

PA12-037

HB5515

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| House | 1726-1736 | 11 |
| Public Health | (1913), (1914-1916), 1916-1924, 2109-2117 | 21 |
| <u>Senate</u> | <u>2951, 2952-2953</u> | <u>3</u> |
| | | 35 |

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2012**

**VOL.55
PART 5
1395 – 1745**

House Bill 5318.

| | |
|-----------------------|-----|
| Total number voting | 142 |
| Necessary for passage | 72 |
| Yea | 137 |
| Nay | 5 |
| Not voting | 9 |

DEPUTY SPEAKER GODFREY:

The bill is passed.

Mr. Clerk, please call Calendar 233.

THE CLERK:

On page 14, Calendar 233, Substitute for House
Bill Number 5515, AN ACT CONCERNING PHYSICIANS
ASSISTANTS, favorable report on the Committee of
Public Health.

DEPUTY SPEAKER GODFREY:

Distinguished Vice Chairman of the Public
Health Committee, Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, I move the Joint Committee's
favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage.
Would you explain the bill, please, sir?

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill is a result of Public Act 11-209, which basically set forth a procedure to address requests for a change in a professional scope of practice and therefore has been -- there's been significant stakeholder input into this bill and into the agreement of this bill.

The bill as written sets in place protocols for supervision of physician's assistants in two ways; the first, ensuring that the documentation of the supervising physician's relationship to the physician assistant is clear and identified, and two, documenting the expectations of the physician assistant's role in delivering patient care.

I want to make sure that it's clear that the bill has been signed off by -- by the physicians assistants, the Connecticut Hospital Association, the Connecticut Department of Public Health, and the Connecticut State Medical Society.

To further describe the bill, the definition of supervision in a hospital setting for physician assistants is found in lines 4 through 21 and covers the following areas: (1) It ensures that continuous

availability and communication with the supervising physician exists; (2) there's an active role in the PA's activities and written delegation agreement, which is also delineated and defined in the bill, and that a review and consistent review of the written work and documentation is conducted by the physician for things such as charts and medical records. And it also puts into place a predetermined emergency plan and a -- a substitute physician to supervise the physician assistant should there be an absence of that initial supervising physician.

Furthermore, there is a written delegation agreement that's clearly defined in lines 66 through 89, and this basically sets in place the basic framework for the supervisions we're talking about here. In practice, it must be annually reviewed and revised.

Mr. Speaker, the Clerk is in possession of an amendment, LCO 3312. I ask that the Clerk please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 3312,

which will be designated House Amendment Schedule

"A." Will the Clerk please call the amendment.

THE CLERK:

LCO Number 3312, House "A," offered by
Representative Ritter and Senator Gerratana.

DEPUTY SPEAKER GODFREY:

The gentleman has asked leave of the Chamber to
summarize. Is there objection? Hearing none,
please proceed, Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment is quite technical
in nature. It ensures that supervision is happening
on what we call "a regular basis" and that hospital
policies are included or referred to in the
delegation agreement, the written delegation
agreement -- I apologize.

I -- I urge adoption of the amendment.

DEPUTY SPEAKER GODFREY:

The question is on adoption. Will you remark
further, sir?

REP. LYDDY (106th):

No, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

The distinguished Ranking Member of the Public Health Committee, Representative Perillo, on House Amendment Schedule "A."

REP. PERILLO (113th):

Mr. Speaker, thank you, very much.

I -- I just rise very, very briefly in support of the amendment that's before us. As the Vice Chair of the committee did say, this is primarily technical in nature and simply clarifies some of what the bill is intended to do.

So I would urge adoption as well.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on House Amendment Schedule "A?"

If not, let me try your minds. All those in favor, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay.

The ayes have it; the amendment is adopted.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you, very much.

If I may, through you, a few --

DEPUTY SPEAKER GODFREY:

Of course.

REP. PERILLO (113th):

-- questions to the proponent.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. PERILLO (113th):

Thank you, very much.

The -- the bill before us obviously has a lot to say about supervising physicians. Those currently do exist in statute, but I'm wondering if this bill changes the role of a supervising physician and the responsibility held by a supervising physician as -- as there are some -- there is some new language in here in relation to that.

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Lyddy, do you care to respond?

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And a very important question. Basically the supervising physician continues to have the same responsibilities with an increased focus on the written delegation agreement as well as a specification that the supervision happen at a facility or practice location where the physician assistant or supervising physician performs their services, and that's an important piece to this bill. That could be found in lines 34 through 38, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you.

And I thank the gentleman for his answer to my question.

