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CONNECTICUT
GENERAL ASSEMBLY
HOUSE

PROCEEDINGS
2011

VOL.54
PART 18
5829 – 6187

McCarthy and Captain Carlone for their tireless efforts in creating awareness for the Special Olympics, and especially for delivering a message of hope to communities where people with intellectual disabilities continue to fight for acceptance.

So thank you, all of you.

SPEAKER DONOVAN:

Thank you. All right.

All right. We'll return to the Calendar, and will the Clerk please call Calendar Number 323.

THE CLERK:

State of Connecticut House of Representatives Calendar for Wednesday, June 1, 2011.

On Page 43, Calendar 323, Substitute for House Bill Number 6549 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTHCARE PROFESSIONS. Favorable Report of the Committee on Appropriations.

SPEAKER DONOVAN:

Representative Betsy Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I move for acceptance of the Joint Committee's Favorable Report and passage of the Bill.

SPEAKER DONOVAN:

The question is acceptance of the Joint Committee's Report and passage of the Bill. Will you remark?

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, before I summarize the Bill, I would like the Chamber to know that there is a strike-all Amendment. I would hope that we could perhaps address our comments to the strike-all Amendment.

Therefore, I would ask the Clerk to please call this amendment, LCO 7386 and I be granted leave of the Chamber to summarize.

SPEAKER DONOVAN:

Will the Clerk please call LCO 7386, which will be designated House Amendment Schedule "A".

THE CLERK:

LCO Number 7386, House "A", offered by Representative Ritter and Senator Gerratana.

SPEAKER DONOVAN:

The Representative seeks leave of the Chamber to summarize. Any objection? Hearing none, Representative, you may proceed.

REP. RITTER (38th):

Thank you very much, Mr. Speaker. As I said, this is a strike-all Amendment.

The Amendment seeks to establish a process for information gathering around scope of practice requests that ultimately come to the Committee on Public Health.

The Chamber might remember that two years ago the Program Review and Investigations Committee gave us a lengthy report on this issue with some suggestions as to what we might do to further our ability to gather information of a more standardized or, I would say, unbiased information regarding surrounding scope of practice requests.

The process essentially would ask that the Department of Public Health assemble information regarding the requests, and as well as information from groups choosing to oppose the request and forward that information on to the committee of cognizance, the Public Health Committee, along with an analysis and additional information that they feel would serve to advance the discussion.

I would like to emphasize for the Chamber, Mr. Speaker, that this is an information gathering process. It is not required. Any group can choose to go outside of this process and address the Legislature as they are accustomed to doing today. It does not change that, but

instead as I hope, it gives us a little better tool for taking a look at these requests, and I urge adoption.

SPEAKER DONOVAN:

The question is on adoption. Will you remark further? Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, good morning, and thank you very much.

SPEAKER DONOVAN:

Good morning, sir.

REP. PERRILLO (113th):

If I may, through you, a few questions to the proponent of the Bill.

SPEAKER DONOVAN:

Please proceed.

REP. PERRILLO (113th):

Through you, Mr. Speaker, this Bill has evolved quite a bit over the course of the last few months. This does look a little bit different than what we had originally proposed.

If you could help out by just giving us a little bit of that progression and which groups have been involved, that might give some solace to those who might be concerned about others (inaudible).

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker, and thank you also to Representative Perrillo. He is correct. This Bill has evolved extensively, first from the 2009 PRI Report that we received and had different discussions around the Chamber, and from the Bill that was passed out of the Public Health Committee.

The Report and the Bill actually started by contemplating a process that would be, if not required, strongly encouraged, and that is no longer the situation with this Bill.

As I said when discussing the Amendment, there is no requirement that this process be followed. So this is less prescriptive in that respect.

What that means for requesting organizations and professions is, that their ability to address the Legislature remains exactly as it is today, and that was important in the discussions that we had both inside and outside the Public Health Committee.

This process is the result of actually, quite a bit of work with I hope, if all, or if not all, nearly all of the professional groups that are accustomed to seeking scope of practice changes.

That would include the medical society, which is a frequent participant along with the specialty groups within, as well as the practicing healthcare professions, and the nurses, the full complement of nursing coalitions in the state also were participants.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker, and again, through you. I think one of the concerns we've heard in the past is the involvement of lobbyists in the process. Some medical professions are, quite frankly, better represented than others, and that does at times, at least poses the risk of taking out of the equation the medical benefits or detriments of some of the changes we could conceivably make.

How would the Bill before us impact power, not power, but influence that lobbyists do have and how might it level the playing field? Through you, sir.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. An excellent question from Representative Perrillo.

It is often the case, and I think many of us here who perhaps spend a lot of legislative attention to other areas are aware that often we have situations where larger, well-financed groups come with a request to the possible disadvantage of smaller groups without the financial resources perhaps, to acquire the best professional help in either defending themselves or operating inside our rules.

This is an attempt to bring information from a group representing both the proponents of the change, and all of the opponents of the change to the decision makers, to the Legislators. It does not present a solution. It presents an opportunity for us to so be informed.

Representative Perrillo specifically asked about the role of lobbyists. It would be certainly my expectation, that that would be very little changed by this. The lobbyists' actions really come when the process comes back through the Public Health Committee to the Legislature and that would be unchanged by this Bill.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, and I thank the Chair for her answer to the question.

Shifting gears only slightly, and this is something that we did discuss prior to today, and I'd like some clarify.

In line 9, the Bill refers to any written scope of practice requests. And one of the things that we did struggle with was actually what the definition of a scope of practice request was.

Perhaps to offer some sort of legislative intent, what are we envisioning would be the types of requests that would go through the process outlined in the Bill before us?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I think many Members, if not all of the General Assembly know that within the General Statutes now, the specifics of the areas of responsibility are, in many cases, laid out in the statutes, and we refer to those as the scope of practice.

So it would be the body of statutory law boosted often through regulation, but not always. That would outline the

areas where a profession is certified and in many cases so licensed and able to practice.

I will go on. Representative Perrillo is correct. We had many discussions around this in seeking a definition of scope of practice. It was a bit difficult, and you will see that that term is not specifically defined in the Bill before us.

In many cases here, we are approached by professions who are very clear as to, within their practice acts as to what they can do and what they cannot do and are free to educate us to that.

And again, what we are seeking is just a clearer ability to obtain objective information around the validity of these requests.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you, Mr. Speaker. Just one final question if I may, to clarify. I'm sorry, Mr. Speaker, it's a little bit difficult to hear.

SPEAKER DONOVAN:

(Gavel.)

Thank you.

REP. PERRILLO (113th):

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Please proceed, sir.

REP. PERRILLO (113th):

Thank you, and one final question. As I understand this Bill, the Legislature will remain the final arbiter in these decisions as to scope of practice and the functions identified herein will simply be advisory.

Just to clarify, is that correct?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, yes, that is correct.

SPEAKER DONOVAN:

Representative Perrillo.

REP. PERRILLO (113th):

Thank you very much. I thank the Chair for her time. I should say that I was given ample opportunity to participate in the formation of this Bill.

I do believe that what we've outlined here will offer some degree of professional expertise as we make our decisions as a legislative body, and I do support it and I thank everyone for their time.

SPEAKER DONOVAN:

Thank you, Representative. Representative Betts.

REP. BETTS (76th):

Good morning, Mr. Speaker, thank you very much. A question to the proponent of the Bill.

SPEAKER DONOVAN:

Please proceed, sir.

REP. BETTS (76th):

Yes. Representative Ritter, is there a fiscal note attached to this Amendment? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. There is an estimate of $56,000 to $88,000 that was included in the budget that we passed two weeks ago.

SPEAKER DONOVAN:

Representative Betts.

REP. BETTS (76th):

Thank you. And what would this money be used for? Are they going to be hiring an outside consultant or is this something that the Department itself can handle with existing staff? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. The Office of Fiscal Analysis has provided that detail in the fiscal note that's attached to the original Bill indicating there's an expectation that there could be a need for consultants.

They have costed that out at approximately $8,000 estimate per review at a rate of 7 to 11 estimated reviews in a year.

SPEAKER DONOVAN:

Representative Betts.

REP. BETTS (76th):

Thank you very much for that answer.

If I could, I've just been looking at this Bill, and I wonder if you could go over the timeframe for receiving a request or change in the practice of a professional scope.

I notice, I think they have to receive something, the Department of Public Health has to receive a written request by September, is it, and then following that the practices that are affected by that are notified by the Department of Public Health.

I wonder if you could explain that process?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Before I do that, I would like to make it clear that we are discussing the Amendment, which is LCO 7386, a strike-all Amendment. It is my hope that becomes the Bill. Is that the Representative's desire?

SPEAKER DONOVAN:

Representative Betts.

REP. BETTS (76th):

Yes, it is. I thought that the Amendment was going to become the Bill and I thought that was relevant to it, but if I'm wrong, I'll hold the question for the Bill after the Amendment is voted on.

SPEAKER DONOVAN:

Representative Ritter, he appears to be asking on the Amendment.

REP. RITTER (38th):

Okay. I will be happy to go through those dates on the Amendment, Mr. Speaker. Thank you.

I would refer the Representative please to line 7 of the Amendment, which indicates that by August 15th of the year preceding a Regular Session of the General Assembly, the expectation is that the requesting group would file a written request to the Department of Public Health.

There's a series of hoped for informational elements that would be included with that request and if the Representative would then look at line 55, he would see that by August 15th of that year, anybody, any of those organizations requesting exemption from the process also would be asked to file that with the Department of Public Health.

Further down the Bill, in line, one moment, on line 58, the Representative will notice that the Department of Public Health will provide a written notification to the Joint Standing Committee. That's the Committee on Public Health, and post this request by September 15th.

Lines 71 and 72 ask that by, on or by October 1st, any person that, acting on behalf of a healthcare profession that may be directly impacted by this scope, would submit to the Department a statement identifying the nature of that impact.

Line 77, it is clear that no later than October 15th, the requestor submits a written response to the Department and any person who has provided a written impact statement. That request could indicate areas of agreement or disagreement.

By November 2nd, the Department, excuse me, the Department of Public Health will have appointed a committee

to examine the information and to ultimately report back to the Committee on Public Health. I'm searching for the line number on that. That would be on lines 83 to 84.

On line, lines 125 to 126 the Representative will see that the committee will provide its written findings to the joint standing committee of cognizance, that's the Committee of Public Health, by February 1st, and that would be the February 1st following the date of the committee's establishment.

One final note, Mr. Speaker, is that by January 1, 2013 and beginning on lines 131, you will see that the Commissioner of Public Health is asked to report back to the committee of cognizance on the effectiveness of this process, and the hope is that that report will include recommendations on measures that could improve the process in any way. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Betts.

REP. BETTS (76th):

I thank you very much for that answer and really appreciate that.

I would support this. As the Chairwoman knows, many of us are not really comfortable in making evaluations on people's change of practice, and I think this process that

you're describing will be informative and helpful to the General Assembly.

So I would ask for support of this and I thank her very much for her answers. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative Sampson.

REP. SAMPSON (80th):

Thank you, Mr. Speaker, and good morning.

SPEAKER DONOVAN:

Good morning, sir.

REP. SAMPSON (80th):

I'll first just follow up on my colleague, Representative Betts' comments that, I like the concept of this Bill that it may avoid us entering in the practice of playing doctor as I've mentioned a couple of times. It disturbs me when we have to make decisions sometimes about issues that we are not, I guess I would say, capable of doing on a professional level just because we have less medical training than might be required.

I have a couple of questions for the proponent if I might.

SPEAKER DONOVAN:

Please proceed.

REP. SAMPSON (80th):

Thank you, Mr. Speaker. Through you, Representative Ritter, you mentioned when bringing out the Amendment, that this amended version of the Bill no longer has a requirement that all potential changes of scope of practice legislation must go before the Department of Public Health first, which was my main concern with the underlying Bill.

And I'm just, I just did a quick read of the Amendment and I can't seem to find where it says that. Section 1, lines 3 through 8 seem pretty clear to me that it's still going to be a requirement that any request has to go through DPH first.

Can you clarify, maybe point to where that has been changed? Through you, Mr. Speaker. Thank you.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Bill indicates that anyone wishing to go through this process must indeed use this, shall we say, calendar, to provide the information and the request to the Department of Public Health and expect a review by the committee in a corresponding report.

Nowhere in this Bill is anybody prohibited from accessing the Legislature directly.

I'd like to add to that, Mr. Speaker. Representative Sampson is correct. That was a point of considerable discussion and it has been made, I have asked several times that that be made very clear that nowhere in this Bill is that right restricted in any way.

SPEAKER DONOVAN:

Representative Sampson.

REP. SAMPSON (80th):

Thank you. And through you once again to Representative Ritter. I appreciate we're saying 100 percent and that's exactly what I'm looking for. The only thing is, I have some difficulty trying to find that, actually, in the language of the Bill.

It reads pretty clearly, shall submit. In other words, any person or entity acting on behalf of a healthcare profession that seeks to establish a new scope of practice or change a profession or scope of practice shall submit a written scope of practice to the Department of Public Health.

So if that's the case, it seems to me that there is no way to go around it.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. The Representative perhaps, I hope will note that there is no language in the Bill that describes a penalty, a reason that would prejudice such a request from being considered or a reduction in the rights and access of either that profession directly to the Legislature or the Legislature to conduct activities as it is now accustomed.

SPEAKER DONOVAN:

Representative Sampson.

REP. SAMPSON (80th):

Thank you, Mr. Speaker. Okay, well, based on that, I'm wondering if it might be more appropriate to change the shall to a may if that would make more sense.

Because reading Section 1, lines 3 through 8 make it pretty clear to me that the process that's required is a shall submit a written scope to the DPH. And if that's not required, I think we should change it to may.

I'm wondering if that might be some sort of friendly Amendment that we might talk about.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. As I said, there was considerable discussion of this with our attorneys while we were writing the Bill as well, and the specific question was asked, I'd say, many times.

And at that time, the advice was to leave the Bill as it is. I would like to direct Representative Sampson's attention to the section beginning on line 43 where it does also clearly suggest what can happen if somebody perhaps has begun this process and then makes the decision that they do not want to go through this process.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Sampson.

REP. SAMPSON (80th):

Thank you, once again, and thank you, Mr. Speaker. Through you, one final time on this issue, I hope. And that is, I did read lines 43 through 56, which talk about the possibility of avoiding the shall submit.

And in this case, it says that someone may submit a request for an exemption. So I guess this goes back to my original point. I mean the Bill is pretty clear. The very first thing right out of the gate says you must, you have to, you shall submit a request to DPH to do this, and the

only provision to avoid it requires someone to submit a request for an exemption.

And then it goes on to talk about exigent circumstances, which are not enumerate.

So again, as I pointed out when I started, I like the concept of this Bill. I think it's something that I could possibly support. I just don't like the idea that it is pretty clear to me that we are absolutely, 100 percent going around the General Assembly and requiring someone to go through DPH first.

Even an individual Legislator wants to submit legislation, it looks to me like they have to go through DPH first, and I just find that unacceptable.

And I know you've done your best to try and clarify that for me, but I can't find any words in the Bill that tell me that what you're saying is absolutely correct.

And forgive me. I'm not doubting you. I just, I'd like to see it for myself.

I'll just ask one more time if you can try once more to show that to me. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker, and I have a couple of points to add that I hope will give some comfort to Representative Sampson.

When we started this process, Mr. Speaker, there, it was very clear from all of the professional groups that were part of the discussion, and I think that number was up around 15 or 16 of them. It was a bit of a trick to get everybody together to support this.

The feeling, and the need for the comfort level to not have this be a required process was very clear from the beginning, and I can tell you, Mr. Speaker, that I believe it is a fair statement to make at this time that none of those groups feel that they are required to go through the process as the Representative is so concerned about.

In discussing this, quite honestly, with our drafting attorneys as well around this point, we were equally assured.

Finally, Mr. Speaker, I can point out also that the Department of Public Health is not compelled to go ahead with its formation of this committee, either.

And I think what I could add to Representative Sampson again, is the assurance that, of all of these groups on this particular point, it is my understanding that they all feel very comfortable. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Sampson.

REP. SAMPSON (80th):

Thank you very much for your responses, Representative Ritter. I will certainly respect what you've said and I will take that into consideration. I wish I was a little bit more satisfied by seeing the words in front of me.

But thank you for your efforts just the same, and thank you, Mr. Speaker.

SPEAKER DONOVAN:

Thank you, Representative. Representative Nardello.

REP. NARDELLO (89th):

Thank you, Mr. Speaker. Mr. Speaker, a couple of questions to the proponent of the Amendment.

SPEAKER DONOVAN:

Please proceed, madam.

REP. NARDELLO (89th):

Representative Ritter, I have a question in terms of the makeup of the committee, and if you look at lines 90 through 93, it says there are two members recommended by the requestor, two represent the health profession, and two members recommended by each person or entity that has submitted a written impact statement.

In your read of this, does that mean that anybody that submits a written impact statement must, would then be able to recommend two members to the committee?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. And Representative Nardello also raises a question that was extensively discussed in negotiating some of the provisions of this Bill.

My understanding of the Bill is that there would be two members able to be selected from each of the groups directly impacted by the scope of practice request.

That means that if two separate and distinct individuals chose to submit a written impact statement, but represented the same group, that that group of professionals would be granted two people.

I would, however, like to point out to Representative Nardello that beginning on lines 100 on down to 106, the Commissioner of Public Health does have the ability to appoint additional members to the Committee, if in that person's judgment such an expansion would be beneficial to a resolution.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Nardello.

REP. NARDELLO (89th):

Through you, Mr. Speaker, but potentially, if I look at this language, and let's give the example here. If you're the nurses in one situation and you're the doctors in another situation, you could potentially have two members from the nurses, because they recommended the scope of practice change, and potentially have four, six, eight or whatever number feel are impacted on the other side.

Is that correct, Mr. Speaker?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. It is possible, and we, in discussing this Bill among the Members, we, I'll be honest. We call that, we wanted to avoid the potential for ganging up, so to speak on these requests inside the committee.

And there are two potential responses to the situation that Representative Nardello has brought up. Number one would be that it was very clear in the discussion, and I think anyone, certainly on the Public Health Committee understands that the term nurses does not necessarily describe a single professional group.

We have three or four organized professional groups representing nurses, depending upon their particular specialties. So there would be an opportunity there for multiple representatives, if, indeed, each of those groups could make the case that they were directly impacted by the scope of practice request. So there's that.

And secondly, again, the language in lines 100 to 106 was intended to possibly make that a fairer representation.

SPEAKER DONOVAN:

Representative Nardello.

REP. NARDELLO (89th):

Through you, Mr. Speaker, and as we look at the first section of the Bill, while I appreciate the answers that you gave regarding the discussions that had taken place, but it does appear to me that in Section 1 that anyone that wants a scope of practice request must submit a report because it is a shall as opposed to a may.

And then, so can you comment on the fact that in the exemption language, the exemptions are only granted under exigent circumstances, the lack of any dispute, or any outstanding issues that can be easily resolved.

So it appears that those are the only criteria for the exemptions. Is that correct, Mr. Speaker?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (89th):

Thank you, Mr. Speaker. And those are good questions from Representative Nardello. And again, I would like to point out that nowhere in this Bill is a group prevented from accessing the legislative process in the way in which they are comfortable and familiar with doing it today.

That would apply anywhere throughout the process, and I think that while Nardello. And again, I would like to point out that nowhere in this Bill is a group prevented from accessing the legislative process in the way in which they are comfortable and familiar with doing it today.

That would apply anywhere throughout the process, and I think that while Nardello's questions are very well thought out and result from years of her experience in dealing with these kinds of, I'll say arguments or issues, I also think that the opportunity to obtain this information when it can work and when the parties agree.

And quite honestly, Mr. Speaker, they have to agree to make this work. It's an opportunity that the General Assembly should not turn away from.

So again, if Representative Nardello is concerned, I hope that perhaps we can have a discussion about where in

this Bill it prohibits that access to the Legislature that currently is enjoyed today. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Nardello.

REP. NARDELLO (89th):

Through you, Mr. Speaker, as I read the language, what I would say to you, it doesn't prohibit from going to the Legislature and no one is prohibited. But it seems to me that the Bill requires a simultaneous process to occur, that you can come to the Legislature by virtue of the fact that the word is shall, you must go to the Department of Public Health, and you can in addition go to the Legislature.

But it appears to me from the language that you must do both. Through you, Mr. Speaker, may I ask the proponent of the Amendment if that is the case.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. It is not the case that any group must go through this procedure in order to gain a hearing on a scope of practice request.

