

David Boisoeneau, M.D. SB 36

Connecticut ENT Society
Connecticut Dermatology and Dermatologic Surgery Society
Connecticut Urology Society &
Connecticut Society of Eye Physicians

Testimony Opposing

SB No 33 AAC the Governor's Recommendations to Improve Access to Healthcare

Before the Public Health Committee

On February 28, 2014

Good Afternoon, Senator Gerrantana, Representative Johnson and distinguished members of the Public Health Committee, my name is David Boisoeneau, M.D. I am a board certified otolaryngologist (ENT) practicing in Waterford and Mystic, Connecticut. I was for present the Department of Public Health Program Review hearings on APRN scope expansion. As a member of the Executive Committee of the CT State ENT Society, I represent over 1000 board-certified surgeons in this state, and we collectively urge you to OPPOSE SB 36 as currently written.

I will be as brief as possible. Many of the surgeons I represent have had and will continue to have very successful collaborative agreements with APRNs. Our APRNs are essential in helping us with the management of difficult problems such as oral cavity cancer, chronic sinus disease, and postoperative care and counseling. It is a collaborative effort and an arrangement that works best for the patient and provides for the highest level of care. Allowing an APRN to be independent after three years of "collaboration", rather than practicing in a team model appears to undermine the entire system. I am not suggesting that APRNs are intending to become ENT specialists or attempting to perform specialized surgical procedures, HOWEVER there is nothing in this statute that states otherwise.

Most APRNs in this state provide primary care level medical diagnosis and treatment, and by and large they do it very well in collaboration with a trained, licensed physician. Family medicine physicians, primary care internal medicine specialists, pediatricians, psychiatrists and emergency medicine doctors all have extensive post-graduate training, accomplished during a 3+ year residency program. This rigorous and well-monitored training can include up to 12,000 clinical patient hours, as well as didactic lectures and even medical research. This as AFTER the completion of 4 years of medical school. In contrast, after obtaining an RN, only 500 clinical hours is the average training for an APRN. Thus, by allowing APRNs to independently practice after a loosely defined, much less intensive "collaboration period" seems irresponsible at best, and potentially dangerous at the worst.

The field of Ear, Nose and Throat surgery is complex and varied, and in order for us to become experts we require 4 years of medical school followed by 5-6 years of intensive post-graduate training under strict, regulated supervision

I have a close friend who has been a primary care APRN for over 20 years. She knows more about treating primary care patients than many of the providers who refer patients to me. When told of the three year period, she expressed astonishment to me that any APRN could be deemed adequately trained to be an independent provider responsible for a human life in such a short period of time. She also stated that her biggest challenge in her practice is trying to reconcile medications that are prescribed to her patients specifically by psychiatric APRNs. This alone would have motivated me to come to Hartford to oppose this bill, even if I were not the president-elect of the CT ENT Society.

In summary, APRNs are essential members of the health care team. A team in which each individual brings unique talents and education in order to deliver the best health care possible. Let us not forget that there are levels to this delivery system, and simply empowering well trained nurses to the same level as physicians who are fully trained in a

tightly regulated system has the potential to dismantle the system and do more harm than good. Remember, *primum non nocere*.

“First, Do No Harm”

Respectfully submitted

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President-Elect CT State ENT Society