A brief follow-up to that, if I may. There's obviously quite a bit of discussion in the bill about written delegation agreements. It details quite well what those agreements should entail. My question, though, very simply, is it envisioned that these written delegation agreements would be legal documents and, you know, similar to a contract or is

it simply envisioned that they would be, you know, documented procedures and policies on how the physician would interact with the PA and/or PAs?

Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

The intent of the delegation agreement is really to ensure and conform with existing Statute 20-12c which states that physicians must have supervisions through a -- a physician and also references the -- the licensure that physician assistants must have and the -- the various accreditations that they must have as well.

So this would certainly be one that is a supportive document that ensures a certain quality of care being performed by the physician assistant. And that is also referenced in lines 65 through 80 -- 89.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

But -- but again, just to clarify, the -- this is going to be a legal document that both parties would sign, I -- I would expect. I mean, I see the word "agreement"; I would expect that to be the case. But there is still a lack of clarity as to whether or not that -- that would be a legal document or whether or not it's just something -- something that's simply, you know, put on paper and thrown on a shelf.

Is this something that's going to need to be renewed every year, something that will have a specific term and end dates and -- and specific cause, quite frankly, for termination if a PA were not living up to their end of the bargain or vice versa? If the gentleman could just please clarify.

DEPUTY SPEAKER GODFREY:

Representative Lyddy.

REP. LYDDY (106th):

Thank you, Mr. Speaker.

And I apologize if I didn't answer that clearly before. The bill certainly intends that this outlines a -- a set of professional standards that would be signed, that needs to be revised and

reviewed annually. And so there is a time sensitivity to this delegation written -- this written delegation agreement and most certainly guides the practice and basically serves as a contract between the physician, the supervising physician and the physician assistant.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker.

I thank the gentleman for his answer to my question.

I would agree that this is something that makes sense, not just for PAs and for physicians but also for our hospitals, our facilities. It will definitely streamline the delivery of care throughout the continuum of care.

And I would urge my colleagues to support the bill.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on the bill as amended?

Will you remark further on the bill as amended?

If not, staff and guests please come to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call; all members to the Chamber. The House of Representatives is voting by roll call; all members to the Chambers, please.

DEPUTY SPEAKER GODFREY:

All the members voted. Have all the members voted? If all the members have voted, the machine will be locked.

The Clerk will take a tally. And the Clerk will announce the tally; okay?

THE CLERK:

House Bill 5515, Amendment "A."

| | |
|-----------------------|-----|
| Total number voting | 142 |
| Necessary for passage | 72 |
| Yea | 142 |
| Nay | 0 |
| Not voting | 9 |

DEPUTY SPEAKER GODFREY:

The bill as amended is passed.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 6
1695 - 1988**

2012

creating certification for the advanced dental hygiene practitioners. I'm not going to read anymore because it's been covered ad nauseam by everybody, so I'm just going to stop here and end my remarks.

REP. RITTER: Thank you. Are there any questions from the committee? Some kind of gold star for John. Thank you very much.

That concludes our testimony on this bill. And so we will be moving to, wow, we're going to be moving somewhere here to what could be House Bill 5515, that doesn't look like. One moment. I don't think so. We'll give the room a moment to clear while I find the next bill. Okay, if you all could leave quietly, please, we're ready to go.

The next bill that we'll be taking testimony on is House Bill Number 5515, AN ACT CONCERNING PHYSICIAN ASSISTANTS. The first person we have signed up is Ken Ferrucci, and he will be followed by Jonathan Weber.

KENNETH FERRUCCI: I can always clear a room. That's what my mom said.

REP. RITTER: Good job, Ken.

KENNETH FERRUCCI: Senator Gerratana, Representative Ritter, members of the Public Health Committee, my name is Ken Ferrucci, the senior vice president of government affairs the Connecticut State Medical Society. Thank you for the opportunity to testify before you today in support of House Bill 5514.

(HB 5515)

I also want to point out that in the deference of time for the committee, we did submit testimony on the basic health benefits bill today, 424. I'd be more than happy to follow

(SB 425)

up with committee members the information we provided in that testimony.

And I'm here today to tell you that the process that you set forth last year in Public Act 11-209 provided the benefit of this legislation today demonstrated to us that the process does work. The Connecticut Academy of Physician Assistants did submit to the department last August a proposal that would have altered their change in scope of practice. Every organization that had the opportunity to have an opportunity to provide an impact statement, the medical society did as did the Connecticut Hospital Association. The three organizations did participate throughout the fall in that process, and I have to give a tremendous amount of gratitude to the Department of Public Health and for running that process and completing the process. And I know they did submit to you earlier in the year a 12-page report on that process and that we went through. So we're here today to thank them, thank you, tell you that the process does work. What this does do to the legislation before you is it does not change the definition of supervision of a physician assistant in any way. What it does is it does allow us to -- we took the concerns that were raised by the Connecticut Academy of Physician Assistants. We were able to develop a comprehensive proposal for a comprehensive and very dynamic written protocol that would allow us to use the capabilities of physician assistants to the best of their abilities, and we feel that ultimately the winners here are going to be the patients because we've always had that argument and before this committee that one size does not always fit all, and we think that we've come up with a process here to use physician assistants so that one size does not fit all and the different levels of training and experience that they have we're

(HB 5515)

going to be able to capture through the development of a written protocol as proposed in this legislation.