SPEAKER DONOVAN:

Representative Nardello.

REP. NARDELLO (89th):

Through you, Mr. Speaker, I guess I would then respectfully disagree with the proponent of the Amendment.

As I said, I believe they can come to the Legislature. I don't disagree with that at all. But it appears to me that there must be a duplicate process at the Department of Public Health in addition because of the word shall.

And just one last question, Mr. Speaker. As we go to the requirements of information that are required here, may I ask the proponent of the Amendment, do you anticipate that there is a cost to obtaining all this information on the part of the organization?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. I cannot speak for every piece of information that every organization might want to submit.

However, I can state that the intent behind this is that this is information that would not come at a cost to an organization.

Now admittedly, someone would put it together and submit it. I don't believe that cost would differ substantially in any way from the cost to go through this

procedure without having to submit this report, because at one point or another that is information I believe is generally required in order to have a robust discussion on some of these scope of practice issues.

I would like to also point out that in many cases the language indicates, and I'll point you directly to line 19, a brief summary or a reasonably known pieces of information rather than pieces of information that would require extensive research. Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Nardello.

REP. NARDELLO (89th):

Through you, Mr. Speaker, as I read the language, and I thank the proponent for her answers, the issue here is that some of this is quite detailed as we get through this, and not easy, by the way, to obtain and would require an extensive amount of research in some aspects of this.

And my concern is that if you are a large organization you have, as anything else, the ability to have staff that can do this for you. But if you are a small organization you will not have the ability to do that, and it will be much more difficult for you to obtain this information, and some of it actually could be interpreted to actually

conduct studies. So I have some concerns over that as well.

Mr. Speaker, I guess I would say at this point that unfortunately, I cannot support the Amendment, and the reason for that is that I am concerned that there is a dual process that will be going on.

I am concerned additionally, of all of the information that is requested here and its impact on those that have to obtain it and their abilities to do that and the cost to that.

And lastly, I am concerned at the possible makeup of the Committee, and again, it's how the language appears on the paper and I don't, everybody's intent here I think has been a wonderful intent, and I know there's been a lot of discussion about this Bill.

But as I read this language, there's the potential for having many more people who feel they are impacted as opposed to the organization that's requesting the scope of practice.

So for all of those reasons, Mr. Speaker, I cannot support the Amendment. Thank you.

SPEAKER DONOVAN:

Thank you, Representative. Representative Srinivasan.

REP. SRINIVASAN (31st):

Good afternoon, Mr. Speaker.

SPEAKER DONOVAN:

Good afternoon, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, to the proponent of the Amendment.

SPEAKER DONOVAN:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. I am in support of this Amendment. As the Representative had said, we had extensive discussions on this a) at the Public Health hearings as well as in our Committee meetings.

But through you, Mr. Speaker, just for a clarification, a few questions to the proponent of the Amendment.

SPEAKER DONOVAN:

Please proceed.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker, I, too, would like to focus on Section b about the committee, and in that, Representative, if you can just tell me if, I see here that we have four members by and large in terms of the four voting members

who will be forming the committee, and the others as I see, are non-voting members. Is that correct?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, there is no mention of a voting status of any members on the committee.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, line 97 of Section b talks about non-voting member of the Committee.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Representative is correct. It refers to the Commissioner of Public Health, who is not a voting member.

Mr. Speaker, the committee, the language around the formation of the committee does not, other than that particular appointment, differentiate between voting or non-voting members of a committee.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I did not understand the explanation. If I could request you to have the Representative say that one more time, I would appreciate it.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the language in lines 96 and 97 does, indeed, clarify that the Commissioner of Public Health is an ex-officio non-voting member of the committee. No other members of the committee are described as either voting or non-voting members.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So for my clarification, through you, Mr. Speaker, if we have a non-voting member and we did not know what the other members' voting status is, I just want to make sure in the language, that the other members whether they be four or six, depending on how many people are at the table, are they or are they not voting members?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, when you read through the rest of the Bill, particularly to Subsection c beginning on lines 121 to 130, it does not discuss the necessity for voting, and that was the impetus for my answer previously to Representative Srinivasan.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, there are people here at the table who will be discussing the pros and cons of the scope of practice. At the end of this discussion, they definitely have to decide whether the, whether that scope of practice is permitted or not permitted.

If it is not by voting, Mr. Speaker, what other form of an agreement is this group of people going to arrive at so that their decision can be made and the team can come with a recommendation to the Legislature.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Bill is silent on the method used to determine the contents of the final report.

But I would point out to Representative Srinivasan that this committee does not make any determinations on a specific change. Rather, beginning on lines 124 to 130, the committee provides its written findings after conducting a review and an evaluation of the request.

Indeed, going further down in that section along with those findings, it must present all of the materials that it gathered for its review and consideration.

Mr. Speaker, this point was a point of considerable discussion also in this process to the point that, as I emphasized earlier, the legislative process, the process that makes the final determinations of these is unaffected by this. This is a method to gather information in what is hoped to be an objective manner with input from all sides of the question so that the legislative process can have the benefit of that information.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, I definitely appreciate your comments, Representative. I do understand the spirit, I definitely understand the spirit in which this committee is going to meet and come up with the recommendations.

My concern is that if there is not a uniform agreement between the two groups or the number of people that are there, who then is going to come up if it's not a non-voting, as to who is going to come up with the recommendation?

Is it the group a? Or is it going to be the Commissioner of Public Health?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, if there is no agreement among these group of people, it certainly is the intent of this Bill and my expectation, that that would be reflected in the final report.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, if I can ask the proponent a couple of more questions.

Is there, can I, Mr. Speaker?

SPEAKER DONOVAN:

Go right ahead, Representative.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, is there any language where the members that are coming to serve on the committee that been appointed by the two groups or the number of groups involved, is there any scope or any opportunity that you could object, the opposite team could object to anybody being there for one reason or another? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the, beginning on line 85 the Amendment states that the Commissioner of Public Health establishes and appoints members to the committee and the members, if you go further down to line 2 of the opposing groups, well, first I'll start on line 90.

The two members by the requesting group are recommended by that requesting group to the Commissioner of Public Health.

Secondly, on line 92, the members from each person or entities submitting the impact statement also are recommended by that group to the Commissioner of Public Health. Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, I definitely understand that, that each group is going to come up with the two names or the number of names that we have.

My question maybe was not clear. Through you, Mr. Speaker, if the opposite group, whoever the opposite group is, is not comfortable and do not feel that the person chosen, sent by the other group is the right person, is there any language where the two groups can oppose, not if they're in agreement, through you, Mr. Speaker, but if one particular group feels that for whatever be the reason that that person is not fair minded in their opinion. It is just an opinion, but it is their opinion that the person is not going to be fair and the discussion will not be, it could be biased and that is why if it goes to both groups that they could object.

Is there such a latitude there? Through you, Mr. Speaker?

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker, Mr. Speaker, that is why beginning in lines 100 and running through 106, there is the opportunity for the Commissioner of the Department of Public Health to make additional appointments to the committee if it is that person's determination that that would help resolve the issues presented.

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, so I understand. Is there's an objection between the two groups and the person nominated to serve on the committee, we are going to resolve this or try to resolve this by getting in other members to serve on the committee.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker, that could occur.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Mr. Speaker, in line 105 and 106 in Section 2 talks about compensation, and there it says that any member on such committee shall serve without compensation.

If the people who are going to serve on this committee, through you, Mr. Speaker, if the people who are going to serve on this committee for the time, effort and energy that they're going to put into this, step out of their private domain, whether it be academic practice or private practice, and to get the best people, qualified people to serve on this committee, is there, is it absolutely required that they cannot be compensated, or is it just an option that we could choose, this committee could choose, the Public Health Chairman could choose, that they, sorry, the Commissioner of Health could choose that they will not be compensated.

And the reason I ask that through you, Mr. Speaker, is, on many occasions, many occasions, people have not

served on committees, not served on boards, because obviously it takes so much of time, effort and energy that they feel for them to have spent their time, it would not be unreasonable to be appropriately compensated.

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the lines on, the language on lines 105 to 106, I believe are quite clear that any member of such committee shall serve without compensation.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And through you, Mr. Speaker, a final question. Did we consider, did we consider a standing committee, through you, Mr. Speaker, who would be able to resolve these ongoing issues, or are we in the process of developing a committee for each and every scope of practice? Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. And Mr. Speaker, I apologize. It was difficult to hear the preamble to that question. Could the Representative please repeat the question?

SPEAKER DONOVAN:

Representative Srinivasan, if you kindly repeat your question.

REP. SRINIVASAN (31st):

It would be my privilege and pleasure, sir.

The question is that this is an ad hoc committee that is going to be created for this particular scope of practice. Was there a thought is there a possibility that we could have a) a standing committee, which is not necessarily related to these issues that would be able to look at it in a very objective way?

Through you, Mr. Speaker.

SPEAKER DONOVAN:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the language in this Amendment, beginning on lines 129 to 130 makes it clear that the committee does terminate on the date that it submits its findings to the Joint Committee.

SPEAKER DONOVAN:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And through you, Mr. Speaker, I want to thank the Representative for her kind answers to me. I appreciate them very much. Thank you, Mr. Speaker.

(Deputy Speaker Godfrey in the Chair.)

DEPUTY SPEAKER GODFREY:

Thank you, sir. The gentleman from Bethel, Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker. Good afternoon.

DEPUTY SPEAKER GODFREY:

Good afternoon, sir.

REP. CARTER (2nd):

Mr. Speaker, I just have a few questions, through you, to the proponent of the Bill.

DEPUTY SPEAKER GODFREY:

Please proceed.

REP. CARTER (2nd):

Thank you, Mr. Speaker. In taking a look at the current Amendment, actually, when compared to the Bill, the requestor is able to submit a whole host of information.

In the previous Bill, it actually asks for disciplinarian, excuse me, disciplinary actions of the current group in question.

I was just curious, through you, Mr. Speaker, why that was removed from the Amendment?

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. After discussing with many of the groups that were interested in this, it became clear that those groups may not have that information and that it was an unreasonable request.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker, and I thank the good lady for her response.

Mr. Speaker, through you, with respect to line 49 when we were talking about in lieu of submitting scope of practice requests, that people can submit via, actually for exigent circumstances, which might necessitate an immediate response for scope of practice review, I was wondering what those exigent circumstances may be?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, from time to time it does happen that circumstances arise requiring a determination from the Department of Public Health when the Legislature is not in Session.

And when those circumstances have an impact on the public's health it's the responsibility of the Agency to make determinations as it needs to.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker. And I thank the good lady for her response.

Also, through you, Mr. Speaker, I notice then they talk about if there's a lack of dispute concerning the scope of practice, I guess what that's saying is that the proponent can submit and just say there's a lack of dispute.

Is there a notification process or something like that out there that we can make sure that there's no some issue burning? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. One moment, Mr. Speaker, I want to refer to, thank you, Mr. Speaker.

Representative Carter has a good question. He knows form his time on the Public Health Committee that it does, indeed, happen that we get requests that the parties involved feel they can work out on their own and that while they might not necessarily describe it as no dispute, that there would be an undisputed solution through statutory change, and that would be the type of situation that sub b is contemplating.

When that happens, Mr. Speaker, there is nothing that prevents a notification both to the Department of Public Health and to the committee of cognizance that that is, indeed the case.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. RITTER (38th):

And Mr. Speaker, I would like to go on. That happens at different times throughout the year, and so in many cases could very well be outside the calendar established in this Bill. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Thank you very much and thank the Representative for her response.

I would certainly agree there that it's very clear that there are ways we can approach the committee when we're out of Session or when there's a mutually agreed upon route that may not require a full committee review.

Of course then, I'd like to move on to the actual committee themselves. That would be in Section 2, line 83 through 106.

I did have a couple of questions, through you, Mr. Speaker. First off, I guess I should ask. Are there a finite number of members that could be on this committee anywhere in the Bill, because it seems to me that if two people can be recommended by each person who's affected by the Bill, you could end up with an awfully lot of people on one committee. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Through you, Mr. Speaker, also a point that we discussed extensively, and I think the

point of the discussion was that there is no limit right now on that, and that's because in some cases where there are a great many participants, putting a limit on it could artificially reduce the robustness of the discussion that could occur and would not be beneficial to finding a resolution. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Carter,

REP. CARTER (2nd):

Thank you, Mr. Speaker. And I notice that the Commissioner of Public Health may also appoint other members of this committee and they talk about those members being representatives from the health care professions, having a proximity relationship.

Mr. Speaker, through you, could those healthcare professionals be other than health professionals or providers?

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. First, I would like to point to the first part of the Representative's statement when he described them as having a proximate relationship.

Actually, in the bill those are healthcare professionals that are directly impacted by the scope of practice request, and those would be the people limited to the committee.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Through you, Mr. Speaker, then I might be a little confused.

I know if the first part, the people on the committee will definitely be healthcare professionals who have a stake in what's going on.

I guess I'm asking then, a proximate relationship, could that be a case manager? Can that be an attorney? Could that be a healthcare advocate or citizen?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the language of the Bill requires them to represent the healthcare profession making the scope of practice request and they must come from groups that are directly impacted by the scope of practice request.

If someone is an attorney or has another profession in addition, but still enables them to fulfill those requirements, it would seem to me that would not be a problem, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker. I thank the good lady for her request.

Last, I'd like to ask regarding any appeal process, or is there any way that we can ensure that, you know, each year from time to time these practices change, they evolve. Is there anything that keeps people from coming back and re-applying the next year? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. There is nothing in this Amendment that would keep someone from coming back in repeat years, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker. You know, based on what I've seen, you know, through this Amendment and my time on Public Health, I was one of the folks on Public Health who actually voted against this Bill in the beginning.

I've looked through the Amendment and I think there are some great things here in the Amendment to point out, and that's the fact that it does provide a process that they could come to the committee through an organization that can give the committee a little more professional education, I would say, or professional opinion before we take it up and vote on a scope of practice bill.

So from that, I definitely applaud, I applaud the proponent of the Amendment.

Also, I do like the fact that there, you know, if it's not going to be a long drawn out fact, or a fight, rather, and there are multiple people who can get together and agree on this before it has to come through a Committee process, I think that is a strong point of the Amendment as well.

I am concerned, however, looking at the Amendment, that in Section 1 that it does appear to be mandatory that this is the way it has to happen. I'm not sure if in the future we could do something with that language. But for

now, you know, seeing everything else in the Amendment, I will support it. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. The gentlewoman from Wallingford, Representative Mushinsky.

REP. MUSHINSKY (85th):

Thank you, Mr. Speaker. I rise to support the Amendment and compliment the Chair and Chairwoman and Members of the Public Health Committee for their work on this Bill.

This Amendment, which will become the Bill arose out of the Program Review and Investigation's study of 2009, was requested by the Public Health Committee and a bill was put forth last year, House Bill 5258, which died in the House.

The issue was requested because the scope of practice issues are very technical. They require extensive background knowledge. They take up an inordinate time of the Committee's time and effort. The Committee was really besieged by the scope of practices issues and asked Program Review for assistance with this.

And the process to decide the balance of potential benefits on scope of practice decisions, you have to balance expanding healthcare access with protecting public

safety and it's a difficult balance, and the process is complex and contentious.

So the Program Review and Investigations Committee looked at it, looked at many different states including Arizona, Hawaii, Iowa, Minnesota, New Mexico, Oregon, Texas, Virginia and some of the New England states and looked at how they handled this problem, and concluded that we could create in Connecticut a structural process to prescreen these requests in a systematic way and then the Public Health Committee could take over from there.

So our Committee recommended a standardized, formal process for gathering information and then a process whereby a panel of knowledgeable objective professionals interview and review the information prior to the Public Health Committee receiving it, one from each opposing point of view and then three objective folks who do not have an axe to grind or a point of view.

And then finally, the body of professionals to make recommendations including effects of federal law on these possible changes to the Public Health Committee and then a filing fee would pay for the whole process, so it would be self funded.

So I'm really pleased the Public Health Committee has persisted in moving this Bill forward, did not give up

after last year. Our Committee does believe that this process is a better way to do this. It's, will get to a result in a fair manner and the Public Health Committee and its panel will have the time and the expertise to review some very technical information before it ever comes over here to the Legislature, where we as a citizen Legislature, who have many things on our plate, really can't do as good a job as the review process followed by legislative action.

So I hope this Legislature will understand that there was a lot of thought put into this legislation, a lot of state information was digested, and the recommendations are sound and I commend the Committee Chairwoman for being persistent and moving this legislation forward. I hope it will pass today. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam. The gentleman from West Hartford, Representative Verrengia. Guess not. In that case, the gentleman from Manchester, Representative Thompson.

REP. THOMPSON (13th):

Thank you, Mr. Speaker. Mr. Speaker, I rise in support of the Amendment and I cannot match some of the skill and background that some of my peers in this Hall have, particularly Representative Nardello and Representative Ritter.

But there is a subject that has not been touched upon here, I think adequately, which we have addressed in other areas, but I think it's just as important not only to justify the need for an expansion of the scope to ensure safety and good health outcomes for those people who are being exposed to the expansion.

At the same time, when we were working on the expansion in our community, we went to the President of the Eastern Connecticut Health Network, Dr. Kall, and we also met with the Executive Director of the Federally Qualified Health Center in East Hartford, which has health and dental clinics in our community.

And we asked them what we could do to expand access to healthcare in the eastern part of East Hartford and other communities, including Rockville, Vernon, Manchester and other sites. And they took it under advisement. We came back together and they said what we believe is a great health need is giving people access to special care, care by specialists, surgeons. And a lot of that is what the debate here has been all about, of not only expanding the scope but ensuring that people have access to healthcare of a special nature.

And several of the people who testified according to the testimony for the Bill on this, suggests that something

like having something up front, a preface for example, indicating that part of the look-see at expanding the scope would also be enhanced by, through that expansion, meeting more of the needs of the public by giving them greater access to specialists or people who can perform a specialized procedure.

Now, I'm not suggesting that this is a move to just simply get people in the door, but it should be a consideration that we constantly think about expanding access to our entire healthcare system, and I think that's been the goal of Representative Ritter, Representative Nardello, and a lot of other people on both sides of the aisle.

But when they came back to us and said we need $50,000, the Health Net Council or the Healthcare Center will provide the primary care. We at the hospitals, and there were two hospitals involved, Rockville and Manchester Memorial, we will provide access to specialists. We will provide 500, $100 visits. We'll work together to ensure that people are not turned away for whatever reason, from having specialist care.

I frankly have been blessed with healthcare for many, healthcare insurance for many, many years, and I've had my visits with surgeons and so on, but I've never been faced

with a dilemma of not being able to see somebody. But that happens every day in our society.

We have over 300,000 uninsured residents. We have hundreds of thousands of people with health insurance who do not have an easy time getting in to see a doctor. And this isn't undermining the medical profession. I've got too many in my own family to do that, and they're all bigger than I am.

So I think it's a step in the right direction to consider an overriding issue when considering this Amendment and what we have been going through on scope of practice for several years, and doing something about it, and moving it along and trial by error, whatever, but moving it along.

So I think that's in the best interest of expanding healthcare in our state, in our community, and perhaps being an example for the rest of the country.

So I support the Amendment and listening to the debate, there are so many knowledgeable people in our Assembly and so many knowledgeable people in our state. We can come up with procedures and practices that will work and hopefully we'll expand and make quality healthcare available to everyone. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. The gentleman from Shelton, Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, thank you very much, and I appreciate it for the second time.

We have heard, I believe, a number of very good arguments both for and against the Amendment that's before us, and I think perhaps that we may be working at this time to change the Bill with an additional Amendment to meet some of those concerns.

But let me just add a little bit more about the value that this deliberative process, that this advisory process will bring to the table.

Right now, the Public Health Committee, every Session, is faced with a number of these scope of practice bills and in many ways it leaves us with Legislators who may or may not have any sort of medical background making these determinations.

So this will really give Legislators the tools they need to have some information to make good educated decisions on the benefits or detriments to the public health and public safety, and again, I would finally urge adoption on the Amendment before us with individuals

understanding that there is another Amendment to come that may fix some of their concerns.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, sir. Will you remark further on House Amendment Schedule "A"? 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? Representative Perrillo.

REP. PERRILLO (113th):

Mr. Speaker, thank you very much. As I mentioned before, we did want to take the opportunity to fix some of the concerns that individuals had, and with that, Mr. Speaker, the Clerk is in possession of an Amendment, LCO Number 7970. I ask that the Clerk please call the Amendment and I be given leave of the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 7970, which will be designated House Amendment Schedule "B".

