

### **Majority**

In order to be successful, does a proposal need to be passed unanimously, by consensus or by simple majority? Is this the purview of the chair? We suggest the process of deciding on the final recommendations from the committee be clarified in statute.

### **Submission**

The requirement that the requesting organization produce all possible information, both for and against a proposal, should be removed. The state should not require that an organization submit comments regarding who is in opposition and what the arguments against might be, or to summarize all state and federal laws or the number of disciplinary actions taken in the preceding 5 years. These requirements are onerous and in some respects impractical. Should we really have to make our opponents arguments for them? Does the committee really want all federal regulations summarized? We are heavily regulated by Medicare. To summarize those would place a tremendous burden on most organizations but especially on small groups without resources, in the form of full time professional staff or lawyers, or ordinary citizens to propose a change which they feel is necessary. We know from the current process that opposing viewpoints will produce counter arguments for the group to consider.

### **Findings**

We would urge that the committee's findings be presented as factual rather than as recommendations. The Public Health Committee should not cede its responsibility to this advisory group, so let's use the experts to sift through evidence, but not reach a conclusion. It will support the Public Health Committee in its deliberations, but not prejudice its work.

### **Exclusion from submission**

We are very concerned that an issue that merits attention would be prohibited from discussion if it doesn't run through this process. For example what about an issue that arises immediately prior to or during the session that deserves immediate attention. It wouldn't have the opportunity to run through the process. Perhaps the Committee could give priority to those that have but we believe this bill would prohibit that. There needs to

be a provision for this scenario. Additionally what would happen if a small organization, or for that matter a single health care professional, identifies an issue that merits the Legislature's attention. This proposal would be extremely hard to comply with. It would require that person or organization to hire an attorney or a lobbyist to prepare the petition to the Department. If they missed the deadline, because they are not normally involved in advocacy, they must wait an entire year for consideration. If they don't meet the standard required by DPH, they must wait again. While we are comfortable that our organization has the resources to get this right, it seems to fly in the face of a citizens' right to petition the Legislature or even the general concept of a citizen legislature.

Thank you all for your attention to this matter. As someone who has spent a great deal of time here over the past two decades, I understand and appreciate the desire to improve the system. Unfortunately, I believe the proposal before us today simply adds another layer of bureaucracy, without much additional value. We look forward to working with the Committee and the rest of the General Assembly throughout the session.