REP. RITTER: Thank you for your testimony. Are there questions from the committee? I want to maybe call your attention to some future discussions we probably might be having about this bill, and that would concern testimony from -- at least I'm looking at the testimony that's filed on line with some discussion about work concerning protocols for the use of physician assistants across different instances.

KENNETH FERRUCCI: Right. Are you referring to the CHA testimony with the --

REP. RITTER: There's testimony specifically from the Hospital Association as well as from the Nurses' Association to that effect, and I wondered if you wanted to maybe elaborate a little bit.

KENNETH FERRUCCI: Right. I'm aware of the CHA's testimony and we agree. They were a part of the process. Unfortunately, although the opportunity did exist for the Nurses' Association to participate in the process, they chose not to, so we really haven't had the opportunity to vet their concerns that they've raised. So it's very difficult for me to comment on those right now. At least the CHA concerns were a part of that process and we're aware of them and we do look forward to working with this committee to make sure that the final language is the best possible.

REP. RITTER: Thank you. That was going to be my second question which was to the same line is it a fair statement that there will be perhaps as a result of that work some changes to this

language. And I ask this because time is growing short, and as the committee knows what that means is the next thing we're asking to do is to look at these as works in process instead of final bills, so I'm putting everyone on notice that might occur, but hoping that perhaps those discussions could be expedited.

KENNETH FERRUCCI: Yes, we will -- so we actually were speaking about that earlier today and those will be very expedited.

REP. RITTER: Thank you. Are there any other questions from the committee? No. Seeing none --

KENNETH FERRUCCI: Thank you.

REP. RITTER: -- our next speaker will be Jonathan Weber, and you will be followed by Mike Gemma.

JONATHAN WEBER: Senator Gerratana and Representative Ritter and members of the committee, thank you. My name is Jonathan Weber. I'm a physician assistant and I've practiced here in the State of Connecticut for the past 14 years in both hospital and ambulatory internal medicine. I'm also representing ConAPA as government affairs committee chair. The Connecticut Academy of Physician Assistants, ConAPA, strongly supports House Bill 5515, AN ACT CONCERNING PHYSICIAN ASSISTANTS. 5515 is the product of constructive discussions by the DPH review committee as a result -- a direct result of Public Act 11-209. I too share the fact that this was a very constructive process.

The bill is an agreement by the review committee on two key elements that will enable PAs to practice more effectively in Connecticut. First, our current statute

requires face-to-face meetings with our supervising physician on a weekly basis. The change proposed at these meetings through the DPH review process will still require that these meetings take place but their frequency will be left to the determination of the supervising physician and PA at the practice level.

Second, our current statute requires that the supervising physician document approval of new Schedule 2 and Schedule 3 prescriptions within one calendar day after it is written by a PA. The change proposed here is that this documentation again will still occur but in a manner that is determined by each supervising physician again at the practice level. Both of these elements will be included in what we've described as the written protocol which is a road map essentially that is already in Connecticut Statute under Section 20-12d. The written protocol or delegation agreement which is an agreement of duties and functions that PAs undertake and how we practice. Lines 66 -- if I may just continue to the last point -- line 66 through 86 of the bill establish broad requirements for the information contained in the written protocol. Each protocol document will address the two elements that we have outlined above, and taken together the two changes simply allow PAs to practice more efficiently and to enhance patient care while maintaining patient safety. These changes are win/win basically for everyone and we're pleased that the review committee has endorsed them.

ConAPA has one technical improvement that we would suggest. We would ask that the term that is already in Connecticut statute, "written protocol," be revised to "written delegation agreement." This conforms the term to how it

is referenced by our profession nationally, and it also formalizes a physician's professional relationship with the PA. Our request is simply that the term "written protocol" is replaced by a "written delegation agreement" and the definition requirements for the document would remain the same. It's merely a change in technical in nature, and it does not expand what a PA is delegated to do nor diminish the role of the physician, the supervising physician.

To conclude, ConAPA believes HB 5515 is a good proposal that warrants the committee's support, and I'd like to publicly thank the Connecticut State Medical Society, the Connecticut Hospital Association and of course the DPH for their lead in this process and their participation in this successful process set forth by Public Act 11-209. Thank you very much for the opportunity.