THE CLERK:

LCO Number 7970, House "B", offered by Representatives Ritter, Lyddy and Perrillo.

DEPUTY SPEAKER GODFREY:

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

REP. PERRILLO (113th):

Mr. Speaker, thank you very much. During our debate, there were some concerns about the meaning of the word shall, and whether or not this would create a significant challenge and/or burden to organizations wishing to put forth a proposed change to their scope of practice.

That point is very, very well taken. What the Amendment does before us is it simply changes the word shall to may in Section 1 of the Bill. That very simply is what the Bill is, and I would move its adoption.

DEPUTY SPEAKER GODFREY:

The question is on adoption. Will you remark? Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker, and I want to thank Representative Perrillo and the Members of the Chamber for this discussion.

I consider this a friendly Amendment and I urge its adoption.

DEPUTY SPEAKER GODFREY:

Representative Perrillo. Representative Sampson.

REP. SAMPSON (80th):

Thank you, Mr. Speaker. I just wanted to rise in support of the Amendment also. I appreciate all the folks involved that, in the discussion to help see this happen and I think it makes the Bill a whole lot better and a lot more clear, and the intent is something that I find laudable and I will support it going forward.

Thank you very much.

DEPUTY SPEAKER GODFREY:

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

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?

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. Members to the Chamber.

The House is voting by Roll Call. Members to the Chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the Members voted? Have all the Members voted? If so, the machine will be locked. The Clerk will take the tally and the Clerk will announce the tally.

THE CLERK:

House Bill Number 6549 as amended by House "A" and "B".

Total Number Voting	145
Necessary for Passage	73
Those voting Yea	142
Those voting Nay	3
Those absent and not voting	6

DEPUTY SPEAKER GODFREY:

The Bill as amended is passed.

Will the Clerk please call Calendar 204.

THE CLERK:

On Page 8, Calendar 204, House Bill Number 5530 AN ACT CONCERNING DISSECTION CHOICE. Favorable Report of the Committee on Education.

DEPUTY SPEAKER GODFREY:

The gentlewoman from North Stonington, Representative Urban.

REP. URBAN (43rd):

Thank you, 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. Will you explain the Bill please, madam.

REP. URBAN (43rd):

Thank you, Mr. Speaker. This Bill would give Connecticut students a choice as to whether to participate in animal dissection.

I would point out to my colleagues that this option is for the tool, not for the content of the course. Therefore, we would supply students with models, computer

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REP. RITTER: Thank you.

Okay. With that we're going to move to the next bill on our agenda, Item Number 4, House Bill 6549, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF THE PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONALS.

Our first speaker will be Ken Ferrucci and he will be followed by Vic Vaughan.

KENNETH FERRUCCI: Good afternoon, Representative Ritter, members of the Public Health Committee. My name is Ken Ferrucci. I'm here representing the Connecticut State Medical Society. I have submitted written testimony so I won't read through mine today.

I just wanted to thank you for the opportunity to come before you today in support of this legislation, and point out, for those who were here last year or may not have been here last year, that what this bill is, is this bill is the legislation that came out of recommendations made by the Program Review and Investigations Committee regarding the establishment of a review process for potential scope of practice issues.

It was our pleasure to work with the committee at that time, in particular Brian Beisel, as he developed and they developed the comprehensive report from which these recommendations came that turned into this legislation and we appreciated the ability to participate in that process.

CSMS, and many national physician medical specialties, have consistently supported the establishment of independent review processes as well as -- I'm sorry. Let me step back for a second.

Because often legislatures are overwhelmed by scope of practice issues that they are asked to consider in any given session and those

often require fundamental as well as specialized knowledge of the services in question. The creation of state-based review committees that assess scope of practice initiatives prior to their introduction to the Legislature may serve to expose such initiatives to the scrutiny necessary to ensure that they are in the best interests of the -- of public health.

We support the provisions of the first section of the act requiring professionals seeking to alter their scope of practice to submit a detailed proposal to the Department of Public Health. The required information is comprehensive, as it should be, and all too often decisions to alter scope of practice is based on anecdotes and not on concrete information that would be required in this language.

I do want to point out that, while we do also support the concept of Section 2 as we did point out last year on this legislation, we would like the opportunity to work with this committee to ensure that those review panels and the inclusion of proper professionals on that panel are appropriate for the specific scope that's being reviewed.

Based on the way it's drafted, we can envision certain situations where a scope of practice that may impact the practice of medicine could -- that panel could actually not have a practicing physician on that panel. And we ask for the ability to address that situation. Other than that I just want to reiterate our support for the legislation and offer our resources to making sure the best legislation comes out of this committee.

REP. RITTER: Thank you for testimony.

Are there questions from the committee?

I have sort of a question and/or request, and that is to the point that you mentioned. If

you have language, in particular, that you feel could help us -- and I'm going to steer that a little bit, too -- because we struggled with that a bit after hearing the testimony last year and looking at the bill this year to find a way to ensure that all of the involved parties are appropriately represented.

KENNETH FERRUCCI: Yeah.

REP. RITTER: And I'll editorialize a little. It's my opinion that the success of something like this is directly contingent upon that happening. And by opposite inference, the failure can easily be jeopardized if that's not clearly understood at the beginning. And it's my understanding -- I'm quite sure that there are people, possibly ones who are going to testify who are not -- who are concerned about that and I would ask -- I'll ask you. I'll try to remember to ask all of them, but please, your suggestions for remedies rather than simply not being satisfied with the way the bill is written now, would be very, very much appreciated.

KENNETH FERRUCCI: I appreciate that comment. I will dust off any recommendations that we previously made and just make sure that they are appropriate for this legislation and address any concerns that may come from people testifying after me.

REP. RITTER: Thank you.

Are there any other questions from the committee?

Thank you for testimony.

KENNETH FERRUCCI: Thank you.

REP. RITTER: We will next be hearing from Vic Vaughan to be followed by Justin LaDuc.

VICTOR VAUGHAN: Chairman Gerratana, Chairman Ritter and members of the Public Health

Committee. My name is Vic Vaughan. I am the past president of the Connecticut Physical Therapy Association. I'm a physical therapist and I'm representing them today and I'm here to express our opposition to House Bill 6549, primarily in its current form.

Let me preface all this by saying we are supportive of the concept of trying to find an easier, more efficient, more evidence-based way of arriving at legislation that involves scope of practice. We just have significant issues with this current bill. I'll do my best to summarize those.

There are six particular points that I'd like to raise. My testimony has not been submitted due to a small communication error between our lobbyist. That will be forthcoming electronically to you as soon as they sort that out.

First of all, the appointment process: We have great concerns about the appointment process and whether there may be some potential bias based upon the commissioner and who the commissioner is and how that selection process takes place. We would suggest perhaps that a pool of experts be developed by the Department of Public Health and utilize those on some rotating basis to -- to fulfill this committee's appointments. That's first.

Second of all, we have grave concerns over the legislative language that allows for three opposition members and only one -- up to three opposition members and only one supporting member on a committee to start with. Our perspective is that puts you in the hole three to one before you ever start the deliberation process. We thought that perhaps some kind of balance of that opposition versus support would be a good idea. I don't have an idea of how you can decide which of the opposing members would be on that committee -- appointed to the committee, but I think that's -- it doesn't seem fair to be in the

hole already.

That leads me to the idea of how the decision will be made within the committee. Is there -- we like to have some kind of clarification in statute. Is it going to be a majority? Is it going to be a consensus? Is it going to be a simple -- or is it going to have to be unanimous in terms of what the advisory committee makes for a recommendation?

Next, we have concerns that the submission process -- there's a lot of, from our perspective, onerous information that the committee is -- that the legislation asks to be submitted. For example, do we really have to make our opposition's case for them in this committee? I think that there are -- our experience shows that in the past we've had plenty of opportunity for that to happen.

The other thing is, do the federal regulations need to be summarized? And many physical therapists are heavily regulated by Medicare with lots of statutes -- and federal statutes that govern that and that could be extremely onerous to add that information in.

Quickly, the last two. We would urge that the advisory committee or this ad hoc's committee findings be factual rather than recommendations.

And lastly the -- there's concerns about the exclusionary process from submission. What happens if there's an issue that arises either between the deadline of September 1st and when the Legislature begins, or, in fact, during the actual legislation -- Legislature is in session? That may require immediate attention. There doesn't seem to be a mechanism that, in other words, if you don't go through the process this legislation says you can't -- you can't come through at all. So I would like to see that maybe there's a way that something comes up -- there could be emergency allowances for this type of thing to

happen.

And with that, I would just conclude by saying we do support the idea and would really be -- would like to be actively engaged in any process that this committee does to try and reach some legislative conclusion on this.

REP. RITTER: Thank you for your testimony and for your suggestions, all valid points and I think duly heard. So thank you.

Are there questions from the committee?

No. Thank you very much. I think you've covered our questions with your answers, so thank you very much.

VICTOR VAUGHAN: Thank you.

REP. RITTER: Next we'll be hearing from Justin LeDuc to be followed by Dianne Murphy.

JUSTIN LeDUC: Good afternoon, Representative Ritter, members of the Public Health Committee. My name is Justin LeDuc. And I'm the head athletic trainer at Trinity College and the chairman of the Connecticut Athletic Trainers Association's Governmental Affairs Committee. I'm here today to testify on behalf of the association in support of House Bill 6549.

This bill would provide a formal process under the oversight of the Department of Public Health by which health care professionals seeking a change in their scope of practice can make such requests. This would relieve the Legislature, principally this committee, of being in a position of having to make decisions about the scope of practice, which many members often may feel less than knowledgeable to make, particularly when there's disagreement among professionals about the requested change.

This bill would provide a formal mechanism for

resolving such conflicts. It would make the process much more equitable for emerging professions and those without large budgets, both of which describe the athletic training profession. Athletic training is a relatively young profession with few members and significantly lower budgets than professions who traditionally choose to oppose us in different areas. Professions with large memberships and budgets are at decided advantage when facing smaller groups as they have more members to mobilize to lobby legislators and more funds with which to hire lobbyists.

The proposed process in House Bill 6549 would allow for scope requests to be evaluated in a more objective fashion by members of multiple health care professions and a member of the public, allowing both the profession requesting the change and others to oppose the change -- to be heard in a more formal manner.

By requiring these issues between professions -- by requiring the issues between professions that arise to be resolved prior to these requests reaching the Legislature the onus of resolving such a conflict is taken off the legislators, many of whom have expressed feelings of being unqualified to make these decisions.

The proposed process should also help to streamline the scope change process instead of the current process, which sees such requests dragged from session to session, often slowed purposely by opposing professions. But it's imperative that all health care professionals be able to practice to the fullest extent of their education and training.

Students who graduate from colleges and universities in Connecticut should be able to find opportunities to practice to the fullest extent of their education and training without having to leave the state. When professional practice evolves practice standards change.

The statutes must also change to keep up and providing a formal mechanism to evaluate requests for scope of practice changes would be beneficial to all involved. And because of that we urge you to support House Bill 6549.

Thank you.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

Nope. Seeing none, thank you so much.

Our next speaker will be Dianne Murphy followed by Mary Jane Williams.

DIANNE MURPHY: Good afternoon, Representative Ritter, members of the committee. My name is Dianne Murphy. I live in Waterbury. I am a licensed registered nurse, a licensed advanced practice registered nurse and a certified registered nurse anesthetist. Today I'm here to speak to you as president of the Connecticut Association of Nurse Anesthetists. Thank you for the opportunity to speak on this important legislation. You might find the written testimony is longer than my oral testimony so the oral testimony is abbreviated. HB6549

CANA understands that the Connecticut Legislature would like a system to assess scope of practice requests. We compliment the committee for being ahead of the nationwide curve for movement of scope of practice reform, which is now emerging. Advocates of health care reform argue that scope of practice reform is essential and that access to quality health care can only be assured if health care professionals can practice to the full extent of their education and ability.

We like the changes the committee has made to the legislation so far, as compared to last year's bill. We appreciate that some of our concerns were addressed.

After reviewing the proposed legislation, we conclude that the proposal is still flawed. The thrust of much of the work of the scope of practice reform by the Institute of Medicine and others is to make it easier for all health care professionals to practice to the full extent that their education and skill allows.

Their goal is to make scope of practice decisions less contentious and to move away from a model where all changes are seen as turf battles and towards a more inclusive view where increasingly there are areas of overlap among scopes of health care professionals.

We are concerned that House Bill 6549, as currently drafted, proposes a process that may be too complex and too contentious for many scope decisions. In addition, the proposal still appears to be grounded in the dated assumption that all nonphysicians' scope of practice issues are attempts to encroach upon a physician's scope rather than viewing the issues as efforts by a set of health care professionals to practice to the fullest extent of their education and skill.

The Connecticut Association of Nurse Anesthetists sincerely appreciates the devotion of the Public Health Committee to the mission of protecting the public. We would be happy to work with you and other providers to develop a process that could facilitate scope of practice decisions to protect patient safety and improve access to high-quality care for all.

We have submitted other documents with our written testimony for your consideration. One is a multidisciplinary paper by the National Council of State Boards of Nursing and another was developed by the Connecticut Coalition of Advanced Practice Nurses and reflects some alternative options.

Although we, as nurses, created it, what we

envision is truly a multidisciplinary approach to meet the demands of access to high-quality, affordable health care for the people of Connecticut.

Thank you.

REP. RITTER: Thank you very much for your testimony and I have the lengthier version is indeed before all of us and I appreciate the detail that you put into these suggestions that you're bringing to the legislation. This area will for us.

Are there questions?

Representative Nardello.

REP. NARDELLO: Thank you, Dianne, for being here today.

My question centers around, you state that you think that this legislation would be complex and contentious and I understand why you might feel that way, but it would be helpful to the committee if you could give some concrete examples of why you think that is the case.

DIANNE MURPHY: All professions that are licensed have different levels of resources available to them. For example, some may not have professional associations or professional boards like Connecticut for example as a Board of Medicine and a Board of Nursing that their constituents can go to for help and resources on something, but a smaller group, say, maybe a physical therapists, have just a small group or a national group that they can work with and not necessarily a state board which represents them.

REP. NARDELLO: In regarding what you're required to provide, do you have any comments on the information you're required to provide a process that's in the bill?

DIANNE MURPHY: If I may, some of the suggestions

that we made, part of that information -- we actually provided our rationale in there so that you could see that we were thinking something. For example, we weren't clear on how comprehensive a history of health care trends or scope of practice changes for a profession might be nationally, what would be relevant and how detailed would it need to be.

So we're just really trying to think of what resources it is that need to be provided in order to meet the criteria in the bill.

REP. NARDELLO: Thank you, Dianne.

DIANNE MURPHY: Thank you.

REP. RITTER: Thank you.

Are there any other questions from the committee?

Excuse me -- thank you very much.

Our next speaker will be Mary Jane Williams to be followed by Brian Lynch.

MARY JANE WILLIAMS: Good afternoon, Representative Ritter and members of the public health committee. I'm Mary Jane Williams. I'm current chair of government relations for the Connecticut Nurses Association. I'm speaking in opposition to the current language in Raised Bill Number 6549, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO THE SCOPE OF PRACTICE DETERMINATION FOR HEALTH PROFESSIONALS.

I understand the huge dilemma faced by the Public Health Committee members who seek an objective solution to issues that address scope of practice. I agree that we need resolution on this difficult dilemma. However, decisions should not be made related to change based on controversy, but ultimately, what is good for public and the

health of the public.

I've kind of modified some of my comments today so I'm going to do a little different version. I've given you the information from the Institute of Medicine, from the Robert Wood Johnson Foundation and I have more information from the Josiah Macy Foundation, who in the last two years, have all called for the scope of practice for all health professionals, not only nursing, to be at the full scope according to their education and I can provide you with the full report if you would like.

Our issues related to the impact of this process will have -- all involve organization and this proposed system is onerous at most and will overwhelm smaller organizations that do not have the manpower to move forward. It will place a huge burden both for the manpower, infrastructure in the Public Health Department and deter, actually, from our ability to move forward with these.

The composition of the committee is also an issue. It is too large. It is weighted from the opposition with only one members of the profession that is calling for the investigation and three from the opposition. I think we need to focus on, you know, an odd number and I think we need to focus on the makeup of that committee. We need select individual members for the proposed committee who can address the situation and not make the process onerous.

When we look at the fact that an organization will have to -- and I will just go to the bill -- all scope of practice changes either requested or enact a concerning the health profession in a five-year period preceding the date of the request. I think that that is -- presents an insurmountable amount of work for each profession.

So what we have done is we have included

proposed language revisions related to committee structure and the process. We are also asking for a limited time for this process to be actually piloted and then have a report out to the committee so that we won't have a process permanently in place that we cannot live with.

I think it's really essential also that we realize that if we do not address the issues that are arising related to full scope of practice, we will find ourselves in the middle of the health care crisis similar to what happened in Massachusetts. I think it's important to note that Massachusetts, New Jersey, New Hampshire and Rhode Island all have full scope of practice for advanced practice registered nurses.

I'm open for any questions that you might have or willing to work with you on language that we have submitted -- attached to our testimony.

Thank you.

REP. RITTER: Thank you very much and we very much appreciate especially also the additional information. I did have a question and I'm trying to find it again. One moment.

Down towards the first page of your testimony, you state that we all need resolution on this difficult dilemma, something I at least appreciate, but go on to state the decision should not be made relating to change based on controversy, but ultimately, what is good for the public we serve.

MARY JANE WILLIAMS: Right.

REP. RITTER: Are you implying that the present system supports change related to controversy or does not?

MARY JANE WILLIAMS: No. I'm not implying that. I think -- I'm implying that what we need to do

is we need to take out all of those issues, those interprofessional issues and we need to look at how we can work as full partners in providing health care and we want to be -- I think we really want to collaborate -- although, you know, that word always gets everybody's angst -- we want to be able to collaborate with all professions and not have it be a controversial issue, and what is good for society in the state of Connecticut. Because change is always controversial between professions.

Does that help you?

REP. RITTER: I think the last part of that very well describes the current situation. And so I just wanted to make sure that we understood what our motivations for moving towards this bill might be or at least our goals. So thank you.

MARY JANE WILLIAMS: Thank you.

REP. RITTER: Are there questions from the committee?

Thank you very much.

MARY JANE WILLIAMS: You're welcome.

REP. RITTER: Our next speaker will be Brian Lynch to be followed by Mary Moller.

BRIAN T. LYNCH: Representative Ritter, members of the Public Health Committee, thank you for the opportunity to speak to that. I'm Dr. Brian T. Lynch. I'm an optometrist practicing in Branford, Connecticut for the last 29 years. I served as legislative chairman for 26 of those. I've witnessed five of them, "eye-wars," as they are called up here and have become very familiar with the legislative process as it pertains to scope issues. HB6549

Historically in Connecticut, the Public Health Committee has had primary involvement in

medical scope matters. When legislation is proposed, a public hearing is held, all involved parties are able to make their case and educate legislators regarding the nuances of the proposal. A vote is taken. A decision is made. Sometimes it's uncomfortable. Sometimes the desired outcome. But it is our bird in the hand. It's a democratic process.

According to the Program Review and Investigation Committee, our current system actually works well. By their report, 16 percent of all the bills that this committee has heard have had to do with -- over the last five years, had to do with the 29 licensed professions, and only 23 percent of those have actually dealt with scope issues. Seventy percent of those scope issues became law, and furthermore, between '99 and 2008 the state assessed limited negative impact on the public with very few complaints. Overall the committee acknowledged that the current process serves our citizens well.

Scope of practice issues can become quite contentious. They are often viewed as turf battles with one group in favor of expansion. The other opposed to it. As legislators, you're left in the middle of trying to sift through volumes of information to determine the best outcome for Connecticut's citizens. This is not unlike nonscope issues that are handled regularly, however, questions of scope than to be very technical, highly-specialized, of little public interest and the parties involved are passionate, thus making them less desirable to deal with.

It is my belief that every committee is faced with issues that leave their members feeling ill-equipped to decide because they are not experts in those fields. In every -- is every member of the Transportation Committee a civil engineer or a traffic engineer? Does everyone on the Insurance Committee hold an actuarial degree? If not, should the issues before those committees be referred to a

subcommittee?

Should H.B. 6549 become law only non-MD providers would be done to it here to the proposed process since all non-MDs are legislated professionals. Where new technologies, new techniques or contemporary education exceeds our statutory abilities, we would have to argue our case to this appointed, not elected committee potentially comprised of one professional seeking expansion, a layperson and six MDs, one nonvoting. The group will make recommendations and suggest legislative changes. As a non-MD provider, I'm skeptical of my chances before this committee -- that committee.

