

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5303

AN ACT CONCERNING CONTINUING MEDICAL EDUCATION
REQUIREMENTS CONCERNING ENDOMETRIOSIS AND CULTURAL
COMPETENCY AND THE CREATION OF A PLAN FOR AN ENDOMETRIOSIS

Title: DATA AND BIOREPOSITORY PROGRAM.

Vote Date: 3/16/2022

Vote Action: Joint Favorable Substitute

PH Date: 3/9/2022

File No.:

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill focuses on physician education to address screening for endometriosis, recognizing the need for cultural competency education to address the effects of systemic racism, racial disparities, and the experience of gender diverse people when trying to access care. The intent of the bill is to increase efforts to make endometriosis diagnosis easier while improving treatment options for all patients regardless of race, socio-economic or sexual orientation.

Substitute language assigns planning and reporting responsibilities for the data and biorepository program to the University of Connecticut (UConn). (Sec. 2,2, b)

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, MD, Commissioner, CT Department of Public Health (DPH):

DPH supports the intent of the bill, which improves access to care for Endometriosis, a painful and debilitating disease. The bill addresses the impact of systemic racism, implicit bias, and sexual orientation discrimination regarding access to care. The bill also assigns responsibility to DPH for an endometriosis data and biorepository program. Since DPH is not a research center, the Commissioner suggested substitute language that UCONN be assigned this responsibility in concert with a third-party partner laboratory.

Aimee Berger-Girvalo, State Representative, 111th District

Based on experience with the Endometriosis Working Group and testimony from people suffering from this disease, it is difficult to say how many women are affected by endometriosis. Representative Berger-Girvalo supports the bill because it requires continuing education for providers as well as cultural competency training, which may provide for an earlier diagnosis and treatment experience across a broader cultural population.

NATURE AND SOURCES OF SUPPORT:

Connecticut Hospital Association (CHA):

The need for training focused on health inequities and the impact of social and racial bias has become evident over the last few years. Knowing that social factors influence health, this bill focuses on training with social factors in mind. CHA supports the intent of the bill to not only increase provider education regarding endometriosis, but it also believes the cultural competency provided through the training will improve access to quality care for the minority populations disadvantaged through social and racial disparate treatment.

Danielle Luciano, Associate professor of Obstetrics and Gynecology, UConn Health:

Endometriosis symptoms and delayed diagnosis cost our health system and workforce productivity an estimated \$20 billion annually. This bill will allow continuing education and cultural competency training that will positively impact this number. With the creation of a data and biorepository program, research on a variety of conditions will position Connecticut as a leader in the field and potentially attract outside funding.

Liz Gustafson, MSW, State Director, Pro-Choice CT

Although endometriosis affects 1 in 10 women, diagnosis can take up to 10 years for those who have barriers to access to the health system. ProChoice CT supports the investment in research and suggests that training include information on best practices for identification, treatment, and referral of the disease, systemic racism bias training, racial disparities, and sexual inequities.

Others in Support of the Bill:

Taylor Biniarz, Ellington

Sarah Fox, North Haven

Catherine John, Program Coordinator, Diaper Bank of CT

Lisa Roy, Director, Government and Community Relations, Jackson Labs

NATURE AND SOURCES OF OPPOSITION:

Mark Thompson, Executive Director, Fairfield County Medical Association

Mandatory continuing medical education was first adopted in the early 2000s, identifying several required areas of interest. Subsequent legislative sessions have added areas of interest to the list of requirements. This bill, yet again, continues the practice of the legislature mandating medical education practices. Mr. Thompson suggests that, since physicians have a requirement of 50 hours of CME every 2 years, they should be allowed to select the topics relevant to their medical practice discipline.

Reported by: David Rackliffe

Date: March 29, 2022