REP. RITTER: Thank you for your testimony. Are there questions from the committee?
Representative Carter?

REP. CARTER: Thank you, Madam Chairman. Looking through this in the past it required the face-to-face interview or the face-to-face contact. How can we tell through the written protocols that you'll still be -- there will be enough face-to-face contact? Because the way I understand it a physician assistant has to be practicing with the physician more or less present, right, you're usually not on your own?

JONATHAN WEBER: No, that's actually not the case. In the statutes the requirements require that we need to be either in contact with by telecommunication. And in our situations, for instance, as a hospitalist I have direct contact by telephone either with my supervising

physician or we're constantly meeting sometimes in the hospital. But in ambulatory practice we simply either have telephone contact versus primary contact face to face. The communication has always been that it's either been by telecommunication or by face to face. It's never been absolutely face to face.

REP. CARTER: So is it possible then with this written protocol that you could go an extended amount of time without having a face-to-face meeting?

JONATHAN WEBER: An extended amount of time meaning give me an example?

REP. CARTER: I don't know, weeks, months?

JONATHAN WEBER: That would be improbable. It simply by setting up the delegatory agreement the physician and -- the supervising physician and PA essentially based on their practice experience with each other, for instance, a first year graduate working with a physician versus someone who has been in orthopaedic practice with the same orthopaedic surgeon for 25 years, they would set up on a regular basis to either talk every day or me, for instance, I speak every day with my supervising physician. And so to require actually in statute that we sit down for a face-to-face meeting, what it does is it negatively impacts access on an entire scale. If you think about the fact that 1,700 PAs and 1,700 supervising physicians would have to sit face to face for 20 to 30 minutes a week, we're talking about hundreds of thousands of patient hours, contact hours, lost. So in the day and age of telecommunications when we're actually communicating with our supervising physicians either by phone or by E-mail, we do it on a day-to-day basis. The written protocol

formalizes that. And so in the language of the bill it sets in stone major portions of what should be in that delegation agreement. It talks about personal review, chart review, it talks about going over what procedures and how we are going to review charts of Schedule 2s Schedule 3s, so it indicates the broad points, bullet points, that need to be reviewed and then the supervising physician is going to decide, all right, you're a new graduate, you're a first-year graduate, we're going to meet on a weekly basis for the first six months and then I'm going to change that, we'll meet once a month face to face. But that doesn't change that they're not meeting together talking about patients on a daily basis face to face regarding particular --

REP. CARTER: So your opinion is that by specifying it in this agreement, then you're actually making it better than just having it a weekly meeting, you're actually putting more in it?

JONATHAN WEBER: Absolutely. And this is why. In current statute it alludes to a written protocol and that establishes delegated functions by the supervising physician. What we've done is we've expanded on what that -- what we'd prefer to call the written delegation agreement. Again, it formalizes that relationship so that it clarifies it and it strengthens it. We often have physicians coming to ConAPA asking us we want a PA for our practice, what is our first step. And what we would like to be able to do to them is to say establish a written delegation agreement. These are the bones of the written delegation agreement. We have examples of written delegation agreements. I helped write my own written delegation agreement with the help of my supervising physician in the hospital setting because we didn't have them years ago.

So I've been at Yale New Haven Hospital for the past 12 years. So we developed this 12 years ago and created this model. So what we would like to be doing is serving as a model for I've heard lots of testimony about collaborative agreements and so on and so forth. So what we would like to do is to clarify and strengthen what a delegation agreement actually is.

REP. CARTER: So it's a delegation agreement, not a collaborative agreement?

JONATHAN WEBER: Yes. I don't like the word "collaborative."

REP. CARTER: I understand. Okay, last question. How does this impact the quality of health care in your practice?

JONATHAN WEBER: I believe that -- and these were all great questions and these were all questions that came up through this process. We attacked this process with the main stool support of quality and access cost, and the quality and access question primarily what it does is it helps to free up the physician and the PA who are required by now statute to sit together to take time out of practice to sit together once a week and it frees them up to actually see more patients. If you just simply take the calculation of a half an hour a week for each doc and each PA and then you multiply that times 46 weeks, multiply that times, you know, the number of patients that you could see an hour, I calculated that it comes down to over -- I don't have -- if I remember correctly, it comes down to over 280,000 patient hours -- or 280,000 patients that could have been seen in that time. And again, I'm wanting to help to answer the question, in particular the access issue. It helps patient care.