It should become no surprise to you that the AMA has made this the establishment of state-based scope of practice reviewed committees a legislative priority. So in essence, you are embroiled in a turf battle over turf battles. Your constituents elected you to your position because they have confidence in your ability to make difficult choices. They trust you to analyze data and to do what's best for the community and state. Confirm their trust and confidence and reject this proposal. Thank you.

REP. RITTER: Thank you for your testimony.

Are there questions from the committee?

BRIAN T. LYNCH: Thank you very much.

REP. RITTER: Seeing none, thank you very much.

Our next speaker will be Mary Moller to be followed by Jack Mooney.

MARY MOLLER: Nice to see you again, Representative Ritter and members of the committee. My name is Mary Moller. I'm in advanced registered nurse practitioner in Washington state, where I have that licensure and an advanced practice HB 6549

registered nurse in Connecticut. I'm currently in the chair of the Psychiatric Nurse Practitioner Programs at the Yale School of Nursing and I'm in practice at Fairhaven Community Health Center doing integrated psychiatry, where there's psychiatric services provided in a primary care setting.

And my testimony was submitted. I am speaking for the spirit of the bill, as I did last year, but again, related to language. And I wanted to highlight on the second page of my testimony some suggested language change relating to what comes to a formal scope hearing.

And my statement is that perhaps we could take a look at some -- Section 1 Subsection F, which appears to be delineating a process to avoid requests going to DPH. I understand that and agree that is a matter of good public policy, urge you to expand criteria to reflect a basis for a decision that is in tune with scope decisions.

So perhaps, some language -- something like identify those requests that do not represent any significant change in scope, but rather represent the formalization of changes already occurring in education or practice within a profession due to the results of a surge in advances in technology and changes in health care demand among other things than and that from a regulatory perspective utterly inappropriate requisite training, pose no health or safety issue benefits to the public and has no negative impact on access to care.

And in that statement is based on what Mary Jane submitted and what Dianne talked about with the new IOM report on the future of nursing. And I'm speaking from a psychiatric perspective with the Affordable Care Act. In the process of rule writing for implementation with 32 million uninsured folks coming onto the docket, 16 million of those with serious mental illness, we're looking at access to

care not only for psychiatric care, but we know right now that 50 percent of psychiatric care is delivered in primary care and we really need providers to be able to function in their scope.

So I'm wearing two hats. With full scope of practice in one state that I maintain licensure because I'm still helping take care of patients there because they couldn't find another provider and here in a collaborative practice agreement which I'm able to have at Fairhaven, but many people have difficulty.

So what we really need to do is come up with one language that really looks at what is scope, what is getting on the train so that we don't lose providers. We're surrounded by states that do have independent practice and we're losing our graduates. We're losing providers here in the state of Connecticut that we really need. So I, again, have am spirit of the process, but suggest this language, as well as the language that I know that Dianne submitted, that we drafted from the coalition, the APRN coalition, in the state. Thank you.

REP. RITTER: Thank you for and testimony as well as for your suggested language. We always appreciate that.

Are there questions from the committee?

And I know you've been before us before so thank you very much.

MARY MOLLER: Absolutely. Thank you.

REP. RITTER: Next we'll hear from Jack Mooney to be followed by Bruce Tandy.

JACK MOONEY: Good afternoon Representative Ritter and members of the Public Health Committee. My name is Dr. Jack Mooney. I'm a Medicaid provider. I participate in the Home by One Program in dentistry and I also have a private

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practice, partnership with Generations, a federally-qualified health center in Willimantic. I'm the chair of the Connecticut State Dental Association's Access to Care Committee and also serve on the ADA's Council of Government Affairs. I, thank you for the opportunity to present testimony in favor of House Bill 6549.

Over the past several years, our committee has actively been seeking workable sustainable solutions that will positively affect access to oral health, and ultimately, improve the oral health for all citizens of our state. Our committee immersed itself in looking at a variety of different models, including some with scope increases to see if they could be part of the solution. While we found some scope increases to be appropriate, we also found other ones to be contraindicated. I'm not here to talk about that today. I want -- but would like to speak strongly in favor of this bill, because it sets forth the process of formal protocols that will allow you, as legislators, to make an informed decision on requests for increased scopes.

Having sat through multiple increased scope hearings in 2004 in front of this committee, I personally know how emotional and passionate those hearings are. Claims are made. Studies are cited and experts are quoted and you, as legislators, are expected to act and sometimes do so without time to critically evaluate the arguments that both sides have made.

With regard to the provision in Section 2, I would request that the Public Health Committee consider working with the CSDA to improve that language. The establishment of committees to review scope requests is appropriate as long as the members of the committee have the background and specific expertise to effectively adjudicate each request. Is not clear that the language currently written -- and I don't have a suggestion right now so please don't ask me -- clearly incorporates

such expertise. I would like to thank the committee again for supporting this important bill.

I feel this bill gives all parties involved time to present their case, have their supporting data critically evaluated and allow this committee to receive a report based on evidence versus emotion and the health and welfare of our citizens deserve no less.

Thank you, Representative Ritter.

REP. RITTER: Good timing. Thank you for your testimony.

Are there questions from the committee?

Thank you very much.

Next speaker will be Bruce Tandy followed by Scott Bailik.

BRUCE TANDY: Good afternoon Representative Ritter, members of the Public Health Committee. My name is Dr. Bruce Tandy. I'm a private practice general dentist in Vernon and Coventry. I treat Medicaid children and adults, participate in Home by One, and am one of the leads of the Mission of Mercy Project.

I'm also a past president of the CSDA representing over 2400 dentists and members of the dental team, who communicate, educate, advocate and collaborate on oral health issues and provide care to the citizens of Connecticut. I thank you for the opportunity to prevent this -- to present this testimony to you in favor of House Bill 6549.

Access to oral health care for those individuals who do not have insurance or the financial means to seek treatment has been problematic since I entered practice 30 years ago. We have learned over the period of time that oral health and general health is intimately linked to the overall well-being of

the citizens of Connecticut. A process to determine if scope of practice changes will improve access to care before changes are legislated is a major step forward in a never-ending debate.

As long as I can remember, scope of practice issues have existed in dentistry. The annual debate amongst dentists, dental hygienists and dental assistants across the country, and in Connecticut, has been emotional between the dental team members and within the dental profession itself. Four years ago, the CSDA formed an Access to Care Committee chaired by Dr. Mooney to determine the best approach in addressing access to care issues, the driver of this debate. Models from around the world were evaluated, and ultimately, the CSDA identified interim therapeutic restoration, expanded function dental assistants and dental therapy as potential scope of practice concepts that could have a positive effect on those in need being able to access care.

The basis of these decisions was an evidence-based approach to the issue, not an emotional one. Making emotional decisions on scope of practice issues without data to support positive outcome on access to care is doomed to failure. House Bill 6549 establishes a process to take the emotion out of the scope of practice debates for all professions, develops evidence-based parameters for decision-making, involves partial committee members and will, ultimately, help guide the final decision-making by this committee and the Connecticut state Legislature.

A caveat to consider is that, if there are multiple models earmarked in health care area to approve access to care, they are all vetted to determine the best individual or combination of models to truly achieve the intended outcome. The goal for all the health care professions and government is to get the best health care possible to the citizens of

the state. Passing House Bill 6549 is an important step in making this happen. I strongly urge the support of this process. Thank you.

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

Are there any questions from the committee?

No. Thank you.

BRUCE TANDY: Thank you.

REP. RITTER: Our last speaker on this bill will be Scott Bialek. I hope I did that better.

SCOTT BIALIK: It's Bialik, but thank you.

REP. RITTER: I tried the first time.

SCOTT BIALIK: Representative Ritter and members of the Public Health Committee, thank you for the opportunity to speak in support of House Bill 6549. I'm a pediatric dentist practicing in Brookfield, Connecticut, and have been doing so since 1997. I have, in the past, served as a clinical instructor to Danbury Hospital and at Yale New Haven's Children's Hospital. I'm a member of the Connecticut State Dental Association and a board member of the Connecticut State Pediatric Dentists and a board member of Connecticut Oral Health Initiative. I am also on the board of Connecticut's Home by One Project for infants and not only serve as a member of the Department of Social Services Connecticut Dental Health Partnership Dental Policy Advisory Council, which provides oversight of our state's dental Medicaid system, but I'm also a Medicaid provider.

As you are aware, deliberating on a requested change of professional scope of practice is an arduous time-consuming and sometimes an emotionally charged minefield to navigate through. H.B. 6549, AN ACT CONCERNING THE

PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCUBA PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONALS appears to be just the vehicle need. All too often, legislators are presented with arguments which are based more on emotions rather than facts. This fear -- this bill appears to diffuse emotions by creating standardized framework that asks questions and looks at evidence. This evidence is important to determine the true impact on quality, safety, access to care and yes, the costs associated with such a change.

We at COHI, Connecticut Oral Health Initiative, have discussed this bill and it's ramifications with other oral health advocates -- advocacy groups such as the Dental Hygiene Association, the Dental Assistants Association, the Connecticut Dental Association and the Connecticut Health Foundation. Surprisingly, all these groups saw the wisdom of such a bill and agree to support it. I urge you to pass H.B. 6549 and I would like to respectfully thank the members of the Public Health Committee for allowing me to provide this testimony. If you have any questions and be more than happy to address them.

REP. RITTER: Thank you very much.

Representative Nardello.

REP. NARDELLO: In your testimony you say that there are groups that are supportive of this bill. Do you have a signed resolution or statement from all of those groups in support of this bill that you can submit to the committee?

SCOTT BIALIK: No. We created a collaboration -- COHI created a collaboration to -- basically for advocacy on bills that would increase access to care and scope. We did not see the need to sign a piece of paper, but we all agreed to it in principle and there were a number of -- all the groups were represented

there.

REP. NARDELLO: Well, I would just ask you that you're speaking for other groups in your testimony and making a statement as to their support of something. So I would ask you to submit to the committee a signed type of resolution, because you're speaking for someone else. If you speak for yourself, we fully understand that your ability to do that, but in your statement you reference other groups and so I would, you know, I would appreciate if you would do that for the committee. Thank you.

SCOTT BIALIK: All right. I'm sure we can talk to them and get them to do that.

REP. RITTER: Thank you very much.

Any other comments from the committee?

Thank you for your testimony.

SCOTT BIALIK: Thank you.

REP. RITTER: We will move to Senate Bill -- Item 6 on our agenda, which is a Senate Bill 948. And our first Speaker will be Julie Kushner followed by Brian Johnson.

JULIE KUSHNER: (inaudible).

REP. RITTER: Too bad Senator Harris isn't here to hear that. We could give him a hard time because he's -- he left us.

JULIE KUSHNER: I do want to thank the Chair, Representative Ritter and the committee for allowing us to speak today. I'm here in support of Senate Bill 948, AN ACT CONCERNING SMOKING IN WORKPLACES and we strongly -- I'm Julie Kushner. I'm the director of United Auto Workers Region 9A. We represent the 2200 dealers at Foxwoods Casino. And we are here strongly to urge passage of this bill, because we believe that all workers should work in a

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Connecticut State Medical Society Testimony on

H. B. 6549 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATONS FOR HEALTH CARE PROFESSIONS

Presented to the Public Health Committee

March 11, 2011

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, my name is Ken Ferrucci, senior vice president for government and society affairs for the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 physicians and physicians in training, thank you for the opportunity to submit this testimony to you today in support of **H. B. 6549 (RAISED) CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATONS FOR HEALTH CARE PROFESSIONS.**

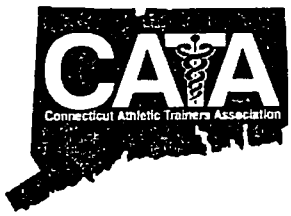
CSMS first had the opportunity to support this legislation as drafted from recommendations by the Program Review and Investigations Committee. It was our pleasure at that time to work with the professional staff and in particular Brian Beissel as the committee developed the thorough and comprehensive report from which this legislation originated. We appreciated the opportunity to meet with staff members of the committee and provide information to assist in the research and drafting to ensure that physician concerns were identified during the process of review and investigation.

CSMS and many national physician medical specialty societies and organizations have consistently supported the establishment of state-based scope of practice review committees to address what best can be described as scope-of-practice matters. Often, legislatures are overwhelmed with the number of scope issues they are asked to consider in any given session and scope matters often require a fundamental, as well as specialized knowledge of the services in question, and/or the clinical decision-making and approaches to medical care required to successfully provide medically necessary patient care. The creation of state-based review committees that assess scope of practice initiatives prior to their introduction to the legislature may serve to expose such initiatives to the scrutiny necessary to ensure that they are in the best interest of public health and also allow the General Assembly to gain some additional information before making an informed decision. A state-based review committee could provide a process for objective review of proposed changes in the scope of practice of non-physician practitioners in a matter that allows the presentation of all relevant clinical and non-clinical facts and information before a recommendation is made.

CSMS supports the provisions of Section 1 that would require professions seeking to alter a scope of practice to submit a detailed proposal to the Department of Public Health. The required information is comprehensive, as it should be, as all too often decisions to alter scope are based on anecdotes and not on the concrete information that would be required by this language.

While we support the establishment of review committees as attempted by language in Section 2, we ask for the opportunity to work with the Public Health Committee to ensure that representation on the review committees is appropriate for the proposal submitted, as the language presently before the committee may not fully provide for the inclusion of a practicing physician on all matters impacting the practice of medicine. In many of the situations envisioned associated with a scope matter, at least one of the groups raising concerns about a proposed change will be an organization of physicians. However, if this is the case and as presently drafted, we can anticipate situations in which no actively practicing physician would or could be on the committee. As presently structured, state professional boards and commissions, including the medical examining board, contain members of the public, as well as retired or non-practicing physicians. CSMS also believes that this bill should contain language that clearly delineates the ability for impacted medical specialties to play a role either on the committee itself or to have the opportunity to present any concerning or supportive testimony before the committee.

CSMS believes that the issues we have raised regarding appropriate representation on review committees can be easily addressed through some minor language adjustments to the bill so that the much-needed process to adjudicate scope of practice requests can be effectively implemented, thus reducing the volume of scope-of-practice legislation that the General Assembly must wade through each and every year. We believe that this approach to scope of practice issues is both time-saving and cost-saving for the General Assembly, as well as in the best interest of patients. We welcome the opportunity to work with you to ensure that what comes before this and other legislative committees in the future has been fully vetted and reviewed from a clinical standpoint and all necessary and sufficient information has been presented and considered before a decision has been made on making adjustments to scope of practice that will have an impact on the medical care provided to Connecticut residents.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

March 11, 2011

Testimony of Justin LeDuc, on behalf of the Connecticut Athletic Trainers' Association, in Support of HB 6549: "AAC the Department Of Public Health's Oversight Responsibilities Relating to Scope Of Practice Determinations for Health Care Professions."

Good morning Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Justin LeDuc. I am the Head Athletic Trainer at Trinity College, and the Chair of the Connecticut Athletic Trainers' Association Governmental Affairs Committee. I am here today to testify on behalf of the association in support of HB 6549. This bill would provide a formal process, under the oversight of the Department of Public Health, by which health care professions seeking a change in their scope of practice could make such requests. This would relieve the legislature, principally this committee, of being in the position of having to make decisions about scope of practice, which many members often feel less than knowledgeable to make, particularly when there is disagreement among professions about the requested changes. This bill would provide a formal mechanism for resolving such conflicts, and would make the process much more equitable for emerging professions and those without deep pockets – both of which describe the athletic training profession. Athletic training is a relatively young profession with many fewer members and a significantly lower budget than the professions who traditionally choose to protect their "turf" and oppose us. The current process allows requests for scope of practice changes to become political, in that some professions protect their "turf" through the lobbying process. Professions with large memberships and budgets are at a decided advantage when facing smaller groups, as there are more members to mobilize to lobby legislators and more funds with which to hire lobbyists. Instead of allowing for an objective examination of the impact on both patients and the public good a requested scope of practice change might have, the current process unfortunately can result in a political football game over professional "turf."

The proposed process in HB 6549 would allow for scope requests to be evaluated in a more objective fashion by members of multiple health care professions and a member

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of the public, while allowing both the profession requesting the change and others who oppose the change to be heard in a formal manner. By requiring the issues between professions that invariably arise when there are scope of practice change requests to be resolved prior to these requests reaching the legislature, the onus for resolving such conflicts is taken off legislators, many of whom have expressed feeling unqualified to have to make these decisions anyway. The proposed process should also help to streamline the scope change process, instead of the current process which sees such requests drag on from session to session, often slowed purposefully by opposing professions.

It is imperative that all health care professionals be able to practice to the fullest extent of their education and training, particularly in light of health care reform. Students who graduate from colleges and universities in Connecticut should be able to find opportunities to practice to the fullest extent of their education and training without having to leave the state. When professional practice evolves, and practice standards change, the statutes must also change to keep up. Providing a formal mechanism to evaluate requests for scope of practice changes would be beneficial to all involved. We urge you to support HB 6549. Thank you.

Connecticut Association of Nurse Anesthetists

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Written Testimony of
Dianne M. Murphy, RN, APRN, CRNA, MS
Connecticut Association of Nurse Anesthetists

Raised Bill No. 6549, An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions.

Friday, March 11, 2011
General Assembly's Public Health Committee

Good Morning Senator Gerratana, Representative Ritter, Members of the Committee. My name is Dianne Murphy. I live in Waterbury. I'm a licensed Registered Nurse (RN) and Advanced Practice Registered Nurse (APRN), a Certified Registered Nurse Anesthetist (CRNA), and I hold a Master's Degree in Biological Sciences, specializing in anesthesia. Today I am here to speak as President of the Connecticut Association of Nurse Anesthetists (CANA), which represents nearly 400 CRNA members. Thank you for the opportunity to testify on Raised Bill No. 6549, "An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions."

CANA understands that the Connecticut legislature would like a system to assess scope of practice requests. We compliment the committee for being ahead of the nationwide movement for Scope of Practice reform which is emerging. Advocates of healthcare reform argue that Scope of Practice reform is essential and that access to quality healthcare can only be assured if healthcare professionals can practice to the full extent of their education and ability.

We like the changes the Committee has made to the language so far. Some of our concerns were addressed. After reviewing the proposed legislation, we conclude that the proposal is still flawed. The thrust of much of the work on Scope of Practice reform by the Institute of Medicine and others is to make it easier for all health care professionals to practice to the full extent that their education and skill allow. Their goal is to make Scope of Practice decisions less contentious and to move away from a model where all changes are seen as turf battles and toward a more inclusive view where increasingly there will be areas of overlap among the Scopes of Practice of healthcare professionals.

We are concerned that House Bill 6549, as currently drafted, proposes a process that is too complex and too contentious for many Scope decisions. In addition, the proposal still appears to be grounded in the dated assumption that all non-physician scope of practice issues are attempts to encroach upon a physicians' scope of practice, rather

than viewing the issues as the efforts by a set of healthcare professionals to practice to the full extent of their skills and education.

Some additional concerns include.

- Raised Bill No. 6549 assumes that all legislative changes equal scope of practice changes for health professions. The question of exactly what constitutes a scope of practice change and what entity determines it is not addressed.

- This bill reflects a key point raised in the early process of development of this bill by PRI which illustrates, we contend, how a physician bias crept into the review. Connecticut's original scope of practice for physicians gave the profession an unrestricted practice scope in the field of medicine and surgery which continues to exist. **It is within the context of the scope of practice for physicians and surgeons that other health care professions are generally judged when wanting either to establish or expand their scopes of practice. This is stated as fact, yet it is in fact, opinion. It reflects a very physician centric view of the complex healthcare field and is no longer the dominant viewpoint among forward looking policy leaders.** Please also understand that it is in no way part of the education or training of physicians to adjudicate the scope of practice of others or to preside over all other health care professions.

- All health professions but one are subject to intense scrutiny. Physicians who broaden their practice are not affected by the requirements of this Raised Bill.

- Raised Bill No. 6549 is too closely modeled on the American Medical Association (AMA) Scope of Practice Campaign Advocacy Resource Center's document "Creation of State-based Scope of Practice Review Committees Legislative Template". Attached, find the AMA document "Creation of State-Based Scope of Practice Review Committees" Legislative Template to see the following similar elements:

  1. Committee membership elements a compilation of Arizona, New Mexico, Texas AMA approaches. Pp5-6
  2. Deadline concept for initial notification of legislature. P9
  3. Information required of proponent. Pp9-10, d: i – ii, v
  4. Additional burden of information requirements placed on proponents in Bill 5258, P11
  5. Potential harm, benefits, economic impact and access to care, need for a change, review of other states practices. b: iv 1 2, 3, 5; vi, vii.

