



CTAPRNS

March 14, 2018

To the esteemed members of the Public Health Committee,

I am writing you about Senate Bill 300, an Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.

We understand that the practice environment for medical clinicians has changed in the past 20 years and we agree that current statute does not reflect the current practice environment.

We strongly oppose this bill as currently proposed because it singularly changes the professional relationship between physicians and physician assistants from a supervisory to a collaborative agreement without detailing the conditions of this agreement.

This is a Scope of Practice (SOP) change and should not be addressed with a simple bill during the legislative process.

The bill fundamentally changes the relationship of the physician assistant (assistant to the physician, whose license is traditionally tied to a supervisory agreement with a physician) and does not address the process or conditions of the collaborative agreement. How often will they meet? What measures are used to evaluate performance, e.g., in-person or remote chart review? What measures and mechanisms are used to address deficiencies? What fees are charged for this service? Is there a common format that employers, collaborating physicians, and agencies can implement, or does it require individual, custom agreements (how will that be regulated)?

A Scope of Practice review will allow for a full review of the Physician Assistant practice and provide for a comprehensive update to the current practice environment, including the level of training required (PA's currently only need a bachelor's degree to apply for licensing in Connecticut), and the details of a collaborative agreement to match that of other clinician's in the state.

We support a full SOP review and look forward to participating in the process of advancing the clinical practice environment of the physician assistants.

Sincerely,

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