It helps to better delineate and formalize the delegation relationship between the physician and the PA. We have many -- again, physicians who come to us who don't understand what they're required to do because of current statute, what's a written protocol, we don't understand what that means. And so together with the CSMS and the Connecticut Hospital Association we've been able to talk about these two elements to actually formalize them within that delegation agreement and uniquely allow the supervising physician on the practice level to decide, all right, you're a first-year grad, we need to make this more stringent, you are someone who's been practicing ten years, you have these particular delegated functions, we're going to meet this many times, you're a 30-year practicing PA, so on and so forth. I think it also helps the DPH when they come to practices and they ask where are your delegation agreements, and it helps to specifically help them to go through and meet with those individuals as well.

REP. CARTER: Thank you very much for your testimony.

REP. RITTER: Any other questions? I have one. I'm looking -- and in your testimony when you're talking about the changes and you're talking about the documented approval of Schedule 2 or 3 controlled substances, and it's unclear in my mind if those are new initial prescriptions or prescription renewals or both. That would be my first question.

JONATHAN WEBER: It's the new prescriptions because that's really the only -- that's the only place in statute that we as PAs are limited. PAs can refill Schedule 2s and Schedule 3s.

REP. RITTER: Under current law you can refill?

JONATHAN WEBER: Right.

REP. RITTER: Okay. So I then had a further question which you're talking about the calendar day after it's written. And I understand what the bill is attempting to do. My concern is that placing perhaps an upper limit on the maximum amount of time beyond which it would be unacceptable for time to go by without a review of that.

JONATHAN WEBER: Yes. And there again I refer to the many physician organizations including the AMA, the American College of Physicians and the American Academy of Family Physicians, who have come with policy statements regarding relationships between physicians and PAs to allow for legislative language that is broad enough to allow physicians on a practice level the ability to cater to the capabilities of the PAs that they are working with while maintaining the necessary patient safety, and that's what kind of data was brought to the review committee. We talked at length about that as well as other states that have co-signature -- have eliminated co-signature requirements, all of which is in the testimony in terms of the New England states in this area that have eliminated both the -- or have developed adaptable supervision language and co-signature and dropped co-signature requirements. As far as putting a specific date or time period, again, I would refer to those physician organizations that actually dissuade the legislative representatives from making that in statute.

REP. RITTER: But I think I will then say that my expectation is, and this can happen at a later date, is I do want some discussion about that

in terms of an upper or outer boundary. And I'm pretty sure there is one out there that beyond which, you know, you're starting to cross into the less responsible areas maybe and you might want to just -- at least certainly I want to have that discussion, so I'll put that out there. I see some heads in the back nodding. Maybe I'll have that opportunity.

JONATHAN WEBER: I think that it allows us room for discussion, and I am more than happy to continue the conversations with our partners in this process.

REP. RITTER: Thank you very much. I appreciate that. Are there other questions from the panel? No. Thank you for your testimony. I think we have an opportunity to move to the next bill which is House Bill 5516, AN ACT CONCERNING PRESCRIPTION DRUG ADMINISTRATION IN NURSING HOME FACILITIES, and we have one speaker that I believe is Mike Gemma who hopefully is here. Yes. Thank you.

MIKE GEMMA: Good afternoon. I'd like to thank the committee for the opportunity to speak in support of HB 5516. My name is Mike Gemma, and I am the pharmacy manager, pharmacist in charge at Omnicare of Connecticut. Omnicare of Connecticut is a pharmacy located in Cheshire, Connecticut which services skilled nursing facilities, group homes and assisted living residents. The intent of this Bill HB 5516 is to help nursing homes manage their prescription costs for those patients who have just recently transitioned from a hospital to a nursing care facility.

Just some background information. As you may be aware, Medicare assigns different coverages such as Medicare-B which typically covers things like medical equipment, oxygen. There's

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 7
1989 - 2282**

2012

Connecticut Nurses Association
377 Research Parkway
Meriden, CT 06450-7160
203-238-1207

TESTIMONY RE: RB 5515 AN ACT CONCERNING PHYSICIAN ASSISTANTS

Public Health Committee
March 21, 2012

Good Morning Senator Gerrantana, Representative Ritter, and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, current chairperson of its Government Relations Committee and professor emeritus from Central Connecticut State University. I have practiced nursing for 48 years and have educated nurses in Connecticut in both the public and private sector for over 40 years.

I am speaking in opposition to RB 5515 AN ACT CONCERNING PHYSICIAN ASSISTANTS.

Physician assistants (PAs) practice medicine under the supervision of physicians and surgeons. PAs are formally trained to provide diagnostic, therapeutic, and preventive healthcare services, as delegated by a physician. The Physician assistant works in a variety of settings, as determined by State regulations, under the direct supervision of a physician. The PA confers with the supervising physician and other medical professionals as needed. The duties and responsibilities of the physician assistant are determined and delegated by the supervising physician.