- The AMA's public position is to oppose any scope of practice change as an "expansion" by non-physician health professionals. The AMA Scope of Practice Partnership was created expressly as a tool to assist in attempts to stifle efforts by non-physician health professionals to make any changes in their scopes of practice. Given that background, it is not comforting to see the closeness of some requirements of Raised Bill No. 6549 to the AMA's political document, and it seems unlikely to build the confidence of the non-physician professionals that it will be a fair, reasonable process for scope of practice determination can be created.

- Proponents of legislation are required to deliver supporting documentation to opponents. Is it not more reasonable for opponents to create their own arguments? Primary opposition to any scope of practice change is organized medicine, as evidenced by the AMA's Scope of Practice Partnership.

- Licensed Health care professionals forced to jump over artificially constructed hurdles that serve as a barrier to prevent professionals from delivering services they are able to safely perform.

- What is the relevance of the history of requested scope of practice changes? If a profession has asked for a change more than one time does it become unreasonable to request? This history has no bearing on the professionals' ability to provide a service. It is only relevant to demonstrate that the service can be provided safely and competently.

- Reporting on the economic impact on the profession creates a double standard. Physicians who already have all-encompassing scopes of practice do not need to request a change and therefore never have economic interest evaluated. Conversely, all other professionals have motives dissected. It is anticompetitive.

- It is unclear how comprehensive a summary of regional and national trends would need to be. An entire history of similar scope practice initiatives would be too broad and burdensome to undertake thereby suppressing any potential requests by professions who do not have significant support. What is considered relevant? This limits any potential improvement in access to care.

- It is unreasonable to expect a health care professional group to identify opponents to objectively assess the history of interactions and efforts to discuss the issue and summarize areas of opposition and agreement. This option requires the proponents to do the opponents work for them.

- What health care professional could have no interest when to evaluating a scope of practice request? Who determines what profession would be impartial?

The Connecticut Association of Nurse Anesthetists sincerely appreciates the devotion of the Public Health Committee to the mission or protecting the public. Along with the AMA document, please find the other attached documents: suggested revisions to Raised Bill No. 6549 created by the Connecticut Coalition of Advanced Practice Nurses, "Changes in Healthcare Professions' Scope of Practice: Legislative Considerations" by the National Council of State Boards of Nursing in conjunction with social work, physical therapy, physicians, occupational therapy, nursing and pharmacy, and finally, "The Future of Nursing" by the Institute of Medicine. The Connecticut Association of Nurse Anesthetists envisions a truly multidisciplinary approach to meet the needs of access to high quality, affordable healthcare for the people of Connecticut. **We would be happy to work with you and other providers to develop a process that could facilitate Scope decisions that protect patient safety, improve access for all to quality healthcare and respect the talents, education and dedication of the wide array of professionals in the healthcare field today.**

Dianne Murphy, RN, APRN, CRNA, MS

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TESTIMONY RE: H.B No. 6549 (Raised) AN ACT CONCERNING DEPARTMENT OF PUBLIC HEALTH OVERSIGHT RESPONSIBILITIES RELATING SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Public Health Committee
March 11, 2011

Good morning Senator Gerrantana, Representative Ritter, Senator Welsh, Representative Perillo and 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 over 45 years and have been educating nurses in Connecticut in both the public and private sector for over 40 years.

I am speaking in opposition to the current language in Raised Bill No. 6549, "An Act Concerning Department of Public Health Oversight Responsibilities Relating to Scope of Practice Determination for Health Professionals. "

I understand the huge dilemma faced by the Public Health Committee members who seek an objective solution to issues that address scope of practice. I agree that we all need resolution on this difficult dilemma. However, decisions should not be made

related to change based on controversy but ultimately what is good for the public we serve.

The dedication and research into this process over the last several years is to be commended. The decision to move forward with this legislation however is not in the best interest of the 140,000 licensed health professions that would have to utilize the process created to deal with "Scope of Practice Determination." The current proposed legislation does not reflect best practice regarding scope of practice procedures. It will create a system that will be time intensive and subjective at best. I would like to present a different perspective and I will provide you with language that the Coalition of Advanced Practice Registered Nurses and I as a Registered Nurse representing CNA find acceptable to the process.

Over the past two years, The Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) have studied from a National perspective the future of nursing. In summary the report has four key messages and eight recommendations.

Key Messages include:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners with physicians and other health care professionals in redesigning health care in the state.
4. Effective workforce planning and policy making require better data collection and improved information infrastructure.

Eight Recommendations from the IOM report include:

1. Remove Scope of Practice Barriers.

2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement Nurse residency Programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure nurses engage in life long learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build Infrastructure for the collection and analysis of inter professional health workforce data.

I would like to focus on two of the recommendations: 1 and 3
Nursing is one of the largest health care professions that is regulated at the state level through scope of practice legislation. These statutes also articulate the licensing requirements. Professions are typically regulated by statute, with the responsibilities of enforcement delegated to state regulatory agencies and boards or commissions. Because states in the US have different laws, the tasks nurse practitioners are allowed to perform are determined not by their education and training but by unique state laws under which they work.

The IOM report offers recommendations to a variety of stakeholders to ensure nurses practice to the full extent of their education and training. One sub recommendation is targeted at anti competitive conduct in the health care market including restrictions on business practices of health care providers, as well as policies that could act as barriers to entry for new competitors in the market place (IOM). As leaders, nurses, must act as full partners in redesign efforts, be accountable for their own contributions to developing high quality care, and work collaboratively with leaders in other health professions. Nurses need to be full participants in health policy, health care reform, actively participate on advisory boards. An example is Sustinet recognizing that APRNS

as primary providers, who provide 50% of the primary care in Connecticut have a seat on the advisory board.

Nursing is an autonomous profession, which means nurses have a high degree of control of their own affairs: "Professionals are autonomous insofar as they can make independent judgments about their work" this usually means "the freedom to exercise their professional judgment." Nursing in Connecticut as a profession has demonstrated its ability to make and exercise professional judgment. Nursing in Connecticut has consistently demonstrated its ability to self regulate, and hold accountable its members through the Board of Examiners for Nursing (BOEN).

The nursing profession enjoys a high social status, regard and esteem which is conferred upon them by society. Nursing is viewed as the most trusted profession by the public in surveys conducted during the last decade. This high esteem arises primarily from the higher social function of their work, which is regarded as vital to society as a whole and thus having a special valuable nature.

The nursing profession involves technical, specialized and highly skilled work often referred to as "professional expertise." Education for this work involves obtaining degrees and professional qualifications without which entry to the profession is barred. Education also requires regular updating of knowledge and skills that facilitates the incorporation of this new knowledge in order to maintain expert competence and public safety. This is accomplished through continuing education especially at the advanced levels for continuing certification required for APRN recertification.

Nursing is late in recognizing its potential power and has inadvertently allowed other health care professionals to attempt to utilize their power to control provider practice. This represents a restraint of trade. We can not support any legislation that would allow one profession to exercise a dominating influence over its entire field which means that the profession can act monopolist, rebuffing competition from other professional health care providers as well as subordinating and controlling lesser but related health care

providers. In the current health care environment, with the proposed implementation of "The Affordable Health Care Act," nationally and Sustinet at the state level.

We as responsible leaders at the policy table need to assure all health professionals are working to the full extent of their education and training. If we do not we will find our selves in the middle of a health care crisis without adequate providers. Massachusetts is an example of this crisis. As a result of the health care legislation in Massachusetts APRNS practice independently.

The current proposed legislation is an attempt to legislate a system to determine scope of practice. The data analyzed in the national review of how scope of practice is determined supports the request of the nursing community.

Therefore if we recognize nursing as a profession, based on the tenets of a profession, that nursing is autonomous and self regulating we must also make regulations for nurses and its members that facilitate its determination of scope of practice without the current impediments that continue to inhibit nurses from functioning at their level of education, experience and current scope of practice.

I have provided you with Coalition language that we feel adequately accomplish the goal set forward. I have also attached to my testimony a copy of the IOM report for your review. This is not about one group of nurses this call for full scope of practice applies to all health care providers via a system that works in the infrastructure we currently utilize in Connecticut.

Thank you

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 11, 2011

Jennifer L. Filippone, Health Care Systems Branch, (860) 509-7590

House Bill 6549 - An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions

The Department of Public Health provides the following information with regard to House Bill 6549.

Although the Department does not believe that there are significant deficiencies in the outcomes of the existing scope of practice determination process, we do recognize the potential benefits of a more formal process that is focused on public health and safety and based on standardized critena, and that can also be used to gather, analyze and evaluate information from stakeholders. House Bill 6549 mandates a formal process for the submission and review of requests submitted by health care professions seeking to revise existing scope of practice language or to establish a new scope of practice. Scope of practice review committees would review and evaluate scope of practice requests and provide written assessments of the requests to the Public Health Committee, including any legislative recommendations. The Department of Public Health would be responsible for receiving scope of practice requests and for establishing and providing support to each of the scope of practice review committees.

The Department supports the development of specific criteria that would provide common standards to be applied in submitting a scope of practice request to the legislature and establishing time frames for.the submission of such requests as well as any statements of opposition. However, although the Department is willing to continue to informally meet with professions to discuss scope of practice issues, we do not have the necessary resources to support the recommended scope of practice review committee model. In addition to overseeing the process and participating in committee meetings as an ex-officio member, the Department would clearly be responsible for providing administrative direction and support to the scope of practice review committees. The Department cannot absorb the costs associated with this process within our current budget allotment.

Department staff shares the frustration of health care practitioners and members of the Public Health Committee that the scope of practice review process is complex, resource-intensive and time consuming, and acknowledges that there is currently no formal structure for dialogue between professions when differences occur. While a more structured process may be beneficial, the proposed model does not appear to encourage opposing parties to find common areas of agreement which can provide a solid foundation for scope of practice discussions. The scope of practice review committee model shifts the burden of determining which stakeholder has the most credible argument from the legislature to an outside panel. Should this proposal move forward, the Department would welcome the opportunity to provide more specific comments concerning the proposed scope of practice review committee process and structure for your review and consideration.

Thank you for your consideration of the Department's views on this bill.

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Legislative Testimony
HB 6549AAC The Department of Public Health Oversight Responsibilities Relating To Scope of Practice Determinations For Health Care Professions
Public Health Committee
Friday March 11, 2011
Testimony of Allen Hindin, DDS, MPH

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, I would like to thank-you for permitting me to submit to you this written testimony in support of HB 6549.

I have almost 40 years of experience in public health dentistry, including US Army (1971-74), school based health service development and implementation in CT (1975-81), full time hospital dental service and general practice dental residency director (1979-96), as well as directing a United Cerebral Palsy clinical dental service in Brewster, NY and my private practice in Danbury, CT (1996-present). I also worked with The Council of State Governments, which produced "Suggested Dental Legislation" and participated in Sunset 1980 here in Connecticut.

During the past 35 years, I have frequently participated in writing proposed regulations and bills related to dental care in Connecticut. I have submitted testimony and spoken before your committee on numerous occasions. It is from this perspective that I have grown to appreciate how difficult a task that legislators have, to make rational decisions regarding scope. Each licensed profession has both public and self concerns, each can point to new discoveries which justify increasing their scope of practice. All defend the space they have been legislatively allotted and often do so vigorously. Of what benefit to the public, which you represent, is often hard to determine, especially in politically charged environments. Truth becomes elusive.

I have long believed that some mechanism for objectively evaluating proposals regarding scope would be of great value to The Public Health Committee and other members of The Connecticut General Assembly. H.B. 6549 is just such a mechanism. It will go a long way towards making sense of what has for too long been otherwise regarding scope of practice.

Respectfully,

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Testimony on H.B. 6549: AAC The Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions

March 11, 2011

Submitted by: Stephen Karp, MSW, Executive Director

The National Association of Social Workers, CT Chapter is in general support of H.B. 6549. We appreciate the difficulty legislator's face in evaluating bills regarding professional scope of practice, especially as most legislators will not be members of the profession that the bill addresses. We feel that having a process in the front end before legislation is offered that requires professions to address issues of need and impact is a reasonable requirement that will hopefully lead to better legislation.

While we are in general support of the bill there are several sections where we strongly recommend the language be modified, as follows:

- **Section 1. (5):** We urge that the following language in italics be deleted: "*and the impact that the request will have on current regulatory oversight*". We do not believe that a profession can speak for the regulatory agency responsible for oversight as to the impact on that agency. We support such an impact analysis but it needs to come from the oversight agency, not the profession submitting the scope of practice.

- **Section 1. (11) (d):** We recommend that the time for a profession to respond to a posting of a proposed scope of practice be longer than the current deadline of October 1st. This only gives professions from September 15 to October 1 to respond to another profession's filing of a scope of practice. Most health care professions are represented by volunteer leadership and associations that have internal decision making processes for which a two-week turn around period is inadequate to fully digest another profession's proposal and to offer a substantial response. Not all professional associations even have full-time staff that can address a response. *We recommend a 30 day response period with an October15th deadline.*

We want to note that this year's bill is an improvement over last year's version and especially appreciate this year's revisions to section 1 (8) that now limits the information to disciplinary action over the past five years, as recommended by NASW/CT in 2010.

Thank you for consideration of our comments and recommendations presented in this testimony.

Testimony of
John Satterfield, M.D
before the
Public Health Committee
on
House Bill 6549
"An Act Concerning The Department of Public Health's Oversight Responsibilities Relating To Scope Of Practice Determinations For Health Care Professions"

March 11, 2011

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, my name is John Satterfield. I am a Board Certified Anesthesiologist, a practicing physician at The Hospital of Central Connecticut and President of the Connecticut State Society of Anesthesiologists (CSSA). I come before you today in support of House Bill 6549, "An Act Concerning The Department of Public Health's Oversight Responsibilities Relating To Scope Of Practice Determinations For Health Care Professions". CSSA welcomes the opportunity to comment to you today.

Anesthesiologists understand the dilemma facing legislators with regard to scope of practice issues. Busy legislators do not have the time or resources to completely understand the implications of each scope of practice proposal. Additionally, any requested change in practice needs to be thoroughly evaluated, in an unbiased fashion, to ensure ongoing patient safety. Over the last several years, efforts have been made to change the scope of practice relationship between APRN's and physicians particularly with regard to the formality of the relationship, the actual definition of collaborative agreement and the responsibilities prescribed to both parties in such agreements.

Establishing a review committee would provide a forum for objective review of proposed changes in the scope of practice. We agree with the scope of practice review committee being housed under the Department of Public Health to perform a professional review and make recommendations for change. When establishing parameters for scope of practice for health care professionals, we support this process being administratively overseen by the Department of Public Health, as suggested in the language in HB 6549.

The creation of a state level scope of practice review committee that assesses scope of practice initiatives *prior to* submission of legislation, would serve to create a level playing field for discussion. Hopefully having this process in order will allow for ample time for the Department's review committee to make assessments before the legislative session begins.

CSSA supports the open, professional unbiased and fair process that would be established under this bill. We are optimistic that it will indeed be successful. Thank you again for the opportunity to speak today.

"Oral health for all"

Testimony of Connecticut Oral Health Initiative (COHI)
to the Public Health Committee
in Support of H.B. 6549
March 11, 2011

Senator Gerratana, Representative Ritter and members of the Public Health Committee, thank you for the opportunity to speak with you today in support of H.B. 6549.

For the record, I am Dr. Linda Erlanger, Advocacy Consultant for the Connecticut Oral Health Initiative, also known as COHI. COHI is the state's leading oral health advocate, working with other stakeholders across Connecticut to advance oral health for all.

H.B. 6549, An Act Concerning the Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions, proposes a fair and balanced process to evaluate evidence-based information for requested changes to a professional scope of practice. This evidence is important to determine the impact on quality, safety and access to care if, or when, scope of practice advancements are recommended for legislative review.

As an oral health advocacy-focused organization, COHI appreciates that population demands, advances in technology, decreased health-care dollars and other demographic, social and environmental factors may stimulate discussion on healthcare delivery needs. We are encouraged that the bill's proposal includes an official appointment of a committee whose members have no professional or personal interest or investment in the scope of practice request. We are confident that this committee would carefully review the value of any such request, with consideration to consumer needs, the competency and availability of dental care resources, the benefits and costs to the public and the professional community, as well as the outcomes of similar scope of practice decisions in other regions of the U.S.

A scope of practice request can pose challenging debate for legislators, professionals and the general public. We appreciate that you have formulated and raised H.B. 6549 to address these requests with an objective approach.

Thank you for your consideration in this matter. If you have any questions regarding this testimony, please contact me at lindae@ctoralhealth.org or 860.246.2644, ext 202.

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Written Testimony of the
Connecticut ENT Society
Connecticut Urology Society
Connecticut Society of Eye Physicians
Connecticut Dermatology and Dermatologic Surgery Society
H. B. No. 6549 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Before the PUBLIC HEALTH COMMITTEE
On
March 11, 2011

Addressing the process of scope of practice determinations and how these determinations ultimately affect the quality of health care for Connecticut residents has been a major issue for at least the past twenty years. We understand that these decisions in the past have placed a significant burden on the Department of Public Health, the legislature, its staff, and the Public Health Committee.

We believe Connecticut's citizens will be best served if all scope of practice issues are determined after consideration of objective, well-documented criteria with the ultimate goal of protecting the safety of all patients. The deliberative process needs to be transparent, impartial, and free of special interest or personal influence. We encourage the requirement of notification to the Department of Public Health prior to legislative session when scope of practice issues are being considered. We also strongly support the concept that demonstrating a verifiable, compelling need for any change proposed scope of practice. The presumption should be that the scope of practice should not change; placing the burden of proof on the petitioner to demonstrate a need that justifies further action by the legislature. We would also encourage further utilization of mediation, a process that has worked well in the past.

We believe the bill can be strengthened further with the adoption of a few additional requirements for changing any scope of practice. Education purported to support the petition for expansion should be explicitly detailed, including the actual time spent, and the type of teaching involved: lecture, video, or actual performance of a procedure, for example.

To the extent that practitioners with different credentials may begin to overlap in their allowed activities, patients may become confused about who is providing their care, and may wish to exercise control over which practitioners they see. It should therefore be required that practitioners fully identify themselves by degree and qualification when presenting themselves to patients prior to providing health care services.

We believe the exclusionary language for the at-large professional and public members, stating that they have no "personal or professional interest" in the proposed change, should not be interpreted too broadly. For instance, it would not be necessary or appropriate to exclude a general internist from a committee hearing a scope dispute between podiatry and orthopedics, solely because he or she held an MD or DO degree. We would like explicit language to that effect included in the bill, or at least in the statement of legislative intent. We further believe that it is appropriate for one member of the panel to be designated to represent the specific respondent (opposition) specialty as they often have specific insight and experience that would be helpful in the discussion of scope of practice issues. When necessary, they could come from professionals outside the respective Boards or Commissions involved in the discussion. We would also encourage the inclusion of a representatives from the two medical schools in the state to be included on the panels, as they would provide insight regarding current medical education.

We respectfully offer some specific suggestions for several modifications we believe will improve HB 6549:

1. Section b (8) should include malpractice data where it is available. For example, since MD and some non-MD professions are now required by state law to report malpractice events to the DPH, the, data that they collect should be considered.

2. Section b (10) needs a longer time frame. Fifteen days to analyze and generate a comprehensive response is simply too short. The applicants will have at least nine months to prepare their petition and gather supporting data, we recommend a period of at least 30 days for review

3. Similarly, the deadline date for the rebuttal by the applicant should also be at least 30 days

We hope you will incorporate these improvements into the final bill regarding determinations for Health care professionals. Thank you for addressing this difficult issue in such a thoughtful manner. The physicians and surgeons of Connecticut stand ready to help you forge an effective and fair process that protects the health and welfare of our state residents.

Testimony of
AFT Connecticut

HB 6549 An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations of Health Care

Public Health Committee
March 11, 2011

AFT Connecticut is a statewide labor union that represents more than 6,000 healthcare workers in public and private sector hospitals, clinics, home health agencies and schools throughout the state. These workers are registered nurses, licensed practical nurses, advance practice nurses, technicians, technologists, therapists, researchers, aides, clerical personnel, and maintenance and service workers.

AFT Connecticut understands that scopes of practice for health care professionals may need to be modified over time. Training, education, technology and the needs of health care institutions frequently change and practitioners are required to adjust accordingly. The current practice of defining scopes of practice in statute and amending them through the legislative process has allowed health care professionals and policy experts to share experiences and recommendations with the legislature. We strongly believe that this part of the process must be maintained and perhaps, enhanced.

