



CONNECTICUT ACADEMY OF
FAMILY PHYSICIANS
CARING FOR CONNECTICUT'S FAMILIES

Good afternoon Senators Gerratana, Somers and Representative Steinberg, and members of the Public Health Committee. My name is Stacy Taylor and I am a Past President of the Connecticut Academy of Family Physicians and Chair of their Legislative Committee. I am here today on behalf of the members of the Connecticut Academy of Family Physicians and the Connecticut State Medical Society in opposition to SB 300, An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.

The Connecticut Academy of Family Physicians believes that high-performing interprofessional teams, including family physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs), are best at providing high quality patient-centric care. In fact, the majority of family physicians include NPs, PAs and/or CNMs in their practices. Clearly, teamwork has been identified as an important component of improving patient care, with each team member contributing to the best of their ability.

There is no doubt that there are benefits to working together. However, there continues to be tension around independent practice, who should be the practice leader, and details about how the team should be managed. The overriding principle for continued dialogue around any health care issue should *not* be who gets more recognition but should keep the *patient at the center* of every effort.

Because the patient is at the center of our concern, the Connecticut Academy of Family Physicians does not believe that the scope of practice should be modified for physician assistants. Physician assistants are already an essential and respected part of the health care team. Their proposal does not increase the quality of patient care and, in fact, may create unintentional harm by allowing an overly confident and less educated, less experienced physician assistant to not seek collaboration when warranted.

Educational differences are vastly different for a physician assistant compared with that of a medical doctor.

PAs:

- 4-year BA or BS
- 2 to 2 ½ year master's program
- No residency training program

MDs:

- 4-year BA or BS
- 4-year medical doctoral training program
- Minimum 3-year residency training program

Clinical hours in training are also significantly different.

- **PAs:** 2000 clinical hours
- **MDs:** 15-16,000 clinical hours

No healthcare professional ever stops learning, however, to not mandate supervision of a less experienced physician assistant by an MD with more training and experience places patients potentially at risk. Collaboration is not supervision.

In addition, many patients, who should understand their healthcare provider's education and experience prior to seeing that provider, have no comprehension of who is giving them their healthcare. Not only is this not transparent to patients currently, but as each scope of practice changes, the confusion grows. Is the patient the center of care when he or she has no idea of the qualifications of the person providing the care? The most notorious case is that of Christie Kidd, PA-C, from California, who refers to herself as a dermatologist and, until recently, listed herself as graduating from the USC School of Medicine, not the PA program at USC. Transparency is patient oriented. The lack of such is provider centric.

The Connecticut Academy of Family Physicians would have been more than pleased to participate in a constructive dialogue with our physician assistant colleagues, especially one which was patient-centric. Unfortunately, we were not able to do so as this did not come before the DPH Scope of Practice Committee.

We hope that future issues that come before the legislature are primarily focused on patients, such as:

- Organizing our scarce primary workforce to meet the needs of all patients with the highest quality care possible
- Providing coordinated healthcare across all locations and spectrums of care
- Engaging patients to becoming true partners in their care, and
- Working together to provide policies that support a high-quality, reasonably funded primary care workforce

Thank-you for your attention to this matter.