The Physician Assistant usually has a Bachelors' Degree and completes a two-year educational program in an institution of Higher learning. However, there are exceptions.

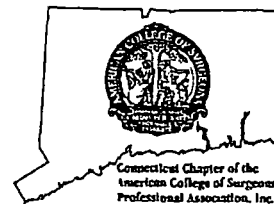
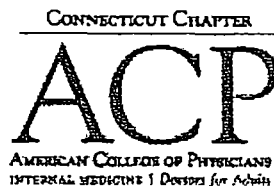
Physician assistant educational programs usually take at least 2 years to complete for full-time students. Educational settings vary from schools of allied health, academic health centers, medical schools, or 4-year colleges and a few are at community colleges. Some programs are part of the military, or are at hospitals offered a bachelor's degree, 3 awarded associate degrees, and 5 awarded a certificate. Their tends to be a great deal of variation related to experience prior to entering a program.

All States require physician assistants to complete an accredited, formal education program and pass a national exam to obtain a license, which guarantees **basic competence** on graduation.

It is our belief that the utilization of written protocols will limit the direct amount of supervision, and allow for an increase in the number of PA's requiring supervision. Although we agree some flexibility is necessary. The establishment of Protocols as described removes the supervising physician from the setting and may increase the numbers being supervised from a distance. The presence of the supervising Physician is essential to professional relationship, evaluation and ongoing development of the PA in the work environment. This proposed change in scope of practice makes the PA more autonomous in practice and changes the relationship of the PA to other health care providers as delineated in current scopes of practice.

Respectfully submitted

Mary Jane M. Williams



**Connecticut State Medical Society
Connecticut Chapter of the American College of Physicians
Connecticut Chapter of the American College of Surgeons
Testimony on House Bill 5515 An Act Concerning Physician Assistants**

**Public Health Committee
March 21, 2012**

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, on behalf of the more than 8,500 members of the Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians and the American College of Surgeons, thank you for opportunity to provide this testimony in support of House Bill 5515 An Act Concerning Physician Assistants.

This committee successfully passed legislation last session establishing a formal process for the submission and review of requests from health professionals seeking to revise or alter existing scopes of practice. Under Public Act 11-209, committees of appropriate and impacted professionals would be established under the direction of the Department of Public Health (DPH). Public Act 11-209 delineated a comprehensive list of discussion points as well as a significant list of factors to be included such as curriculum, training, supervision, access to care, public need, etc. The legislation before you today is an example of that legislation successfully working as it was envisioned.

In response to a scope of practice request from the Connecticut Academy of Physician Assistants (CAPA), CSMS filed an Impact Statement as required by Public Act 11-209 with the request to establish a Scope Review Committee. A similar request was submitted by the Connecticut Hospital Association (CHA). The subsequent establishment of a Scope Review Committee by DPH provided an appropriate opportunity for the organizations to meet formally with the Department, and to circulate materials and information as appropriate.

Subsequent to the work of the Scope Review Committee, DPH submitted as required, a report to the General Assembly regarding the process and with recommended outcomes for legislation. HB 5515 An Act Concerning Physician Assistants is a direct result of, and positive example of the function of Public Act 11-209.

CSMS appreciates the hard work and professionalism of DPH staff that guided the process and developed the report. Physician assistants are a critical part of the healthcare team. We fully believe that the proposed language requiring a comprehensive and dynamic written protocol as delineated in this language will allow physician assistants to practice to the fullest extent of their capabilities. Thanks to the process implemented by Public Act 11-209, legislation has been developed in which the biggest winners are our patients.

We look forward to working with this committee and DPH to ensure the appropriate implementation of the language contained in HB 5515 and we therefore ask for your support.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 21, 2012**

HB 5515, An Act Concerning Physician Assistants

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 5515, An Act Concerning Physician Assistants**, which would update the requirements for supervision of physician assistants. CHA supports the bill in concept, but seeks revisions to align the bill with other laws and mandates.

It is widely believed that the future success of healthcare delivery systems in Connecticut (and across the nation) depends in large part on the ability to provide greater access to primary care practitioners, including physician assistants. In an effort to ensure that safety and quality of care remain the highest priority, **HB 5515** would adjust requirements for supervision of physician assistants to include documentation of a supervising physician's relationship to the physician assistant. It would also detail the expectations of the physician assistant's role in delivering patient care.

CHA agrees that the supervision requirements for physician assistants, and healthcare access overall, would benefit from these types of updates. CHA appreciates having had the opportunity to work with the Department of Public Health over the last several months in the process of updating physician assistant oversight parameters. However, the bill as drafted could unintentionally interfere with the non-delegable obligations of hospitals to oversee certain administrative aspects of practitioner and staff credentials and duties.