While the legislative process can be slow and legislators, as part-time lawmakers, may not have in-depth knowledge about a particular practice area, the General Assembly, like no other entity, has the ability and the resources to gather input from relevant experts and stakeholders statewide. Through this process AFT Connecticut, like other professional organizations, has been able to share concerns with decision makers about how changes to a practice act would impact practitioners and their ability to deliver safe, quality health care services.

Amending a scope of practice is not an academic exercise. These actions will have real life implications that may apply to the entire industry or to a unique setting. Without including a process to solicit feedback and expertise from all stakeholders, any method for altering practice acts would be doomed to fail. For this reason, AFT Connecticut encourages the Public Health Committee to maintain an avenue for health care professionals and their advocates to engage in meaningful discussion that will result in scopes of practice that accurately reflect the needs of the workers, consumers and the health care industry.

Tri-Council for Nursing

For Immediate Release

Tri-Council for Nursing Calls for Collaborative Action in Support of the IOM's *Future of Nursing* Report

WASHINGTON, D.C., October 14, 2010 – Today, the Tri-Council for Nursing announces its strong endorsement of the new Institute of Medicine (IOM) report on *The Future of Nursing* and calls for collaboration among stakeholders to advance the report's recommendations. The Tri-Council organizations, including the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing, are united in their view that this report provides a practical blueprint for elevating nursing's role in transforming the healthcare delivery system and meeting the challenges of healthcare reform for the betterment of patient care.

The Tri-Council recognizes that nurses, as the largest component of the healthcare workforce, are uniquely positioned to lead the charge to ensure that accessible, high quality care is available to the nation's diverse patient population. To achieve this goal, the Tri-Council organizations are committed to supporting the core recommendations outlined in the IOM report, which were developed around these four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

"Meaningful healthcare reform cannot occur unless the nursing profession takes decisive and collaborative action to fully engage in redesigning the nation's healthcare system," said AACN President Kathleen Potempa, PhD, RN, FAAN. "The IOM report lays the groundwork for uniting the profession around shared priorities and achievable goals, and we are eager to work with our colleagues across disciplines to move the profession forward."

"The IOM report relies on a robust evidence base to demonstrate the leadership capacity of registered nurses in a patient-centered care environment," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "It calls for actions to maximize the contributions of all nurses and to eliminate barriers that prevent them from practicing to the full extent of their education and training."

"This seminal report presents a watershed moment for the nursing profession as we work to reform health care," said AONE President Pamela Rudisill, MSN, RN, MEd, NEA-BC. "It represents challenges but great opportunities to recreate nursing in America by removing barriers to scope of practice, expanding collaborative efforts such as AONE's Transforming Care at the Bedside (TCAB), and promoting a better educated workforce and the value of nursing through evidence-based research and enhanced data collection efforts."

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Tri-Council for Nursing

"The NLN has been privileged to participate with the IOM and RWJF in the exploration of how nursing can help advance our nation's health care," said NLN President Cathleen Shultz, PhD, RN, CNE, FAAN. "Their vital and creative initiative on the "Future of Nursing" reflects how seriously these thoughtful organizations regard the role of nursing education and academic progression in re-imagining that future and advancing the health of our nation."

In 2008, The Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make bold recommendations to shape the future of nursing. Study director Susan Hassmiller, PhD, RN, FAAN, guided this effort in consultation with an expert committee that included leaders in nursing education and practice as well as representatives from an array of healthcare, consumer, business, and research interests.

Why Base the *Future of Nursing* Study at the IOM?

Contrary to its name, the Institute of Medicine is an interdisciplinary advisory body to the nation on issues impacting health. Established in 1970 under the charter of the National Academy of Sciences, the IOM provides independent, objective, evidence-based advice to policy makers, health professionals, the private sector, and the public. While expert committees play an important role in guiding report development, the IOM also convenes public forums, roundtables, and other activities to facilitate discussion, discovery, and cross-discipline thinking.

The IOM has a history of making recommendations for improving health care and reforming health professions education that have had profound impact on stimulating positive change. Past reports include the landmark *To Err is Human: Building a Safer Health System* (1999), *Health Professions Education: A Bridge to Quality* (2003), and *Keeping Patients Safe: Transforming the Work Environment of Nurses* (2004).

The Tri-Council for Nursing has long served as a catalyst for uniting the profession around issues of great concerns to nurses in practice, research, and academic settings. The coalition has released a series of consensus statements over the years, including recommendations for reversing the nursing shortage and redesigning systems to reduce medical errors. The Tri-Council's latest statement on the *Educational Advancement of Registered Nurses*, which was released in May 2010, echoes many of the recommendations outlined in the new IOM report. This statement is posted online at https://www.nln.org/governmentaffairs/pdf/workforce_supply_statement_final.pdf.

*The **Tri-Council for Nursing** is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council's diverse interests encompass the nursing work environment, health care legislation and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system.*

# # #

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Statement of Gina M. Carucci, D.C., M.S., DICCP
President, Connecticut Chiropractic Association

Testimony before the Public Health Committee
Connecticut General Assembly

Bill 6549

March 11, 2011

Senator Gerratana, Representative Ritter, Distinguished Members of the Committee: My name is Gina Carucci. I am a practicing doctor of chiropractor in Rocky Hill, CT and President of the Connecticut Chiropractic Association. I am testifying on behalf of the CCA today in opposition to ***H.B. No. 6549 'AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS'***

This bill proposes changes to the process by which a health care profession petitions the legislature for a change in their scope of practice. This Bill offers up a proposed change in an attempt to streamline the process and make it easier for the legislators to understand the sometimes esoteric subject matter that they may have to deliberate. We believe the proposed process offered in this Bill is commendable in its intent, however we feel it is flawed.

This measure advocates a process by which for every proposed change of scope, an ad-hoc committee would be formed to deliberate the merits of the request. The composition of that proposed committee is what we take exception to. These ad-hoc committees would be comprised of one member from the profession advocating for the change of scope, one to three members from healing arts professions opposed to the scope change, two impartial members of the healing arts, an impartial member of the general public, and a representative of the department of public health.

In the document "Key Points" generated by the Program Review and Investigations Committee of the General Assembly dated December 15, 2009, there is recognized that what is at stake here is more than the public good and I quote " *Although public health and safety, including provider competence, and consumers' access to care are key factors cited publicly about scope of practice proposals, privately, financial gain or loss are considered common motivating factors why health care professions either support or oppose scope of practice proposals.*"

As an example, as it pertains to my profession, chiropractic, we believe this proposed process would make it very easy for the medical profession to squash any attempts at scope change by our profession. The petitioning profession could in effect, be blocked from even submitting

legislation, something we view as very un-democratic. The composition of this ad-hoc panel invites anti-competitive behavior. We ask how shall the legislature determine and guarantee the impartiality of the two health care professionals and the member of the general public.

Please understand that our opposition to this measure occurs in the context of historical precedent. I have attached to my testimony a reprint from the Journal of the American Medical Association dated, January 1st, 1988. In this document you will see evidence of a long anti-competitive effort by the AMA against the chiropractic profession. You will see discussion of the fact that the AMA violated the Sherman anti-trust laws in their conspiratorial efforts to eliminate the chiropractic profession. You will see that federal judge Susan Getzendanner found in favor of the chiropractic profession.

It might also interest you to know that the AMA, at present is disseminating a template, via their powerful lobby whereby legislation similar to this is being proposed in state houses throughout the country and I have enclosed that template as well for your perusal. You will find that much of the AMA's proposals have made their way into the language of this very bill you are deliberating. As for their motivation in doing this, I can only contemplate that in this age of a shifting healthcare paradigm the medical profession has recognized that other physician level licensed health care providers might represent competition, and are advocating this flawed legislative initiative as a means of preserving market share as legislatures throughout the country struggle to make sure all citizens have access to affordable health care.

Please recognize this for what it is, an attempt by one health care profession to protect their market share, and if implemented, a government sanctioned mechanism for anti-competitive behavior. Please oppose the implementation of this plan.

001587

Creation of State-based Scope-of-Practice Review Committees

Legislative Template

Scope-of-Practice Campaign
Advocacy Resource Center

2008

AMA
AMERICAN MEDICAL ASSOCIATION

Scope of Practice Campaign:
Creating a State-based Scope of Practice Review Committee

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Scope of Practice Campaign:
Creating a State-based Scope of Practice Review Committee

LEGISLATIVE TEMPLATE

This template provides an overview of various potential elements of legislation and/or regulation to address the creation of state-level scope of practice review committees..

I. GENERAL OVERVIEW

State legislatures are routinely overwhelmed with the number of scope of practice proposals they are asked to consider. Oftentimes legislators do not have available to them a thorough, professional and independent understanding of the health and economic implications of such proposals. The creation of a state-level scope of practice review committee, that assesses scope of practice initiatives *prior to* their introduction at the legislative or regulatory rule-making level, *may* serve to expose such initiatives to the scrutiny of multiple health care disciplines. These committees have the potential to encourage debate by those most appropriately positioned to consider such issues. They provide a procedure for objective review of proposed changes in the scope of practice of nonphysician practitioners licensed in their state to ensure that the changes contribute to the improvement of the overall health of the state's citizens.

Several states have passed legislation similar to the proposed model bill, most notably Arizona and Nebraska. While Arizona has experienced much success with their law, Nebraska's experience has been more tempered. In addition to the Arizona and Nebraska laws, New Mexico and Texas have seen legislation introduced on this issue in the last 2-3 years. Each one of these bills (AZ, NE, NM, TX) is unique and state specific. For example, each state has addressed the composition of the scope of practice review committee in a different manner (i.e. Arizona's committee is primarily composed of legislators, while Texas' committee is a mixture of legislators, state agency leaders, academics and public members). As a result, it is strongly recommended that any state medical association considering this type of legislation take into account its unique state needs, political climate, etc., when determining committee composition and other provisions contained in such legislation.

In this advocacy tool, we have endeavored to highlight various state laws that have attempted to compose scope of practice review committees. We hope that the information in this template will be a useful tool for states that wish to advocate for such legislation.

NOTE:

The AMA does not have model state legislation that addresses the creation of scope of practice review committees, nor is there specific AMA policy that addresses this issue.. The AMA's Advocacy Resource Center (ARC) is currently working with staff from several state medical associations that are considering the introduction of this type of legislation during the 2008 legislative sessions. This template provides the Federation with a proactive mechanism that establishes review committees that span the authority of more than one health professional regulatory board in the state. Notably, the template combines the "best of" provisions from legislation introduced on this issue to date and allows for flexibility when defining the composition of the scope of practice review committee.

II. LEGISLATIVE PURPOSE

The following is a compilation of the "best of" provisions from all legislation introduced on this issue. This is meant only as an example and can be altered on an as needed basis:

The Legislature hereby finds and declares that:

a. *The Legislature is routinely overwhelmed with the number of proposals it is asked to consider that recommend changes in healthcare practitioner scopes of practice.*

b. *Oftentimes legislators may not have available to them a thorough, professional and independent understanding of the health and economic implications of such recommendations on an individual basis.*

c. *Currently, when a healthcare practitioner scope of practice change is proposed, the [INSERT NAME OF STATE] Legislature must consider many complex issues in a relatively short time frame.*

d. *Effective legislative decision-making is dependent on each legislator having access to balanced, thoroughly researched information.*

e. *The purpose of this Act is to:*

1

i. *Provide a procedure for objective review of proposed changes in the scope of practice of healthcare practitioners licensed in this state to ensure that the changes contribute to the improvement of the overall health of people in this state; and*

ii. *Establish a committee to make recommendations to the [INSERT NAME OF STATE] Legislature.*

III. APPLICATION

a. In General

The legislation should cover any health professional group or organization or individual that proposes to increase the scope of practice of a health profession.

b. Examples of Legislative Language

"'Applicant group' means any health professional group or organization, any individual or any other interested party that proposes that any health professional group not presently regulated be regulated or that proposes to increase the scope of practice of a health profession."
ARIZ. REV. STAT. ANN. § 32-3101 (1).

"'Applicant group' shall mean any health professional group or organization, any individual or any other interested party that proposes that any health professional group not presently regulated be regulated or that proposes to increase the scope of practice of a regulated health profession."
NEB. REV. STAT. § 71-6204.

". . . A member of a licensing board, a licensee or the licensing board or any other person seeking a change in the scope of practice of a health profession . . ." NM SB 381 (First Session, 2005) (Sec. 4(A)).

". . . A person who seeks to change the scope of practice of a health profession, including a person who is a member of the relevant licensing entity or a license holder in that profession . . ."
TX HB 2706 (2005) (Sec. 113.101(a)).

IV. DEFINITIONS

Every state will have to determine what definitions it needs to provide in order to ensure this legislation is clear and unambiguous. Each statute or piece of legislation discussed in this template differs in this regard. The following is a sampling of definitions that ARC staff recommends that any state medical association consider prior to introduction of this type of legislation:

a. *"Applicant group" means any health professional group or organization, any individual or any other interested party that proposes to increase the scope of practice of its profession.*

b. *"Committee" means the Scope of Practice Review Committee.*

c. *"Health profession" means a health-related activity or occupation for which a person must hold a license under this title.*

d. *"License" includes a license, certificate, registration, permit, or other authorization issued by a licensing entity.*

e. *"Licensing entity" means an agency, board, department, commission, or other entity that issues a license under this title to practice a specific health profession.*

f. *"Scope of practice" means those activities that a person licensed to practice a health profession is permitted to perform, as prescribed by the appropriate statutes and by rules adopted by the appropriate licensing entity.*

V. REQUIREMENTS

a. Composition of the Scope of Practice Review Committee

i. When establishing a scope of practice review committee, a state should ensure that it is administratively attached to a specific state agency.

ii. The members of the Committee ought to be defined in statute.[1]

DRAFTING NOTE:

Arizona approach: [illegible] consists of five members of the senate appointed by the president of the senate, one of whom shall be a member of the senate health care committee, and five members of the house of representatives appointed by the speaker of the house of representatives, one of whom shall be a member of the house of representatives appropriations committee. [illegible] members shall be appointed on the third Monday and meet on the legislature's [illegible] day. No more than three members of each house shall be of the same political party. The president of the senate and the speaker shall designate one of their appointees as chairman of their respective houses. [illegible] the vice chairman shall serve for the term of such legislature. The [illegible] chairmanship of the committee shall alternate [illegible] the president of the senate and the speaker of the house of representatives shall not serve as officio members of the committee.[2]

[1] The issue of committee composition is a critical one. Several states (AZ, NE, NM, TX) have approached the committee composition issue, which the resulting legislative language differing significantly from one state to the next. Any state medical association considering this type of legislation needs to consider its unique state needs, political climate, etc., when determining committee composition.

[2] ARIZ. REV. STAT. ANN. § 32-3101 et seq.

DRAFTING NOTE (cont.):

Nebraska approach: [illegible]

New Mexico approach: [illegible]

Texas approach: [illegible]

[3] NEB. REV. STAT. § 71-6201 et seq. Notably, Nebraska's law provides that the technical committee file a report with the state board of health and the director of regulation and licensure. The state board of health then files a separate report with the director of regulation and licensure. Finally, the director of regulation and licensure prepares a final report for various members of the Legislature.

[4] NM SB 381 (First Session, 2005)

[5] TX HB 2706 (2005)

iii. If a state decides to include, as a member of the Committee, an employee of a state agency r representative of an institution of higher education, that member ought to be designated by that agency or institution.

iv. States should consider allowing their respective governor to appoint any public members of the Committee.

v. States should consider naming the commissioner of the appropriate state department or agency as the chair of the Committee.

b. Restriction on Public Membership

Texas' legislation, in Sec. 113.053, places restrictions on public membership. This is an important component to this legislation. It ensures a balanced composition of this Committee. The following are some examples of possible language – all taken from Texas' HB 2706:

i. *In this section, "[INSERT NAME OF STATE] trade association" means a cooperative and voluntarily joined statewide association of business or professional competitors in this state designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interest.*

ii. *A person may not be a public member of the Committee if:*

1. *The person is an officer, employee, manager, or paid consultant of a [INSERT NAME OF STATE] trade association in the field of health care;*

2. *The person's spouse is an officer, manager, or paid consultant of a [INSERT NAME OF STATE] trade association in the field of health care;*

3. *The person is required to register as a lobbyist under [INSERT CITATION OF APPROPRIATE STATE STATUTE] because the person's activities for compensation on behalf of a health profession related to the activities of the Committee; or*

4. *The person has a direct financial interest in a health care profession or is employed within the health care industry.*

iii. Other Examples of Legislative Language

Some states, rather than address the issue of public membership in a separate section of the legislation, simply define "public member" in the definitions section. Examples of this tactic are as follows:

"'Public member' means an individual who is not and never has been a member or spouse of a member of the health profession being regulated and who does not have and never has had a material financial interest in either the rendering of the health professional service being regulated or an activity directly related to the profession being regulated." ARIZ. REV. STAT. ANN. § 32-3101(10).

"Public member, defined. Public member shall mean an individual who is not, and never was, a member of the health profession being regulated, the spouse of a member, or an individual who does not have and never has had a material financial interest in the rendering of the health professional service being regulated or an activity directly related to the profession being regulated."
NEB. REV. STAT. § 71-6216.

c. Compensation

i. In General

When considering this legislation, states ought to consider requiring that any member of the Committee not receive compensation for service as a Committee member. TX HB 2706 (2005) (Sec. 113.055).

ii. Examples of Other Legislative Language

"Committee members shall receive no salary, but shall be reimbursed for their actual and necessary expenses as provided in sections . . ."
NEB. REV. STAT. § 71-6227(3).

VI. CREATION OF REVIEW PANEL/SUBCOMMITTEE/WORKING GROUP

a. In General

States considering the development of this type of legislation, should consider allowing the Committee to create a review panel, subcommittee or working group to assist in performing the Committee's duties.

b. Points of Interest

i. It ought to be mandated that any such panel/subcommittee/working group ought to consist of persons other than members of the Committee.

ii. Also, the name, occupation, employer, and community of residence of each member of the review panel/ subcommittee/working group must be made part of the record of the Committee and detailed in any report resulting from the work of the review panel/subcommittee/working group. TX HB 2706 (2005) (Sec. 113.056).

VII. APPLICANTS FOR INCREASE IN SCOPE OF PRACTICE; FACTORS

Each statute or piece of legislation discussed in this template differs in this regard. The following is a sampling of factors that ARC staff recommends that any state medical association consider prior to introduction of this type of legislation. This language is a compilation of the "best of" provisions found in existing law and/or legislation.

a. *Applicants, applicant groups, members of a licensing board, a licensee of the licensing board or any other person seeking a change in the scope of practice of a healthcare practitioner profession shall notify the respective licensing board and request a hearing on the proposal*

b. *This request shall be submitted on or before August 1 prior to the start of the legislative session for which the legislation is proposed.*

c. *The licensing board, upon receiving such request, shall notify the Committee and shall:*

i. *Collect data, including information from the applicant and all other appropriate persons, necessary to review the proposal;*

ii. *Conduct a technical assessment of the proposal, if necessary, with the assistance of a technical review panel established for that specific purpose, to determine whether the proposal is within the profession's current scope of practice; and*

iii. *Provide its analysis, conclusions and any recommendations, together with all materials gathered for the review, to the Committee.*

d. *The person or entity seeking the change in scope of practice shall provide the licensing board with all information requested, including:*

i. *A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice;*

ii. *The extent to which the public can be confident that qualified practitioners are competent including:*

1. *Evidence that the profession's regulatory board has functioned adequately in protecting the public;*

2. *Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics; and*

3. *Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.*

iii. *The extent to which the proposed scope of practice increase may harm the public including the extent to which the proposed increase will restrict entry into practice and whether the proposed increase requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure as those in this state;*

iv. *The cost to [INSERT NAME OF STATE] and to the general public of implementing the proposed scope of practice increase; and*

v. *Any proposal which contains a continuing education requirement for a health profession shall be accompanied by evidence that such a requirement has been proven effective for the health profession.*

VIII. COMMITTEE SCOPE OF PRACTICE REVIEWS AND ANALYSIS

Each statute or piece of legislation discussed in this template differs in this regard. The following is a sampling of requirements related to a Committee's review and analysis that ARC staff recommends that any state medical association consider prior to introduction of this type of legisaltion. This language is a compilation of the "best of" provisions found in existing law and/or legislation.

a. *Upon receipt of notice, as required under Section 4 (c) (b) of this Act, the Committee shall review and make recommendations on the proposed scope of practice change.*

b. In performing its duties under this Section, the Committee shall:

i. Familiarize itself with the Committee's rules on procedures and criteria for such reviews;

ii. Ensure appropriate public notice of its proceedings;

iii. Invite testimony from persons with special knowledge in the field of the proposed change;

iv. Assess the proposal using the following criteria:

1. Whether the proposed change could potentially harm the public health, safety, or welfare;

2. Whether the proposed change will benefit the health, safety and welfare of health consumers;

3. What economic impact on overall health care delivery the proposed change is likely to have;

4. Whether potential benefits of the proposed change outweighs potential harm; and

5. The extent to which the proposed changes will affect the availability, accessibility, delivery and quality of health care in [INSERT NAME OF STATE].

v. Evaluate the quality and quantity of the training provided by health care professional degree curricula and post-graduate training programs to healthcare practitioners in active practice with regard to the increased scope of practice proposed;

vi. Determine whether a need exists for the proposed scope of practice change;

vii. Draft a report that includes findings from subparagraph (iv) above, as well as:

1. A review of other states that have a scope of practice for the relevant profession that is identical or similar to the proposed change and any available information on how that scope of practice has affected the quality and cost of health care in the state;

2. *A review of any statutory or regulatory changes that were required in the other state to implement the identical or similar scope of practice change;*

3. *An objective and balanced review that examines the extent to which the potential benefits predicted by proponents of the change or concerns raised by opponents of the change materialized after the scope of practice change took effect in the other state;*

4. *This report must include evidence-based legislative recommendations for each proposed scope of practice change submitted to the Committee; and*

viii. *The Committee shall report, not later than December 31 of each year, the results of its review to the:*

1. *Governor;*

2. *Lieutenant Governor;*

3. *Speaker of the House of Representatives;*

4. *President of the Senate; and*

5. *standing committees of the [INSERT NAME OF STATE] Senate and House of Representatives having jurisdiction over [INSERT APPROPRIATE ISSUES, I.E. STATE FINANCE, HEALTH AND HUMAN SERVICES, ETC.].*

IX. FAILURE TO SUBMIT

Any state considering this type of legislation ought to address the issue of an applicant groups failure to submit their legislative proposal for a scope of practice expansion by the deadline set forth in this legislation.

