

**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 Ken Yanagisawa, M.D. and I am a board certified otolaryngologist practicing in Hamden and New Haven, 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.

With the coming of the ACA, medicine is facing an access challenge. This legislation, however, does nothing to help with access. APRNs that are already in the state are already seeing patients now. Allowing them independent practice will not increase their number, nor expand the number of patients they can see in a day. Even if this attracts a flood of new APRNs to the state, it will be years before any significant increase in capacity could be realized.

Further, you will lose the safety net currently provided by the collaborative agreements. I understand that the APRNs chafe at them, but as a legislator, what do you or your constituents gain by releasing this modest level of backup by practitioners with much more extensive training? Instead of a phone call or a walk down the hall, any uncertainties or questions will require a referral out to another provider to determine the correct course, or worse, a guess. This will lead to increased cost and delays in treatment. Additionally, patients requiring admission will require referral or coverage by an admitting physician, which will also create delays and safety risks. Please do not trade quality of care for perceived access.

We've heard testimony about the cost of a collaborative agreement. The costs cited have appeared exorbitant, however, the costs noted are without context. Most agreements are not expensive, and many doctors provide more than oversight and

review, adding in material, supplies, rent, education, liability coverage, and the cost of their own increased liability from taking on the collaboration.

The economics of modern, office-based medical care limit APRN expansion into more underserved areas. Overhead increases for replacing the services their collaborators provide, and for their likely increase in liability cost, and the low reimbursement provided by most underserved patients, will create enormous pressure to limit financial risk. The economic pressures that limit physician expansion into underserved areas will also limit APRNs.

For these, and many other reasons you have heard stated today, we ask that you oppose SB 36 and keep the team approach to quality medical care strong in Connecticut, thank you.