

CONNECTICUT CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION, INC

STATEMENT OF BRENDAN T. CAMPBELL, MD, MPH, FACS ON H.B. No. 6375 (RAISED) AN ACT ESTABLISHING AN EMERGENCY RESPONSE SYSTEM OF VOLUNTEER HEALTH CARE PRACTITIONERS BEFORE THE COMMITTEE ON PUBLIC SAFETY AND SECURITY COMMITTEE OF THE STATE OF CONNECTICUT

March 3, 2011

I'd like to offer some brief comments regarding (1) the role of the Uniform Law Commission and other groups and organizations in developing this legislation; (2) the principal objectives of the act; and (3) how the legislation expands upon, modifies and clarifies existing Connecticut law.

The Uniform Law Commission

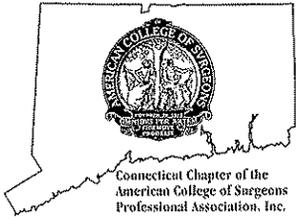
The Uniform Law Commission is a state government organization in operation since 1892 which utilizes the services of unpaid volunteer commissioners from all 50 states, to develop and recommend uniform laws for consideration by state legislatures. Uniform Law Commissioners are legislators, attorneys, judges, law professors, and legislative drafting attorneys. Commissioners are appointed by state governors or state legislators.

The Uniform Law Commission is committed to the objective of providing states with nonpartisan, well-conceived and well-drafted legislation that brings clarity and stability to critical areas of the law and which supports the federal system and facilitates the movement of individuals, business, and resources from state to state.

The Commission's deliberative and uniquely open drafting process draws on the expertise of commissioners, but also legal experts, and advisors and observers representing the American Hospital Association, American College of Emergency Physicians, American Red Cross, American Medical Association, and others.

Uniting Surgeons To Advance Patient Care In Connecticut

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The Goals and Objectives of the UEVHPA

The UEVHPA was developed in response to problems encountered by health care practitioners during Hurricanes Katrina and Rita relief efforts. Out of state volunteers experienced significant difficulties being deployed and utilized due to issues with professional licenses. The legislation also addresses widespread concerns expressed by many volunteers and organizations deploying and using volunteers regarding their exposure to civil liability and the absence of any safety net to compensate volunteers for injuries or fatalities.

Under current law, these issues are partially addressed in all 50 states by the Emergency Management Assistance Compact ("EMAC") which facilitates the interstate utilization of state and local employees in emergency response efforts. EMAC provides that (1) health care practitioners deployed from one state to another in response to an emergency will have their professional licenses recognized outside of the jurisdiction in which they are licensed; (2) emergency response workers deployed to respond to emergencies, will be afforded protection for civil liability for alleged acts of negligence; and (3) all emergency response workers will be enjoy the benefits of workers' compensation.

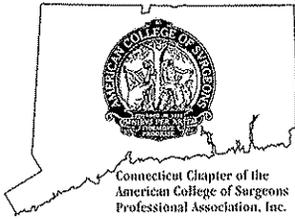
As valuable as EMAC has proven to be, it is limited in its application. Only "state forces," *i.e.*, state government employees deployed from one state to another are covered by the provisions of EMAC.

The rationale for the UEVHPA is simple and straightforward. Disaster relief efforts are likely to employ non-governmental organizations from across the nation to provide first aid, nursing, and mental health care to residents of emergency shelters. These organizations include, such as state chapters of the Red Cross, and play a vital role in this nation's emergency response system. In more severe incidents, these volunteers are needed to distribute medicines, care for individuals displaced from long-term care facilities, supplement the staff available to local healthcare facilities, and operate emergency clinics.

The UEVHPA does not replace EMAC, nor does it supplant existing state law. Instead, the UEVHPA supplements EMAC and other existing state statutes in order to promote and facilitate the use

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of volunteer health practitioners deployed by non-governmental organizations. Supplementation of EMAC is particularly important to ensure that a state has the “surge capacity” needed to respond both manmade and natural disasters.

The UEVHPA extends to volunteers not formally incorporated into the forces of a deploying state the same benefits and protections provided by EMAC, provided that the volunteers (1) are certified as licensed healthcare practitioners by officially recognized registration systems; (2) practice through healthcare facilities and other “host entities” operating in cooperation with local emergency management agencies; and (3) conform their activities and scope of practice to any limitations imposed by the host state. Specifically, the UEVHPA provides that during declared emergencies Connecticut will recognize licenses issued to out-of-state practitioners engaged in response efforts unless the State decides to limit or restrict activities of out-of-state professionals.

The Act also provides immunity from civil liability for alleged negligence and affords health practitioners deployed pursuant to the UEVHPA workers’ compensation benefits to the same extent as provided to state employees if such benefits are not otherwise available to the practitioners.

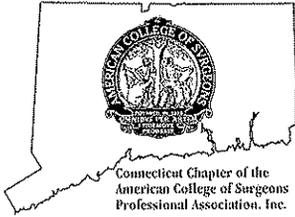
Relationship of the UEVHPA to Current Connecticut Law

In considering the provisions of the UEVHPA, it is important to recognize that the legislation represents a logical extension of existing provisions of Connecticut law designed to facilitate emergency response efforts.

Under Title 28, chapter 517 the Governor may “modify or suspend in whole or in part, by order as hereinafter provided, any statute, regulation or requirement or part thereof whenever in his opinion it is in conflict with the efficient and expeditious execution of civil preparedness functions.” Thus, existing Connecticut law, like the laws in most other states, allows the suspension of licensing requirements for out-of-state health practitioners during emergencies.

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Unfortunately, the mechanics of issuing and communicating Executive Orders during disasters can be highly problematic. Communications may be disrupted and Governor's Offices may be too overwhelmed to focus attention of professional licensing issues in the midst of a disaster.

Following Hurricane Katrina, the State of Louisiana promptly issued an Executive Order allowing health practitioners from other states to practice in Louisiana for the duration of the emergency, but it took many relief organizations ten days to two weeks to confirm that appropriate Executive Orders were in place allowing for the deployment of health practitioners from other states. It is because of such problems that EMAC provides separate and express authorization for the recognition of out-of-state licenses. The UEVHPA incorporates similar routine and easily understood procedures into state law applicable to non-governmental volunteers.

The Uniform Emergency Volunteer Health Practitioners Act has been approved by the House of Delegates of the American Bar Association and endorsed by a diverse group of healthcare, public health and disaster relief organizations, including the American Red Cross, the American Public Health Association, United Way, the American College of Emergency Physicians, the American Nurses Association, the American College of Surgeons, and the American Veterinary Medicine Association.

In summary, the Uniform Health Practitioners Act makes good sense. It will save lives and lessen suffering in our state in the event of a natural or man-made disaster. I strongly urge you to support this important legislation.

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