An example of this type of language is as follows: *"[a]ny bill that proposes to expand, contract or change the scope of practice of a healthcare practitioner profession that was not submitted to the Committee will not be considered by [INSERT NAME OF STATE] Legislature."*

X. OTHER COMMITTEE DUTIES

States ought to consider mandating that as the Committee determines appropriate, the Committee ought to conduct other reviews and perform research on issues related to the

scope of practice of a health profession, including retrospective reviews of scope of practice changes.

In addition, this Committee ought to be allowed to provide assistance to the respective states' Legislature, on an as needed basis, with regard to a proposed health profession scope of practice change.

This Committee should also provide staff services to any review panel/subcommittee/ working group established under this law.

Finally, states ought to consider allowing these Committees to have the power of legislative subpoena. ARIZ. REV. STAT. ANN. § 41-1279(C)(3).

XI. NOTICE AND PUBLIC HEARING

States considering this type of legislation ought to legislate the following to ensure an open and fair process: (1) that the Committee shall notify, on an annual basis, each licensing entity and, whenever possible, each professional association and group of health professions, of both the Committee's duties under this Act; and (2) that a public hearing conducted under this Act shall be open to the public and is subject to the requirements of the appropriate state statute.

Special Communication

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CHESTER A. WILK, et al., Plaintiffs,	)	
v.	)	No. 76 C 3777
AMERICAN MEDICAL ASSOCIATION, et al., Defendants.	)	

PERMANENT INJUNCTION ORDER AGAINST AMA

Susan Getzendanner, District Judge

The court conducted a lengthy trial of this case in May and June of 1987 and on August 27, 1987, issued a 101 page opinion finding that the American Medical Association ("AMA") and its members participated in a conspiracy against chiropractors in violation of the nation's antitrust laws. Thereafter an opinion dated September 25, 1987 was substituted for the August 27, 1987 opinion. The question now before the court is the form of injunctive relief that the court will order.

See also p 83.

As part of the injunctive relief to be ordered by the court against the AMA, the AMA shall be required to send a copy of this Permanent Injunction Order to each of its current members. The members of the AMA are bound by the terms of the Permanent Injunction Order if they act in concert with the AMA to violate the terms of the order. Accordingly, it is important that the AMA members understand the order and the reasons why the order has been entered.

The AMA's Boycott and Conspiracy

In the early 1960s, the AMA decided to contain and eliminate chiropractic as a profession. In 1963 the AMA's Committee on Quackery was formed. The committee worked aggressively—both overtly and covertly—to eliminate chiropractic. One of the principal means used by the AMA to achieve its goal was to make it unethical for medical physicians to professionally associate with chiropractors. Under Principle 3 of the AMA's Principles of Medical Ethics, it was unethical for a physician to associate with an "unscientific practitioner," and in 1966 the AMA's House of Delegates passed a resolution calling chiropractic an unscientific cult. To complete the circle, in 1967 the AMA's Judicial Council issued an opinion under Principle 3 holding that it was unethical for a physician to associate professionally with chiropractors.

The AMA's purpose was to prevent medical physicians from referring patients to chiropractors and accepting referrals of patients from chiropractors, to prevent chiropractors from obtaining access to hospital diagnostic services and membership on hospital medical staffs, to prevent medical physicians from teaching at chiropractic colleges or engaging in any joint research, and to prevent any cooperation between the two groups in the delivery of health care services.

Published by order of Susan Getzendanner, US District Judge, Sept 25, 1987.

The AMA believed that the boycott worked—that chiropractic would have achieved greater gains in the absence of the boycott. Since no medical physician would want to be considered unethical by his peers, the success of the boycott is not surprising. However, chiropractic achieved licensing in all 50 states during the existence of the Committee on Quackery.

The Committee on Quackery was disbanded in 1975 and some of the committee's activities became publicly known. Several lawsuits were filed by or on behalf of chiropractors and this case was filed in 1976.

Change in AMA's Position on Chiropractic

In 1977, the AMA began to change its position on chiropractic. The AMA's Judicial Council adopted new opinions under which medical physicians could refer patients to chiropractors, but there was still the proviso that the medical physician should be confident that the services to be provided on referral would be performed in accordance with accepted scientific standards. In 1979, the AMA's House of Delegates adopted Report UU which said that not everything that a chiropractor may do is without therapeutic value, but it stopped short of saying that such things were based on scientific standards. It was not until 1980 that the AMA revised its Principles of Medical Ethics to eliminate Principle 3. Until Principle 3 was formally eliminated, there was considerable ambiguity about the AMA's position. The ethics code adopted in 1980 provided that a medical physician "shall be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services."

The AMA settled three chiropractic lawsuits by stipulating and agreeing that under the current opinions of the Judicial Council a physician may, without fear of discipline or sanction by the AMA, refer a patient to a duly licensed chiropractor when he believes that referral may benefit the patient. The AMA confirmed that a physician may also choose to accept or to decline patients sent to him by a duly licensed chiropractor. Finally, the AMA confirmed that a physician may teach at a chiropractic college or seminar. These settlements were entered into in 1978, 1980, and 1986.

The AMA's present position on chiropractic, as stated to the court, is that it is ethical for a medical physician to professionally associate with chiropractors provided the physician believes that such association is in the best interests of his patient. This position has not previously been communicated by the AMA to its members.

Antitrust Laws

Under the Sherman Act, every combination or conspiracy in restraint of trade is illegal. The court has held that the conduct of the AMA and its members constituted a conspiracy in restraint of trade based on the following facts: the purpose of the boycott was to eliminate chiropractic; chiropractors are in competition with some medical physicians; the boycott had substantial anti-competitive effects; there were no pro-competitive effects of the boycott; and the plaintiffs were injured as a result of the conduct. These facts add up to a violation of the Sherman Act.

In this case, however, the court allowed the defendants the opportunity to establish a "patient care defense" which has the following elements:

(1) that they genuinely entertained a concern for what they perceive as scientific method in the care of each person with whom they have entered into a doctor-patient relationship; (2) that this concern is objectively reasonable; (3) that this concern has been the dominant motivating factor in defendants' promulgation of Principle 3 and in the

conduct intended to implement it; and (4) that this concern for scientific method in patient care could not have been adequately satisfied in a manner less restrictive of competition.

The court concluded that the AMA had a genuine concern for scientific methods in patient care, and that this concern was the dominant factor in motivating the AMA's conduct. However, the AMA failed to establish that throughout the entire period of the boycott, from 1966 to 1980, this concern was objectively reasonable. The court reached that conclusion on the basis of extensive testimony from both witnesses for the plaintiffs and the AMA that some forms of chiropractic treatment are effective and the fact that the AMA recognized that chiropractic began to change in the early 1970s. Since the boycott was not formally over until Principle 3 was eliminated in 1980, the court found that the AMA was unable to establish that during the entire period of the conspiracy its position was objectively reasonable. Finally, the court ruled that the AMA's concern for scientific method in patient care could have been adequately satisfied in a manner less restrictive of competition and that a nationwide conspiracy to eliminate a licensed profession was not justified by the concern for scientific method. On the basis of these findings, the court concluded that the AMA had failed to establish the patient care defense.

None of the court's findings constituted a judicial endorsement of chiropractic. All of the parties to the case, including the plaintiffs and the AMA, agreed that chiropractic treatment of diseases such as diabetes, high blood pressure, cancer, heart disease and infectious disease is not proper, and that the historic theory of chiropractic, that there is a single cause and cure of disease is wrong. There was disagreement between the parties as to whether chiropractors should engage in diagnosis. There was evidence that the chiropractic theory of subluxations was unscientific, and evidence that some chiropractors engaged in unscientific practices. The court did not reach the question of whether chiropractic theory was in fact scientific. However, the evidence in the case was that some forms of chiropractic manipulation of the spine and joints was therapeutic. AMA witnesses, including the present Chairman of the Board of Trustees of the AMA, testified that some forms of treatment by chiropractors, including manipulation, can be therapeutic in the treatment of conditions such as back pain syndrome.

Need for Injunctive Relief

Although the conspiracy ended in 1980, there are lingering effects of the illegal boycott and conspiracy which require an injunction. Some medical physicians' individual decisions on whether or not to professionally associate with chiropractors are still affected by the boycott. The injury to chiropractors' reputations which resulted from the boycott has not been repaired. Chiropractors suffer current economic injury as a result of the boycott. The AMA has never affirmatively acknowledged that there are and should be no collective impediments to professional association and cooperation between chiropractors and medical physicians, except as provided by law. Instead, the AMA has consistently argued that its conduct has not violated the antitrust laws.

Most importantly, the court believes that it is important that the AMA members be made aware of the present AMA position that it is ethical for a medical physician to professionally associate with a chiropractor if the physician believes it is in the best interests of his patient, so that the lingering effects of the illegal group boycott against chiropractors finally can be dissipated.

Under the law, every medical physician, institution, and hospital has the right to make an individual decision as to whether or not that physician, institution, or hospital shall associate professionally with chiropractors. Individual choice by a medical physician voluntarily to associate professionally with chiropractors should be governed only by restrictions under state law, if any, and by the individual medical physician's personal judgment as to what is in the best interest of a patient or patients. Professional association includes referrals, consultations, group practice in partnerships, Health Maintenance Organizations, Preferred Provider Organizations, and other alternative health care delivery systems; the provision of treatment privileges and diagnostic services (including radiological and other laboratory facilities) in or through hospital facilities; association and cooperation in educational programs for students in chiropractic colleges; and cooperation in research, health care seminars, and continuing education programs.

An injunction is necessary to assure that the AMA does not interfere with the right of a physician, hospital, or other institution to make an individual decision on the question of professional association.

Form of Injunction

1. The AMA, its officers, agents and employees, and all persons who act in active concert with any of them and who receive actual notice of this order are hereby permanently enjoined from restricting, regulating or impeding, or aiding and abetting others from restricting, regulating or impeding, the freedom of any AMA member or any institution or hospital to make an individual decision as to whether or not that AMA member, institution, or hospital shall professionally associate with chiropractors, chiropractic students, or chiropractic institutions.

2. This Permanent Injunction does not and shall not be construed to restrict or otherwise interfere with the AMA's right to take positions on any issue, including chiropractic, and to express or publicize those positions, either alone or in conjunction with others. Nor does this Permanent Injunction restrict or otherwise interfere with the AMA's right to petition or testify before any public body on any legislative or regulatory measure or to join or cooperate with any other entity in so petitioning or testifying. The AMA's membership in a recognized accrediting association or society shall not constitute a violation of this Permanent Injunction.

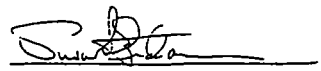
3. The AMA is directed to send a copy of this order to each AMA member and employee, first class mail, postage prepaid, within thirty days of the entry of this order. In the alternative, the AMA shall provide the Clerk of the Court with mailing labels so that the court may send this order to AMA members and employees.

4. The AMA shall cause the publication of this order in JAMA and the indexing of the order under "Chiropractic" so that persons desiring to find the order in the future will be able to do so.

5. The AMA shall prepare a statement of the AMA's present position on chiropractic for inclusion in the current reports and opinions of the Judicial Council with an appropriate heading that refers to professional association between medical physicians and chiropractors, and indexed in the same manner that other reports and opinions are indexed. The court imposes no restrictions on the AMA's statement but only requires that it be consistent with the AMA's statements of its present position to the court.

6. The AMA shall file a report with the court evidencing compliance with this order on or before January 10, 1988.

It is so ordered.



Susan Getzendanner
United States District Judge

Legislative Testimony
HB 6549AAC THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.
Public Health Committee
Friday, March 11, 2011
Jonathan B. Knapp, D.M.D.

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Jonathan Knapp and I have been practicing dentistry for 18 years in the town of Bethel. I am an active provider in the Connecticut Medicaid program who has many, and is still accepting, patients in that plan. My office participates in the Home By One project for infants, and I provide pro bono care to many other residents of our state including free oral health screenings to seniors throughout western Connecticut. I am a board member of the Connecticut Foundation For Dental Outreach and a core participant in the Connecticut Mission of Mercy Project. Additionally, I represent the dentists of the six New England states on the American Dental Association's Council on Dental Practice. I thank you for the opportunity to present this testimony to you in support of HB 6549.

For many years now, The Public Health Committee, and the Connecticut General Assembly have faced the very challenging task of adjudicating numerous and frequent requests for increased scope of practice. There is no shortage of stories circulating at the LOB, recounting the trials and tribulations encountered by legislators - many of whom do not possess the background expertise to sort through and interpret the highly technical information and many subtleties surrounding these requests. Scope issues are as wide ranging as the numerous professions affected by them, and as varied as their potential ramifications for our citizens (both positive and negative); rendering the responsibility placed on legislators all the more significant. I am very appreciative of the work done by the PRI Committee that has led to this proposed legislation.

From the standpoint of dentistry, we have been discussing expansion of scope within the fields of oral health care for many years, most recently since 2004. As is often the case, these scope requests have been framed as a means to increase access to appropriate health care. Improving access to, and increasing utilization of, oral healthcare services for Connecticut's neediest is an ongoing goal for the 2400 dentists, and allied personnel represented by the CSDA. To that end, we have presented, developed, and promoted many initiatives aimed at improving access and availability of care for those on Medicaid, as well as those who are under or uninsured. We have also devoted thousands of additional volunteer and staff hours to investigate various workforce modifications as an additional piece in the complex access puzzle. We have supported an evidence-based approach to decision-making; resulting in proposals for alterations in programs, and suggestions for changes in scope for members of the dental team.

That is why I am pleased to see HB6549 before you, and I urge its adoption. The implementation of this similarly evidence-based methodology to address scope of practice increase requests would be a very positive step forward. I am in favor of the provisions that require the submission of appropriate supporting documentation when an increase in scope is requested. In addition to the

breadth of required input, I urge that the process establish standards for validity of the information submitted. The ability, for you as legislators, to make informed decisions must be driven by data - required in this section - that is solid.

With regard to the provisions in Section 2, I would request that the Public Health Committee consider working with the CSDA to improve the language. The establishment of committees to review the scope requests is appropriate as long as the members of the committee have the background and specific expertise to effectively adjudicate each request. It is not clear that the language as it is currently written, clearly incorporates the need for such expertise.

As a sizable organization, dedicated to the specifics and intricacies of oral health and all of its specialties, we are able to provide information and resources that might otherwise be difficult and time consuming to acquire. As such, I am supportive of the mechanisms that have been incorporated into HB6549 aimed at facilitating that process. I support a committee structure that will find the proper balance of impartiality and expertise, and one that will have access to the most current and accurate information available.

With that in mind, this is a most unusual "win/win/win" proposal. The legislature wins because these issues are handled thoughtfully, efficiently, and with expertise. The professions win for the same reason, and most importantly, the citizens of Connecticut win when changes in scope of practice are made appropriately and for the right reasons.

Again, I would like to respectfully thank the members of the Public Health Committee for allowing me to provide this testimony. If you have any questions, I would be happy to address them at your convenience.

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Legislative Testimony
HB 6549 An Act Concerning the Department of Public Health's Oversight Response Relating to Scope of Practice Determination for Health Care Professions
March 11, 2011
Carolyn J. Malon, DDS

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, I am a dentist who has practiced general dentistry in New Britain and Farmington for 21 years. I have also worked at the Community Dental Center at St. Francis Hospital in Hartford and spent ten years as the dental consultant at a nursing home. I am a participating provider in the Medicaid (Husky) program, and my office is enrolled in the Home by One program.

I have been at the Capitol numerous times in the last few years, meeting with legislators and providing testimony regarding bills which seek to expand the scope of practice for health care providers. It has become clear that a process is necessary, through which such requests could be handled by the Public Health Committee, in order to ensure that such expansion of scope is necessary and appropriate. HB 6549 presents such a mechanism.

The Public Health Committee has an enormous obligation, in ensuring that requests for scope expansion will address the issue of access to care. It is a difficult task which the members of the committee face, when they are unfamiliar with the technicalities of the subject at hand. It is very time consuming for the Public Heath Committee members to have to seek out documentation which would support the concepts with which they are presented.

The Connecticut State Dental Association has had a group which has been working on many aspects of the access issue for a long time now. They are able to help provide information with which the committee could make evidence based decisions as regards scope issues. Too often, legislators are presented with arguments which are based more on emotion than on fact. HB 6549 will help to take the emotion out of the decision making process.

I urge you to pass HB 6549. I would be happy to answer any questions you may have. Please feel free to contact me should you have any questions.

Respectfully Submitted,

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March 10, 2011
Senator Gerratana, Representative Ritter and members of the Public Health Committee
Re. Raised Bill 6549

The members of the Connecticut Speech-Language-Hearing Association appreciate the efforts of your committee and the Department of Public Health to make revisions to licensed health care professionals' scopes of practice a more orderly and standardized process. Set time lines and the requirement that specific data be provided will guide professional groups in considering proposed scope of practice revisions carefully. Thank you.

However, we have some questions about the bill. As you may remember, two years ago speech-language pathologists were faced with a legislative proposal that would have limited their existing scope of practice. The legislation was proposed by a different group of professionals and we had no knowledge of it until the bill was raised and a public hearing scheduled. Could this still happen using Sec.1 (f) of Bill 6549? We want to ensure that different disciplines cannot open another's scope of practice without communication between the professions and the challenging profession bringing to the discussion the same documentation that a profession would need to collect to propose a change in their own scope of practice.

Our other questions relate to the composition and function of the Scope of Practice Committee as defined in Section 2 (a). We feel that we need to know more about the committee before we can support the concept. We are wondering what process the Department of Public Health will use to identify potential committee members from those professions that do not have licensure boards, especially since many professionals would have to take time off from work and potentially lose income to work on the committee. If passed, this bill goes into effect on July 1, 2011 and the first Scope of Practice Review Committee would need to be appointed by November 1, 2011. Requirements for members of licensure boards exist in statutes related to those professions and can be accessed by the public. We should have equal knowledge about how other committee members are selected. We are concerned that initially professions with boards could be overrepresented on the committee because those board members are an existing pool of candidates and the Department of Public Health would have little time to develop procedures for selecting other professionals.

What preparation or guidance will members be given prior to participating on the committee? Some committee members will be very familiar with the operation of DPH boards while others could find themselves at a disadvantage unless an effort has been made to train them on procedural issues and the specific duties of the committee. Will there be time to develop guidelines for all committee members?

