

March 2, 2018

State of Connecticut  
Public Health Committee

Attention:  
Senator Terry Gerratana, Co-Chair  
[Gerratana@senatedems.ct.gov](mailto:Gerratana@senatedems.ct.gov)

Senator Heather Somers, Co-Chair  
[Heather.Somers@cga.ct.gov](mailto:Heather.Somers@cga.ct.gov)

Representative Jonathan Steinberg, Co-Chair  
[Jonathan.Steinberg@cga.ct.gov](mailto:Jonathan.Steinberg@cga.ct.gov)

Dear Committee Leadership:

I write to support proposals submitted by the Connecticut APA to the Department of Public Health on August 15, 2017, and hope to testify at your upcoming hearing regarding Senate Bill 300, an Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians. I've carefully reviewed the proposals and believe these will expand the reach of our physician assistants for the benefit of medical practice and the population of Connecticut.

I have worked in New Haven hospitals for the last 27 years. I was Chairman of the Department of Medicine at Hospital of Saint Raphael from 1990 to 1999. I developed the Physician Assistant Program in my department to address challenging patient care concerns, and was unquestionably the largest employer of PAs in the State by the late 1990's. I was faced with the fact most practicing internists in New Haven decided not to provide continuing care for their

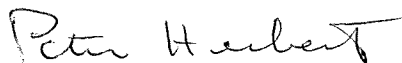
hospitalized patients. I had residents in training that could provide part, but less than half of that required care, and the physician assistants ultimately cared for the majority of patients on the Medical Service. They remained in close contact with community physicians and had immediate support provided by employed attending physicians if needed.

From 1999 to 2014 I served as Chief Medical Officer, Senior Vice President for Medical Affairs and Chief of Staff at Yale New Haven Hospital, and there was responsible for the credentialing of more than 200 mid-level practitioners. Therefore, I am very familiar with the education, training, and credentialing of PAs. PAs serve in major administrative positions at Yale New Haven Hospital, provide care to the overwhelming majority of in-patients and many out-patients, and are integral to the functioning of the institution. They assist in major surgery in our operating rooms, are critical staff on most clinical services, and provide direct patient care with minimal supervision.

As maintained by the ConnAPA the current licensing language, suggesting supervision rather than collaboration, is very outdated, and ultimately inconsistent with current practice. As noted above, I employed and was registered as supervisor for more than 60 PAs at one time, and understood my responsibility to provide them with necessary support as I did with residents in training and board certified physicians. At that time, supervision exceptions were already made for PAs employed by hospitals, and I was registered as supervisor for most employed PAs. Finally, I would note that requiring co-signatures for schedule II and III controlled substances is totally inconsistent with the level of practice and required supervision of PAs.

In summary, I'm in full agreement with the ConnAPA scope of practice request, and urge a positive response from the Connecticut Department of Public Health.

Sincerely,



Peter N. Herbert, MD  
Clinical Professor of Medicine  
Executive Director Physician Referral Services  
Yale-New Haven Hospital/Yale University School of Medicine

PNH: ppv

cc: Deanna Zimkus, MHS, PA-C  
President, Connecticut Academy of PAs