

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5297

AN ACT CONCERNING CONTINUING MEDICAL EDUCATION IN

Title: COLONOSCOPIES AND ENDOSCOPIES.

Vote Date: 3/19/2018

Vote Action: Joint Favorable Substitute

PH Date: 3/5/2018

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

Physicians are required by law to complete 50 hours of continuing medical education (CME) units every two years beginning with a physician's second license renewal. CME units must be in a physician's area of practice and reflect the professional needs of the physician. Current law requires physicians as part of the CME requirements to complete one hour of risk management training or education during the first license renewal period and at least once every six years after that. This bill adds to these requirements training to address screening for gastrointestinal cancers.

RESPONSE FROM ADMINISTRATION/AGENCY:

Rep. Joseph Aresimowicz, Speaker of the Connecticut General Assembly: In his submitted testimony, Rep. Aresimowicz relates that the proposal behind this legislation came from a constituent who suffers adversely from a rare gastric cancer. The symptoms associated with these types of cancers are not readily apparent causing issues with diagnosis and treatment. The existing CME statute clearly defines the categories of training. This legislation would expand this coursework to include screening for rare and gastric cancers. Such inclusion would satisfy the CME requirement for risk management. Rep. Aresimowicz urges support for this bill.

NATURE AND SOURCES OF SUPPORT:

Greta Stifle; Stifle Cancer Foundation: In her testimony, Ms. Stifle relates her tragic experience with a rare gastrointestinal cancer which she explains was misdiagnosed. As a

result she has had multiple hospital admissions and surgical procedures that could have been avoided if she had been properly diagnosed. Ms. Stifle submits in her testimony, numerous data regarding rare gastric cancers. She supports this legislation that would require CME units to provide training in these rare diseases.

Keith Warner; CEO, Carinoid Cancer Foundation: The Carinoid Cancer Foundation is the oldest non-profit organization dedicated to advancing greater awareness and education in the area of diagnosis, treatment and better outcomes of rare gastric cancers. Mr. Warner supports this legislation that will create a CME unit in the area of rare gastric cancers and provide a positive step in achieving this goal.

NATURE AND SOURCES OF OPPOSITION:

Connecticut State Medical Society: CSMS continues to support the use of CME's and recognizes that the physician is the person best qualified to determine the subject matter of the CME's undertaken. Since the establishment of CMEs, CSMS has worked with legislators to find ways in which physicians are allowed to obtain CME's appropriate to their specialty and area of care, and within the confines of the law. In the past, CSMS has opposed any additional mandated requirement when such training does not address a compelling and unmet societal need. Their understanding of the intent of this legislation is to allow physicians to meet the risk management component by mandating one hour of CME to screening for rare and gastric cancers. With this understanding, CSMS recommends that the language be clarified to state the following:

"risk management which may include [including], but not be limited to prescribing controlled substance and pain management, and for the registration periods beginning in or after October 1, 2018 screening for rare and gastric cancers."

As stated, CSMS believes that physicians are best qualified and most capable of determining their own needs for CME training. Therefore, this language and approach is unnecessary and cumbersome. However, allowing the suggested amendment would permit any physician interested in this narrow area of practice to meet a mandate contained in existing statute.

Dr. Jeffry Nestler Chief of Gastroenterology at Hartford Hospital: Dr. Nestler urges the rejection of HB 5297. He states that CME requirements outlined in Connecticut General Statutes mandate 50 hours of CME units every 24 months to remain board certified. The additional requirement in HB 5297 is not mandated in any national guideline, will not add any benefit to a certified gastroenterologist or their patient, and will only add to already extensive administrative requirements and the cost of practice. Also, the reference to rare and gastric cancer is ambiguous and does not appear to have any clear clinical basis. It will be difficult to obtain a CME in this unique and unusual requirement.

Reported by: Kathleen A. Panazza

Date: 4/2/18