



**Connecticut State Medical Society Testimony  
CSMS Vice Chair Steven Wolfson, MD  
Regarding Senate Bill 36 An Act Concerning the Governor's  
Recommendations to Improve Access to Care**

**Public Health Committee  
February 28, 2014**

Senator Gerratana, Representative Johnson, and members of the Public Health Committee, on behalf of the Connecticut State Medical Society and its over 6,000 physicians and physician in training members, thank you for the opportunity to testify today.

My name is Steven Wolfson, MD. I am a board-certified cardiologist in New Haven, and I currently serve as Vice Chair of the Connecticut State Medical Society.

Regretfully, I am here today to oppose passage of Senate Bill 36.

I say this with regret because I have seen the benefits of APRNs and physicians training together and then working together, collaboratively, over long periods of time.

One Saturday a month, I volunteer as a Faculty advisor to the Free Clinic in Fair Haven, CT. Here medical students, nursing students, and Physician Assistant students work together to serve uninsured patients under the supervision of physicians and of the superb APRNs who have worked collaboratively at the Fair Haven Clinic for years.

It is a yeasty mix. And I must say that as a cardiologist, I have much to offer here. But I have also learned from the experienced APRNs who have matured in a collaborative setting at the Fair Haven clinic. Without exception, they are caring, committed, and wise clinicians. It is clear that they have benefited from a setting where they have interacted with physicians over the years, often sharing the same patients.

The concept of independent practice concerns me. I doubt that many physicians will be willing to collaborate with an APRN, share exposure to their patients, share the benefits of our advanced training, and then see the APRN leave the practice and set up his or her own office nearby. It is not realistic to expect this. We will be competitors, not collaborators.

And so the inevitable progression will be that APRNs will establish their own training and experience settings. The disciplines will drift apart. Their pride in their accomplishments will further this divide, naturally. And we will all lose from this – especially our patients.

At a time when integrated, shared, team approaches to health care are being fostered at the national and local level, establishing a separate track to clinical practice is not wise.

Thank you again for the opportunity to speak today.