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Connecticut Chapter of American College of Physicians
Testimony in Opposition to Senate Bill No. 36
An Act Concerning the Governor's Recommendations to Improve Access to Health Care
Presented to the Public Health Committee
February 28, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the internal medicine specialist and subspecialist physicians of the Connecticut Chapter of the American College of Physicians, we present this testimony to you today in strong opposition to Senate Bill No. 36, An Act Concerning the Governor's Recommendations to Improve Access to Health Care.

Our healthcare system needs to incorporate Advanced Practice Registered Nurses (APRNs) more effectively, and they should be allowed to practice within the scope of their training and education. But the limits of that training and education must be acknowledged. Those limitations should preclude the independent practice of APRNs in Connecticut. Innovations in Connecticut's healthcare system are already evolving to expand the role of APRNs in clinical care teams and do not require their independent practice. That should be our focus.

Our healthcare system needs to deliver better access to care of whatever sort is needed: routine preventive care, simple illness, management of complex multiple chronic conditions and specialist care. Sometimes a patient knows exactly which of these types of care is needed in a given situation, but that is not always the case.

Many have publicly stated that APRNs are adequately trained to practice independently in those areas of primary care that are within the scope of their training and education. But what does that really mean? The Institute of Medicine has defined "Primary Care" as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing the large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." A primary care clinician's practice should be the point of first contact for a medical problem or question. What "scope of training and education" is adequate to serve this role well?

It might be easy to determine that a given APRN or doctor cannot perform surgery because it is not within a certain scope, but primary care is more difficult to define since it spans a spectrum from simple illness to complex multi-system conditions, all with the same presenting symptoms. Exactly what "scope of practice" enables a clinician to differentiate a little sick from really sick? Does a clinician with just a couple of years of clinical training have the clinical judgment to adequately evaluate, diagnose, and treat a typical primary care problem like several weeks of cough in an elderly patient with multiple medical

problems like diabetes, a history of congestive heart failure, and chronic lung disease? That is potentially quite different from treating a healthy young adult with a cough from a couple weeks of a viral respiratory infection. Yet, these two situations have the same presenting symptoms and might erroneously get placed into the same protocols of management. That is not the good care we want to provide to our patients.

Without adequate clinical training and judgment, a clinician CANNOT know when he or she is beyond his/her scope of practice or expertise. The explosion of medical knowledge in recent decades requires that physicians have extensive education and training. A primary care doctor needs many years of basic science training and hands-on experience to develop the clinical judgment to become a good diagnostician and caregiver. Yes, certain aspects of straightforward mild illness and preventive care can be delivered just as well from an APRN as from a seasoned doctor. But does that warrant completely independent practice for APRNs in primary care without limitations?

A patient does not necessarily have the ability to determine that her symptom can be adequately managed by an APRN or needs the greater diagnostic acumen of a doctor. Therefore, APRNs must be practicing in situations where consultation is readily available. To ensure that different types of clinicians are able to practice effectively to the "top of their licenses," the concept of clinical teams has evolved.

The physician community does not deny that APRNs have a valuable role to play in delivering excellent care to all our patients. We need to figure out how to better fit APRNs as well as physician assistants and other clinical colleagues into situations to deliver good patient care. That requires a better healthcare delivery AND payment system with teams of different professionals providing coordinated and efficient care. This strategy will improve access for patients. We must move forward to encourage the development of effective clinical care teams as ways to deliver the highest quality, most coordinated, and safest care for our patients.

Please oppose Senate Bill No. 36.

Respectfully,

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