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Connecticut State Medical Society Testimony on

H. B. 6549 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATONS FOR HEALTH CARE PROFESSIONS

Presented to the Public Health Committee

March 11, 2011

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, my name is Ken Ferrucci, senior vice president for government and society affairs for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 physicians and physicians in training, thank you for the opportunity to submit this testimony to you today in support of **H. B. 6549 (RAISED) CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATONS FOR HEALTH CARE PROFESSIONS.**

CSMS first had the opportunity to support this legislation as drafted from recommendations by the Program Review and Investigations Committee. It was our pleasure at that time to work with the professional staff and in particular Brian Beissel as the committee developed the thorough and comprehensive report from which this legislation originated. We appreciated the opportunity to meet with staff members of the committee and provide information to assist in the research and drafting to ensure that physician concerns were identified during the process of review and investigation.

CSMS and many national physician medical specialty societies and organizations have consistently supported the establishment of state-based scope of practice review committees to address what best can be described as scope-of-practice matters. Often, legislatures are overwhelmed with the number of scope issues they are asked to consider in any given session and scope matters often require a fundamental, as well as specialized knowledge of the services in question, and/or the clinical decision-making and approaches to medical care required to successfully provide medically necessary patient care. The creation of state-based review committees that assess scope of practice initiatives prior to their introduction to the legislature may serve to expose such initiatives to the scrutiny necessary to ensure that they are in the best interest of public health and also allow the General Assembly to gain some additional information before making an informed decision. A state-based review committee could provide a process for objective review of proposed changes in the scope of practice of non-physician practitioners in a matter that allows the presentation of all relevant clinical and non-clinical facts and information before a recommendation is made.

CSMS supports the provisions of Section 1 that would require professions seeking to alter a scope of practice to submit a detailed proposal to the Department of Public Health. The required information is comprehensive, as it should be, as all too often decisions to alter scope are based on anecdotes and not on the concrete information that would be required by this language.

While we support the establishment of review committees as attempted by language in Section 2, we ask for the opportunity to work with the Public Health Committee to ensure that representation on the review committees is appropriate for the proposal submitted, as the language presently before the committee may not fully provide for the inclusion of a practicing physician on all matters impacting the practice of medicine. In many of the situations envisioned associated with a scope matter, at least one of the groups raising concerns about a proposed change will be an organization of physicians. However, if this is the case and as presently drafted, we can anticipate situations in which no actively practicing physician would or could be on the committee. As presently structured, state professional boards and commissions, including the medical examining board, contain members of the public, as well as retired or non-practicing physicians. CSMS also believes that this bill should contain language that clearly delineates the ability for impacted medical specialties to play a role either on the committee itself or to have the opportunity to present any concerning or supportive testimony before the committee.

CSMS believes that the issues we have raised regarding appropriate representation on review committees can be easily addressed through some minor language adjustments to the bill so that the much-needed process to adjudicate scope of practice requests can be effectively implemented, thus reducing the volume of scope-of-practice legislation that the General Assembly must wade through each and every year. We believe that this approach to scope of practice issues is both time-saving and cost-saving for the General Assembly, as well as in the best interest of patients. We welcome the opportunity to work with you to ensure that what comes before this and other legislative committees in the future has been fully vetted and reviewed from a clinical standpoint and all necessary and sufficient information has been presented and considered before a decision has been made on making adjustments to scope of practice that will have an impact on the medical care provided to Connecticut residents.