The bill language is focused on the physician office setting, where there is less structure for how supervision is conducted than in the hospital setting. While most of the language could apply in either hospital or non-hospital settings, there are some specific phrases that could create conflict with hospitals' other mandated obligations. For example:

At lines 69-70 of the bill, the physician would be responsible for determining the "medical services the physician assistant may perform."

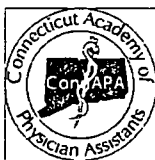
At lines 70-72, the supervising physician would "determine the manner in which the physician assistant's prescription of controlled substances shall be documented in the patient's medical record."

In a hospital, those activities are partially controlled by medical staff rules and administrative processes that are required by CMS rules for hospital participation in Medicare. Additionally, HB 5515 does not specify that hospital policies, protocols, and procedures can be made part of the written supervision protocols.

In order to avoid legal conflicts with federal CMS rules, while still advancing appropriate changes to the supervision requirements, we respectfully request you add a new Section 3 to the language of HB 5515, to state as follows:

Section 3. In a hospital setting, the written protocols established by the supervising physician, as described in subsection (a) of section 20-12d, as amended by this act, may reference and incorporate applicable hospital policies, protocols, and procedures, and will be reviewed jointly by the supervising physician and hospital.

We appreciate your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.



Connecticut Academy of Physician Assistants

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TESTIMONY by the

Connecticut Academy of Physician Assistants (ConnAPA)

Before the

The Public Health Committee Public Hearing

On

H.B. 5515 "AN ACT CONCERNING PHYSICIAN ASSISTANTS"

Wednesday, March 21, 2012 at 10:00

Senator Gerratana, Representative Ritter and members of the committee:

The Connecticut Academy of Physician Assistants (ConnAPA) strongly supports House Bill 5515, *An Act Concerning Physician Assistants*. This is the product of months of work and discussion by a Scope of Practice Committee that was created last summer as a result of Public Act 11-209. The Scope of Practice Committee met several times last fall and came to an agreement on two key elements that will enable Physician Assistants to practice more effectively in the state of Connecticut. The Department of Public Health has agreed to these changes.

- First, our current statute requires face-to-face meetings with our supervising physician on a weekly basis. This has been overly prescriptive. The change proposed here is that these meetings will still occur but their frequency will be left to the determination of each supervising physician and Physician Assistant.
- Second, our current statute requires that our supervising physician document their approval of a schedule II or III controlled substance prescription within one calendar day after it is written by a Physician Assistant. Again, this is overly prescriptive. The change proposed here is that this documentation will still occur but in a manner that is determined by each supervising physician.

Both of these elements will be included in the written protocol that is developed and signed by the supervising physician and Physician Assistant. The written protocol is our "road map", so to speak, of the duties and functions we undertake and how we practice. Each physician practices differently. That's why it makes sense to set broad standards in statute that can be adapted on a case-by-case basis by individual supervising physicians.

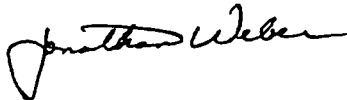
Lines 66 through 86 of the bill establish broad requirements for the information that needs to be included in the written protocol. Each document will specifically address the two elements we have outlined above. But, how they are addressed will be left to the supervising physician's discretion. Taken together, these two changes simply allow us to practice more efficiently. Patients will be protected. The level of care will be enhanced. These are win-win changes for everyone and we are pleased the Scope of Practice Committee has adopted them.

We have one technical improvement to the bill to suggest. ConnAPA would ask the Public Health committee to change the term "written protocol" to "written delegation agreement." This conforms the term to how it is referenced by our profession nationally. We believe state policymakers do not want a true clinical protocol, but rather want to formalize a physician's professional affiliation with a PA. This view is shared by the American Medical Association, whose policy calls for "mutually agreed upon guidelines that are developed by the physician and the physician assistant."

In medicine, the term "protocol" is generally used to describe a specific clinical regimen – for example a "medication protocol" used to treat a specific condition. When the Connecticut PA legislation was initially enacted in 1980 there was not yet consensus on language used to describe agreements between PAs and their supervising physicians. In 2012 "written delegation agreement" is an accepted term of art, and better describes the nature and purpose of the document. The change in terminology is technical in nature. It does not expand what the PA can be delegated nor diminish the role of the supervising physician. Our request is simply that the term "written protocol" is replaced by "written delegation agreement." The definition and requirements for the document would remain the same.

To conclude, ConnAPA believes HB 5515 is a good proposal that warrants the committee's support. We look forward to working with you on this legislation as the 2012 session proceeds. Thank you for the opportunity to testify today.

