

**Connecticut Society of Eye Physicians  
Connecticut ENT Society  
Connecticut Urology Society  
The Connecticut Dermatology and Dermatologic Surgery Society**

**Before the Public Health Committee  
On February 28, 2014**

**Governor's Bill No 36 AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO  
IMPROVE ACCESS TO HEALTH CARE**

Good Morning Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee, my name is Elizabeth Rocco, M.D. and I am a board certified ophthalmologist practicing in Middletown, Connecticut. I am offering you testimony opposing Governor's Bill 36; An Act Concerning The Governor's Recommendations to Improve Access to Health Care on behalf of more than 1000 physicians in Ophthalmology, Ear Nose and Throat, Dermatology, and Urology.

104 years ago there were no standards for medical education in the United States. Medical schools varied enormously in quality; many required little or no college preparatory work, taught no basic medical science, provided no hands on contact with patients and produced access in abundance; access to mediocrity. The Flexner Report changed that environment by establishing standards for medical education that created a revolution in quality, setting the stage for the golden era of medicine in America. Today we are poised and on the brink of reversing those hard earned achievements, and all in the name of access that is doubtful at very best.

Our current practice pairs APRN's with physicians in ways that complement each other's strengths to improve access, quality and continuity of care. Most APRN's focus on specific and narrow areas of expertise and are able to rely on their physician partners for help when issues become esoteric or complex, or when the routine becomes emergency and life threatening. **Even in the loosest collaborative arrangements it is the physician who holds the final responsibility when patients call with emergencies, and it is the physician who is ultimately responsible when patients do poorly and who is liable when things go wrong.** Physicians such as myself, who have spent years in medical school and internship developing broad medical skills, and then many more years in residency and fellowship focusing and refining our skills know that medical science and knowledge is just too complex for the few years of study that are encompassed by even the most advanced nursing degree.

Although the issue is being touted as an access issue, it is not clear from any of the testimony given at the public health hearings how ending collaboration and replacing it with independent practice will actually increase access since we are talking about the very same pool of nurses, very few of whom are unemployed. We know that the service created by the state medical society to

pair APRN's with collaborating physicians has been profoundly underused, despite multiple efforts to make APRN's aware of its availability. Ironically, this law may actually decrease access; access to family practitioners who have seen their practice battered mercilessly by rising malpractice costs, and to primary care physicians in general.

Trading quality for access is not the solution and it is not the vision of the Affordable Care Act that seeks to improve both quality and efficiency by teamwork and collaboration and not by scattering multiple access points of variable depth and quality. As a physician with a large investment in education and training and as a patient who has recently had to endure serious and life threatening illness and surgery I am very concerned about the misconceptions that educated and sophisticated people will have, let alone those who are not well versed in the increasingly complex health care system. With the expansion of programs that produce doctorate degrees in nursing there will be increasing and potentially dangerous truth in advertising issues where patients may be under the impression that they are in the hands of a physician trained through multiple years of medical school, internship, residency and fellowship, when in fact they are being cared for by a nurse with just a tiny fraction of that level and extent of training. I am concerned that nurses who work under an initial collaborative arrangement in one specialty area, will be able to pursue independent practice in another field in which they are not trained, let alone well-trained. I am concerned that in one fell swoop and without consideration for liability, continuing medical education, and responsible coverage this statute will create a second and lower quality level of "physician". I am concerned that health insurers may be tempted to employ this second quality health care provider on restricted panels to the exclusion of better-trained physicians. I am concerned that this process, once set in motion, will be very difficult to stop or reverse. I am concerned that the education and training that have made me feel proud to be a part of the health care system will be de-valued in the system we are building. In the end and in the final analysis I am concerned about quality. I ask, I beg, I beseech you; do not trade quality for access.

Thank you for allowing me this time to present this testimony.

Respectfully,

Elizabeth Rocco, M.D.