



## Connecticut Academy of Physician Assistants

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Testimony provided in support of:

### ***Raised Bill No. 300***

### ***AN ACT CONCERNING COLLABORATIVE ARRANGEMENTS BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS.***

March 16, 2018

Senator Gerratana, Senator Somers, Representative Steinberg and members of the Public Health Committee:

I am here in support of raised senate bill 300 which improves access to patient care provided by PAs. My name is Dan Mussen, and I have now been a primary care PA in Connecticut for over 40 years.

Our profession (represented by the Connecticut Academy of PAs, or "ConnAPA") is all about patient care. That's why it's so disturbing to practicing PAs when the services that we have been educated and trained to provide are arbitrarily being prohibited. We're not referring to the necessary restriction of all health care providers to skill sets that are within their proficiency. Every medical and surgical provider must meet an acceptable standard of care which is uniform across the medical and surgical spectrum.

The restrictions we are experiencing are because of the natural evolution of the health care industry that has occurred since our PA practice act was written over 25 years ago. For example, the majority of physicians are now employees, and corporate owned and team based practice models are the rule rather than the exception.

The APRN practice act has evolved with these changes, including the implementation of independent practice four years ago. Since this change,

and the subsequent bills which specify the many services that APRNs may provide, PAs are reporting an acceleration of restrictions being placed.

Employers feel they must place cautious restrictions on services because PA supervision remains in effect. Employee physicians hesitate to accept liability for supervising PAs, especially now that the statutes favor APRNs. PAs are being entirely excluded from job postings that they otherwise qualify for.

PAs in hospital and out-patient settings across the state are :

- not allowed to see work comp patients, medicaid patients, surgical patients, etc.
- required to bother physicians for co-signatures on pre-op forms, transfer papers, admission orders, prescriptions, every chart of every patient seen, etc.
- being excluded from jobs in places like Minute Clinics, Joslin Diabetes Center, community health clinics, etc.

Clearly, supervision is overly restrictive, and yet independent practice can create concerns about quality of care. Collaboration is the best fit for Connecticut PAs.

Collaborative agreements will establish the optimal team based PA/ physician relationship which is flexible enough to require close interaction until skill set proficiencies are developed. And the current oversight of the PA profession by the ME Board, DPH, DEA, and DCP will remain in effect.

SB300 improves and updates the relationship between PAs and physicians within the health care team to permit better access to care, and yet does not increase the scope of services that PAs may provide.

Thank-you.

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