Respectfully submitted,



Jonathan M. Weber, MA, PA-C
Government Affairs Chair
Connecticut Academy of Physician Assistants

Connecticut Nurses Association
377 Research Parkway
Meriden, CT 06450-7160
203-238-1207

TESTIMONY RE: RB 5515 AN ACT CONCERNING PHYSICIAN ASSISTANTS

Public Health Committee
March 21, 2012

Good Morning Senator Gerrantana, Representative Ritter, and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, current chairperson of its Government Relations Committee and professor emeritus from Central Connecticut State University. I have practiced nursing for 48 years and have educated nurses in Connecticut in both the public and private sector for over 40 years.

I am speaking in opposition to RB 5515 AN ACT CONCERNING PHYSICIAN ASSISTANTS.

Physician assistants (PAs) practice medicine under the supervision of physicians and surgeons. PAs are formally trained to provide diagnostic, therapeutic, and preventive healthcare services, as delegated by a physician. The Physician assistant works in a variety of settings, as determined by State regulations, under the direct supervision of a physician. The PA confers with the supervising physician and other medical professionals as needed. The duties and responsibilities of the physician assistant are determined and delegated by the supervising physician.

The Physician Assistant usually has a Bachelors' Degree and completes a two-year educational program in an institution of Higher learning. However, there are exceptions.

Physician assistant educational programs usually take at least 2 years to complete for full-time students. Educational settings vary from schools of allied health, academic health centers, medical schools, or 4-year colleges and a few are at community colleges. Some programs are part of the military, or are at hospitals offered a bachelor's degree, 3 awarded associate degrees, and 5 awarded a certificate. Their tends to be a great deal of variation related to experience prior to entering a program.

All States require physician assistants to complete an accredited, formal education program and pass a national exam to obtain a license, which guarantees **basic competence** on graduation.

It is our belief that the utilization of written protocols will limit the direct amount of supervision, and allow for an increase in the number of PA's requiring supervision. Although we agree some flexibility is necessary. The establishment of Protocols as described removes the supervising physician from the setting and may increase the numbers being supervised from a distance. The presence of the supervising Physician is essential to professional relationship, evaluation and ongoing development of the PA in the work environment. This proposed change in scope of practice makes the PA more autonomous in practice and changes the relationship of the PA to other health care providers as delineated in current scopes of practice.

Respectfully submitted

Mary Jane M. Williams

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2012**

**VOL. 55
PART 9
2639 - 2991**

pat/rgd/gbr
SENATE

313
May 3, 2012

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Calendar page 11, Calendar 389, House Bill 5318.
Madam President, move to place this item on the
consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Moving to calendar page 13, Calendar 400, House
Bill 5515, Madam President, move to place this item on
the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

On calendar page 14, Calendar 407, House Bill 5484,
Madam President, move to place that item on the
consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And calendar page 15, Calendar 409, House Bill 5498,
move to place this item on the consent calendar.

pat/rgd/gbr
SENATE

314
May 3, 2012

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And a final item is on calendar page 25, Calendar 112, Senate Bill 61, move to place that item on the consent calendar.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would now read the items on the consent calendar, both these just added and the ones placed on it earlier today, and then if we might move to a vote on the consent calendar.

THE CHAIR:

Absolutely.

Mr. Clerk, will you please call the calendar first, the consent calendar.

THE CLERK:

On calendar page 1, Calendar 106, Senate Bill 316; page 3, Calendar 235, House Bill 5030; on page 6, Calendar 315, Senate Bill 367; on page 9, Calendar 363, House Bill 5073; on page 10, Calendar 377, House Bill 5346; on page 11, Calendar 39, House Bill 5318; on page 13, Calendar 400, House Bill 5515; and on page 14, Calendar 407, House Bill 5484.

On page 15, Calendar 409, House Bill 5498; page 25, Calendar 178, Senate Bill 384. On page 25, Calendar 112, Senate Bill 61; page 26, Calendar 202,

pat/rgd/gbr
SENATE

315
May 3, 2012

Senate Bill 383; page 27, Calendar 280, Senate
Bill 345. And on page 29, Calendar 352, Senate
Bill 353.

THE CHAIR:

Okay. All right.

Mr. Clerk, will you please call for a roll call vote on the consent calendar, and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll
call has been ordered in the Senate.

THE CHAIR:

Have all members voted?

If all members voted, the machine will be locked.

Mr. Clerk, will you call the tally.

THE CLERK:

On today's consent calendar.

| | |
|-----------------------------|----|
| Total Number voting | 36 |
| Necessary for passage | 19 |
| Those voting Yea | 36 |
| Those voting Nay | 0 |
| Those absent and not voting | 0 |

THE CHAIR:

The consent calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

First of all, of the matters referred to committee earlier, would move that those items be immediately