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Testimony HB 5571 AAC Certificate of Need
Requirements, Hospital Conversions, and Medical Foundations
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In 2009, the legislature authorized hospitals or healthcare systems to organize and become a member of a medical foundation. The purpose was to provide both medical care and healthcare through its employees or “providers” it has contracted with. At this time, “providers” were defined as medical doctors, podiatrists, and chiropractors.

In 2010, the definition of “providers” was amended to include optometrists.

Proposed HB5571, Section 3, looks to redefine “provider” solely as a medical doctor licensed under Chapter 370. Such a change would prohibit a medical foundation from contracting with any “provider” other than an MD. Frankly, I don’t know how the foundation would function without the services of all the other providers essential to providing the care we deserve. Without the services of APRNs, optometrists, physical therapists, podiatrists, dentists, chiropractors, and many others, the foundation won’t be able to meet the needs of its patients.

Additionally, this change would prohibit a non-MD from serving on the foundation’s board of directors. Nothing in the current statute mandates that non-MDs be placed on the board; however, it allows them to serve, should they be appointed. I believe that all “providers” have a unique perspective and valuable insight into the healthcare delivery system. Closing the door to all non-MDs is short sighted.

In summary, should this bill go forward, I urge this committee to strike the proposed changes to redefine the definition of “provider.”