Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
New England Chapter of the Gerontological Advanced Practice Nurses Association (NEGAPNA)
The Northwest Nurse Practitioner Group

Public Health Committee Hearing

February 22, 2018

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

My name is Dr. Lynn Rapsilber DNP ANP-BC APRN FAANP and I am a Nurse Practitioner. I am the Chair of the Coalition of Advanced Practice Nurses. The Coalition is submitting testimony in **OPPOSITION** to **SB 300 An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.**

The physician assistants 'practice authority is defined in Chapter 370: Section 20-12a. Under (5) "Physician assistant" means an individual who: (A) Functions in a dependent relationship with a physician licensed pursuant to this chapter; and (B) is licensed pursuant to section 20-12b to provide patient services under the supervision, control, responsibility and direction of said physician. Under supervision, the physician assumes the responsibility for the supervision of services rendered. The physician assistants are seeking a change from supervision to a collaborative arrangement. There are clearly defined criteria for "supervision" both in the hospital [7(a)] and outpatient setting [7(B)] and:

> …. means the exercise by the supervising physician of oversight, control and direction of the services of a physician assistant. Supervision includes but is not limited to: (i) Continuous availability of direct communication either in person or by radio, telephone or telecommunications between the physician assistant and the supervising physician; (ii) active and continuing overview of the physician assistant's activities to ensure that the supervising physician's directions are being implemented and to support the physician assistant in the performance of his or her services; (iii) personal review by the supervising

physician of the physician assistant's practice on a regular basis as necessary to ensure quality patient care in accordance with a written delegation agreement, as described in subsection (a) of section 20-12d; (iv) review of the charts and records of the physician assistant on a regular basis as necessary to ensure quality patient care; (v) delineation of a predetermined plan for emergency situations; and (vi) designation of an alternate licensed physician in the absence of the supervising physician.

This bill seeks to define ***collaborative arrangements*** with physicians.

Under Section 3 (3) collaboration is defined as the continuous process by which a physician assistant and one or more physicians who have training or experience related to the work of such physician assistant jointly contribute to the provision of health care services and medical treatment to a patient. "collaboration" includes a reasonable and appropriate level of consultation and referral, coverage by the physician in the absence of the physician assistant, review of patient outcomes, disclosure of the collaborative relationship to the patient and exercise of prescriptive authority by the physician assistant, provided the physician expresses, in writing, the (A) type of schedule II and III controlled substances that the physician assistant may prescribe, and (B) methods by which the physician and the physician assistant will review therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the physician assistant many prescribe, dispense and administer.

This section of the bill is mirroring the current APRN collaborative agreement with a physician. Unfortunately, the physician assistant is NOT an advanced practice registered nurse (APRN). They do not develop a treatment plan as an APRN can; they execute the physician treatment plan. They do not own a patient's care as an APRN can. They are not independent practitioners like APRNS. This language in this bill is incomplete as written and does not address why this is needed and what are the requirements of the collaborative arrangement and is this in the scope of practice of a physician assistant to be in a collaborative arrangement.

There is a process established whereby a scope of practice request, such as this, is examined for evidence to support the request, rigorous evaluation of nature of the request and a

multidisciplinary approach to determine if it is meritorious to move forward, While the request for a scope of practice review was submitted by the physician assistants this year it was not taken up by the DPH. The Coalition believes this is the best mechanism to review this request. We cannot support this bill move forward.

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