Bill No.: HB-6522
AN ACT CONCERNING CONTINUING MEDICAL EDUCATION IN SCREENING
FOR INFLAMMATORY BREAST CANCER AND GASTROINTESTINAL
CANCERS.

Title: JOINT FAVORABLE REPORT
Vote Date: 3/22/2019
Vote Action: Joint Favorable
PH Date: 2/25/2019
File No.: 

Disclaimer: The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.

SPONSORS OF BILL:
Public Health Committee

REASONS FOR BILL:
This legislation seeks to reform the continuing medical education (CME) requirements in Connecticut to allow screening for gastrointestinal cancers to count towards the risk management unit of CME standards. This proposal arose from a constituent who was misdiagnosed and is currently living with stage-four neuroendocrine cancer.

RESPONSE FROM ADMINISTRATION/AGENCY:
Representative Joe Aresimowicz, Speaker of the House, Connecticut General Assembly: The proposal for this legislation came through his constituent. This bill seeks to modify the continuing medical education (CME) requirements in the state, which mandate that physicians earn fifty hours of CME every two years. The specific requirements state that the courses must align with the needs of the physician and be in the physician's area of specialty. Furthermore, at least once every six years, a provider must complete at least one hour of training in the following units:
1. Infectious diseases
2. Risk management
3. Sexual assault
4. Domestic violence
5. Cultural competency
6. Behavioral health
These segments can be provided by a number of groups including the American Medical Association and the CT State Medical Society. This legislation outlines the specific aspects to
be covered regarding the screening of gastrointestinal cancers. The overall goal is to ensure early diagnosis, as confusion of symptoms may lead to a delay in treatment. The bill does not add any additional CME requirements or change the requirement for study within a physician’s area of expertise.

**NATURE AND SOURCES OF SUPPORT:**

**Jerome Zacks, Associate Clinical Professor of Cardiology, The Mount Sinai Medical Center:** Dr. Zacks supports this bill which would reduce the time to diagnose and treat Neuroendocrine Tumors (NETs). In the past, there has been an average delay of nine years to properly diagnose individuals with NETs. This legislation supports the expansion of education, which can save the lives patients with these deadly undetected cancers.

**Keith Warner, Chief Executive Officer, The Carcinoid Cancer Foundation, Inc. (CCF):**

CCF is the oldest neuroendocrine foundation in the world. Early diagnosis and treatment is crucial for individuals with neuroendocrine cancer. By raising awareness and expanding education, this bill can improve the quality of life for inflicted individuals and positively impact the lifespan of patients. In many cases, early diagnosis is not achieved because symptoms tend to mimic more prevalent conditions such as asthma and Crohn’s disease. Due to the delayed diagnosis, it is often too late and the tumor has metastasized. In a survey conducted by the International Neuroendocrine Cancer Alliance, it was reported that the average time for an individual to be diagnosed was 52 months. More than half of patients at the time of diagnosis had tumors that had metastasized. Many physicians do not have the experience needed to address NETs and once the cancer has metastasized, there is no cure. If this bill were to pass and education increased, the quality and length of a patient’s life could be improved.

**Matthew Capogreco, Chair, Board of Directors, Pheo Para Alliance:** The Pheo Para Alliance supports this bill. The organization advocates for patients with pheochromocytoma and paraganglioma (PPGL), two forms of rare NETs. According to the testimony, “40% of individuals with PPGL have germline mutations, making early screening and detection critical.” This bill would expand education and raise awareness for these undetected conditions.

**Lesley Bennett, State Ambassador, National Organization for Rare Disorders’ (NORD) Connecticut-Rare Action Network:** The CT-RAN supports this bill because it will raise awareness for rare conditions and save lives through early diagnosis. Continuing medical education (CME) is usually the responsibility of institutions such as the Department of Public Health or the Connecticut State Medical Society. Work was done on the CME statute that established credit hours in a number of different areas, including that of “risk management.” This bill would allow continuing education in the screening of neuroendocrine cancers to count towards the risk management portion of the education requirements. Early detection of these conditions can lead to better results for patients and minimize healthcare costs. The testimony cited a September 2015 Institute of Medicine report that noted that approximately 5% of US adults are misdiagnosed or receive delayed diagnoses. Despite this seemingly low percentage, it leads to increased healthcare costs due to incorrect treatment regimens and hospitalizations. In the Journal of American Medical Association, physicians stated that delayed diagnosis is common in rare conditions due to a lack of awareness and knowledge.
This bill has the potential to change that, save lives, and will not impact the CME requirements in the state.

41 others submitted testimony in support of this bill.

**NATURE AND SOURCES OF OPPOSITION:**

**Connecticut State Medical Society (CSMS):** In the Journal of American Medical Association, Robin Stevenson and Donald Moore noted that “medical education is a continuum of 3 parts; undergraduate medical school education, postgraduate training, and continuing medical education (CME).” More than ten years ago, the CT State Medical Society worked with the Department of Public Health to determine the standards for CME. While the statute outlines the minimum requirements of CME, the Society recognizes that physicians typically earn more CME credit than outlined to obtain certain certification or accreditation. CSMS supports the requirements and notes that the physician knows best in terms of what CME units to pursue. While certain circumstances may elicit the need for mandating CME requirements, there are already units highlighted that are to be repeated every six years. In addition, CSMS has “opposed additional mandated requirements whenever they have not encompassed a compelling and unmet societal need.” That is not to say that the topic is not important; however, CSMS feels that physicians are capable of determining their own CME options and thus, this legislation is unnecessary. Physicians should not be mandated to study in this area of medicine, but have the option to choose if they believe it is needed in their practice.

Reported by: Meagan Schantz          Date: 3/27/19