We understand that two professionals with no personal or professional interest in the scope of practice request are included so there will be no bias in situations where one profession is contesting another's proposal. We are concerned that this could result in recommendations regarding scope of practice being made by people who do not understand the professional skills of the group seeking the change.

Thank you again for your efforts to improve the process by which professions revise their scopes of practice. I would be happy to answer any questions you may have. Please consider our questions and concerns as you deliberate this bill.

Vernice L. Jury M.A. CCC-SLP
Speech-Language Pathologist
Past-President Connecticut Speech-Language-Hearing Association

Connecticut Academy of Physician Assistants

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TESTIMONY by the

Connecticut Academy of Physician Assistants (ConnAPA)
for the
Public Health Committee Public Hearing
on
H.B. No. 6549 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS

March 11, 2011

Representative Ritter, Representative Stillman, and members of the Public Health Committee:

The Connecticut Academy of Physician Assistants (ConnAPA) is the professional society representing all physician assistants (PAs) in Connecticut. ConnAPA serves as the collective voice for over 1600 PAs who practice medicine in Connecticut. A major component of ConnAPA's mission is to provide accessible, high quality, cost-effective healthcare to the CT residents we serve. We care for patients across the age continuum from pediatric to geriatric populations within all care settings including primary care, internal medicine, and surgery including all medical and surgical sub-specialties. We accomplish this by working in partnership with supervising physician colleagues in the physician-PA team practice model.

ConnAPA submits this written testimony in favor of a rational system for evaluating proposed changes in scope of practice for health care professions. We commend the Public Health Committee for their work towards that goal. While we support the overarching concept behind Raised H.B. No. 6549, we have concerns about some of the specific provisions of the bill, and we thank the committee for the opportunity to communicate those concerns.

The proposed bill includes a list of 11 pieces of information that professions seeking a change in their scopes of practice would be required to provide to the Department of Public Health. We are concerned that certain items on that list cannot feasibly be provided by "any person or entity, acting on behalf of a health care profession." In particular, number (8) requires that the Department be provided with information related to all complaints, disciplinary actions, and malpractice claims brought against members of the health profession seeking a change in scope of practice. While ConnAPA is the only professional society representing all PAs in Connecticut, we do not keep records of disciplinary actions and malpractice claims against PAs. In order to provide this information to the Department, ConnAPA would have to rely on information provided by other groups, including the Department.

Number (9) on the list of required information is: "The anticipated economic impact to the health care professions affected by the request." As licensed health care providers, our expertise is in caring for patients, not in economic analysis. Providing this information to the Department will be exceedingly difficult except in the most general terms.

In addition to the items on this list that are difficult to comply with from a logistical perspective, there are some items on this list that we believe are not relevant to the merits of a scope of practice request. Number (7) on the list requires that a profession seeking a scope of practice change provide a list of all scope of practice changes "requested or enacted" during the five-year period preceding the date of the request. As currently drafted, the bill does not define what constitutes a "scope of practice change," nor does it define what constitutes a "request." This requirement has the potential to create a bias against scope of practice requests from professions who have requested multiple changes in the previous five-year period, regardless of the merits of those previous changes.

For PAs, the vast majority of changes related to scope of practice are very minor and technical in nature. They are often needed when a provision of law fails to include PAs as clinicians who practice medicine in the state of CT. For example, during the 2010 legislative session, a raised Public Health bill inadvertently omitted PAs from a list of professionals who could accompany neo-natal emergency transports. In fact, PAs had been providing care on neo-natal emergency transports for years. Once the omission was brought to the attention of the Public Health Committee, PAs were added to the provision. Would an example such as this constitute a "scope of practice change" requiring the need to be reported to the Department? Such omissions are quite common, and they are almost always non-controversial. Should this requirement become law, we would hope that protections are put in place to ensure that future non-controversial scope of practice requests are not denied solely as a result of the number of previous requests.

Physician assistants embrace a physician-delegated scope of practice. According to the PA Practice Act:

> (a) A physician assistant who has complied with the provisions of sections 20-12b and 20-12c **may perform medical functions delegated by a supervising physician** when: (1) The supervising physician is satisfied as to the ability and competency of the physician assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; and (3) when such functions are performed under the oversight, control and direction of the supervising physician. The functions that may be performed under such delegation are those that are within the scope of the supervising physician's license, within the scope of such physician's competence as evidenced by such physician's postgraduate education, training and experience and within the normal scope of such physician's actual practice. **Delegated functions shall be implemented in accordance with written protocols established by the supervising physician.** [Emphasis added]
>
> - CONN. GEN. STAT. §20-12d

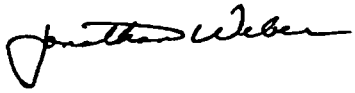
ConnAPA believes that as leaders of the medical team, supervising physicians should be able to customize the practice of team members. Supervising physicians should delegate services to a PA based on several factors, including the experience and skill of the individual PA, the nature of the physician's practice and the complexity of the patient population. This is in line with the existing PA Practice Act referenced above, and it is also in line with policies of our national professional society, the American Academy of Physician Assistants (AAPA):

> HP-3400.1.2
> It is the obligation of each team of physician-PA team to ensure that the physician assistant's scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant's level of competence; that the relationship of and access to the supervising physician is defined; and that a process of performance evaluation is established.
>
> -AAPA Policy Manual

We hope that the changes proposed in Raised H.B. No. 6549 will not alter this fundamental tenet of physician-PA team practice.

ConnAPA thanks the Public Health committee for this opportunity to submit this written testimony and for your consideration of the issues raised within.

Respectfully submitted,



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

Justin Champagne, MHS, PA-C
President
Connecticut Academy of Physician Assistants

THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION, INC.

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TO: Honorable Members of the General Assembly

FROM: Christine H. Farber, PhD
Director, Connecticut Psychological Association Board

March 11, 2011

I am writing to you as a practicing psychologist in the state of Connecticut and as a board member and legislative co-chair of the Connecticut Psychological Association (CPA) with regard to **Raised Bill No. 6549,** *An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions.*

On behalf of the Connecticut Psychological Association (CPA) and its approximately 500 members, I would like to express our support for proposed legislation and for any formalized process that aims to make changes to the scope of practice of health care professionals both more objective and more transparent. We support the involvement within the process of the health care professionals whom the changes would affect. Furthermore, we believe that a process marked by objectivity, transparency, and comprehensive disclosure of related information- as outlined in Section 1 of RB No. 6549- will best protect both the public and the appropriate practice of the professionals involved.

CPA was involved in the discussions that took place in 2010 regarding this issue, and we would be happy to be involved in future discussions and to answer any questions that arise as a result of the hearing.

Thank you for taking our feedback regarding this proposed legislation into consideration.

Sincerely,
Christine H. Farber, PhD

Christine H. Farber, PhD
CPA Board of Directors
Director, Aletheia Psychological Services, LLC

Connecticut Association of Optometrists

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HB 6549 An Act Concerning the Department of Public Health's Oversight Responsibilities Relating to the Scope of Practice Determinations for Healthcare Professionals

Testimony of Brian T. Lynch, OD

March 11, 2011

I am Dr. Brian T. Lynch, an optometrist practicing in Branford for 29 years, and I have served as the legislative chair for the Connecticut Association of Optometrists for 26 of those 29. I have witnessed 5 of the "eye wars" and have become very familiar with the legislative process as it pertains to scope issues.

Historically in Connecticut, the Public Health Committee has primary involvement in medical scope matters. When legislation is proposed, a public hearing is held and all involved parties are able to make their case and educate legislators regarding the nuances of the proposal. A vote is then taken, and a decision is made. It may be uncomfortable at times and may not produce the desired outcome, but the process is a democratic one and our "bird in the hand."

According to the Program Review and Investigative Committee, our current system works pretty well. By their report, 16% of all bills filed with the Public Health Committee over the last 5 years pertained to the 29 licensed professions. Only 23% of these dealt with scope of practice issues. 70% of those scope bills became law. Furthermore, between 1999-2008, the state assessed "limited negative impact on public safety with few complaints." Overall the committee acknowledged that the current process serves our citizens well.

Scope of practice issues can become quite contentious. They're often viewed as "turf battles," with one group in favor of expansion and the other opposed to it. As legislator, you are left in the middle trying to sift through volumes of information to determine the best outcome for Connecticut's citizens. This is not unlike "non-scope" issues that are handled regularly. However, questions of scope tend to be very technical, highly specialized, of little public interest, and the parties involved are passionate, thus making them even less desirable to deal with.

It is my belief that every committee is faced with issues that leave its members feeling ill-equipped to decide because they aren't experts in the field. Is every member on the Transportation Committee a traffic or civil engineer? Does everyone on the Insurance

Committee have an actuarial degree? If not, should all of the issues before them be referred to a committee of experts to review and make legislative recommendations?

Should HB6549 become law, only non-MD providers would be bound to adhere to this proposed process. Since all non-MDs are legislated professionals where new technologies, new techniques or contemporary education exceeds our statutory abilities, we would have to argue our case to this appointed, "not elected" committee, potentially comprised of one professional seeking expansion, one layperson and 6 MDs. This group will then make recommendations and suggest legislative changes. As a non-MD provider I'm skeptical about my chances before this committee.

It should also come as no surprise to you that the AMA has made the establishment of state-based scope of practice review committees a legislative priority. By doing so they believe they can curb scope expansion of non-MD providers. HB6549 is simply an obstacle to the growth of all non-MD providers. So you're embroiled in a turf battle about turf battles.

Your constituents elected you to your position because they had confidence in your ability to make difficult choices. They trust you to analyze data and to do what's best for your community and state. Affirm their trust and confidence in you and reject this proposal.

PUBLIC HEALTH COMMITTEE

PUBLIC HEARING March 11, 2011

RAISED BILL No. 6549 **AAC THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.**

Senator Gerratana, Representative Ritter, and members of the Committee

Thank you for the opportunity to speak on this bill.

My name is Mary Denise Moller, Associate Professor of Nursing at Yale School of Nursing. Today I am representing the CT State Chapter of the American Psychiatric Nurses Association (APNA). I have been an Advanced Practice Psychiatric Nurse since 1982, licensed in WA state since 1993 where Advanced Practice Nurses have been allowed to practice within the full extent of education since 1978. This legal authority has allowed patients full access to psychiatric and primary care services. WA, like 24 other states is far ahead of CT in implementing recommendations of the recent 2010 Institute of Medicine report on the Future of Nursing.

While the spirit of Raised Bill 6549 is intended to facilitate Scope of Practice issues, it will also have serious ramifications on CT's system of care and access to care for many underserved citizens for year's to come. I do not believe the outlined medical model will best serve our state.

I recognize this has been a difficult process in CT. If you decide on the DPH proposed process, please add a positive element. In this bill, opposition is heavily represented and any professional group supporting a request is not invited to the table. The process should allow for, and welcome comments by those in SUPPORT of a request, and they also should have a place at the table. There are many good and solid reasons to address SCOPE changes. Good judgement, intelligence, experience, professional knowledge is not exclusive to those who oppose a request, in fact, quite the opposite may be true. It is the citizens in need that should be the priority – not a single profession.

I'd like to make a few comments in particular on Section 1 subsection (f). This appears to be delineating a process to avoid all requests going to DPH. I understand that, and agree, but as a matter of good public policy I urge you to expand the criteria to reflect a basis for decision that is in tune with SCOPE decisions. Something like:

> *Identify those requests that do not represent any significant change in scope, but rather represent the formalization of changes already occurring in education or practice within a profession, due to the results of research, advances in technology and changes in healthcare demands, among other things; and that, from a regulatory perspective, clearly meet appropriate requisite training, poses no health or safety issue, benefits the public, and has no negative impact on access to care.*

That, or something like that, makes a clear statutory statement that Ct is considering requests in a professional way acting in the best interest of its citizens We need, together, to find a way to advance healthcare in CT in the way expressed by the IOM (Institute Of Medicine) report. The future of all licensed health professions is a huge responsibility deserving consideration of the best national approaches.

MARY MOLLER, DNP,ARNP, APRN, FAAN ASSOCIATE PROFESSOR, SPECIALTY DIRECTOR PSYCHIATRIC MENTAL HEALTH NURSING, YALE UNIVERSITY SCHOOL OF NURSING

Legislative Testimony
HB 6549AAC The Department of Public Health Oversight Responsibilities Relating To Scope of Practice Determinations For Health Care Professions
Public Health Committee
Friday March 11, 2011
John J Mooney, DMD

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Dr. Jack Mooney. I am a private practice dentist in Putnam with over 700 Medicaid patients in my practice. I participate in the Home by One program and also in a private practice partnership with Generations, an FQHC located in Willimantic. I am the Chair of the CSDA's Access to Care Committee and also serve on the ADA's Council of Government Affairs. I thank you for the opportunity to present testimony in favor of HB 6549.

Over the past several years, the CSDA's Access to Care Committee has actively been seeking workable sustainable solutions that will positively affect Access to oral health and ultimately improve the oral health for all the citizens of our state. Our Committee immersed itself into looking at a variety of different models, including some with scope increases, to see if they could be a part of the solution to the complex puzzle of Access. Our Committee found that some scope increase may be appropriate to positively affect Access, while at the same time we found other requests to be contraindicated. I will not burden you with the details of our work today, though I may have to in the near future. Today, I speak strongly in favor of HB 6549 because it sets forth a process with formal protocols that will allow you as legislators to make an informed decision on requests for increased scopes. Having sat through multiple increased scope hearings in front of this Committee since 2004, I personally know how emotional and passionate these hearings are. Claims are made, studies are cited and experts are quoted and you as Legislators are expected to act and do so without the time to critically evaluate the arguments that both sides have made.

With regard to the provisions in Section 2, I would request that the Public Health Committee consider working with the CSDA to improve the language. The establishment of committees to review the scope requests is appropriate as long as the members of the committee have the background and specific expertise to effectively adjudicate each request. It is not clear that the language as it is currently written, clearly incorporates the need for such expertise.

As a sizable organization, dedicated to the specifics and intricacies of oral health and all of its specialties, we are able to provide information and resources that might otherwise be difficult and time consuming to acquire. As such, I am supportive of the mechanisms that have been incorporated into HB6549 aimed at facilitating that process. I support a committee structure

that will find the proper balance of impartiality and expertise, and one that will have access to the most current and accurate information available.

I would like to thank the Committee for again supporting this important bill. I feel that this bill will give all the parties involved time to present their case, have their supporting data critically evaluated and allow this Committee to receive a report based on evidence versus emotion. The health and welfare of all the citizens of our state deserve no less.

Respectfully submitted,

John J Mooney, DMD
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Legislative Testimony
HB 6549AAC THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.
Public Health Committee
Friday, March 11, 2011
Bruce Tandy, D.M.D.

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Dr. Bruce Tandy. I am a private practice general dentist in Vernon and Coventry who treats Medicaid children and adults, participates in the Home by One program, and am one of the leads on the Mission of Mercy project. I am also the Past President of the Connecticut State Dental Association (CSDA) representing over 2400 dentists and members of the dental team who communicate, educate, advocate, and collaborate on oral health issues and provide care to the citizens of Connecticut. I thank you for the opportunity to present this testimony to you in favor of HB 6549.

Access to oral health care for those individuals who do not have insurance or the financial means to seek treatment has been problematic since I entered practice 30 years ago. We have learned over that time period that oral health and general health is intimately linked to the overall well being of the citizens of Connecticut. A process to determine if scope of practice changes will improve access to care before changes are legislated is a major step forward.

As long as I can remember, scope of practice issues have existed in dentistry. The annual debate amongst dentists, dental hygienists, and dental assistants across the country and in Connecticut has been emotional between the dental team members and within the dental profession itself. Four years ago, the CSDA formed an Access to Care Committee to determine the best approach in addressing access to care issues, the driver of this debate. Models from around the world were evaluated and ultimately the CSDA identified Interim Therapeutic Restoration, Expanded Function Dental Assistants, and Dental Therapy as potential scope of practice issues that might have a positive effect on those in need being able to access care. The basis of these decisions was an evidence based approach to the issue, not an emotional one. Making emotional decisions on scope of practice issues without data to support a positive outcome on access to care is doomed to failure.

HB 6549 establishes a process to take the emotion out of these scope of practice debates for all professions, develops evidence based parameters for decision making , involves impartial committee members, and will ultimately help guide the final decision making by this committee and the Connecticut State Legislature. The goal for all of the health care professions and government is to get the best healthcare possible to the citizens of this state. Passing HB 6549 is an important step in making this happen. I strongly urge the support of this legislative process.

Respectfully submitted,

Bruce Tandy, D.M.D
174 Rosemary Lane
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Legislative Testimony
HB 6549AAC THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.
Public Health Committee
Friday, March 11, 2011
Scott A. Bialik, D.D.S.

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, thank you for the opportunity to speak in support of H.B. 6549.

I am a Pediatric Dentist practicing in Brookfield Connecticut, and have been doing so since 1997. I have in the past served as a clinical instructor at Danbury Hospital and at Yale New Haven's Children's Hospital. I am a member of the CSDA (Connecticut State Dental Association), a board member of the CSPD (Connecticut Society of Pediatric Dentists), and a board member of COHI (Connecticut Oral Health Initiative). I also am on the Board of Connecticut's Home By One project for infants, and not only serve as a member of the DSS's Connecticut Dental Health Partnership Dental Policy Advisory Council, which provides oversight of our states Dental Medicaid System, but I am also a Medicaid Provider.

As you are already aware, deliberating on a request to change a professional scope of practice is an arduous, time consuming, and sometimes an emotional charged minefield to navigate through. H.B appears to be just the vehicle needed. All too often, legislators are presented with arguments which are based more on emotions rather than on facts. This bill appears to defuse emotions by creating a standardized framework that asks questions and looks at evidence. This evidence is important to determine the true impact on quality, safety, access to care, and yes the cost associated with such a change.

We at COHI (Connecticut's Oral Health Initiative) have discussed this Bill and it's ramifications with other Oral Health Advocate Groups such as the Dental Hygiene Association, the Dental Assistance Association, the Connecticut State Dental Association, and the Connecticut Health Foundation. All of these groups saw the wisdom of such a Bill and agreed to support it.

I urge you to pass H.B 6549 and I would like to respectfully thank the members of the Public Health Committee for allowing me to provide this testimony. If you have any questions I would be happy to address them.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2011

VOL. 54
PART 22
6915-7208

Those absent and not voting 2

THE CHAIR: The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, two additional items to mark as go at this time.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Yes. Thank you, Madam President.

First, Calendar page 18, Calendar 617, House Bill 5 -- or excuse me -- House Bill 6549.

And then, secondly, Calendar page 16, Calendar 607, House Bill 5048.

Thank you, Madam President.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar page 18, Calendar 617, File Numbers 538 and 887, substitute for House Bill 6549, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS, as amended

by House Amendments Schedules "A" and "B"; Favorable Report of the Committee on Public Health, and Appropriations.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Good evening, Madam President.

THE CHAIR:

Good evening.

SENATOR GERRATANA:

Madam -- good evening.

Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill, in concurrence with the House.

THE CHAIR:

Motion is on approval of the bill.

Will you remark further?

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, we do have a piece of legislation before us referred to as the "scope of practice bill." This legislation comes actually by way of Program Review and Investigations. For a number of years here in the General Assembly, very

often professions will come before the Public Health Committee and they will want to either change their practice act or something that in our view may drastically change the way medicine or health care is delivered in our state by these professionals.

It has been a challenge for us on Public Health, one that, of course, we have, I think, met over the many years, but still a challenge to know what is safe and efficacious. The Program Review and Investigations Committee, I believe, if memory serves, was asked by Public Health and many members here in the General Assembly to please take a look at this issue and find us a way, if you will, to come up with a process that might ensure that -- that when changes are requested in scope of practice, that they be done in an orderly way and in a safe way. So through cooperation with the Department of Public Health, we have the bill before us.

But I must say that PRI did make the recommendation, did a fantastic study of looking at other states and how they also dealt with scope of practice. So with their wisdom and coming to our committee, our committee raised the bill and we were

able to come up with the legislation that is before us.

We did meet with many of the different specialties and health care providers. We took the recommendations that came from PRI, as well as input from the various professionals.

The -- this bill establishes, of course, a health care scope-of-practice review process; it would be through the Department of Public Health. When the bill went through the House, language was changed so that professions may go to the department and participate in this process. There's actually a time line that is established, starting in August -- on August 15th of the year before the General Assembly would meet -- and a process that would culminate with the Department of Public Health going through the review and then making recommendations to the General Assembly.

So basically before us we have a process that we certainly would recommend and that the Department of Public Health would participate in. But just to assure members, of course, we here in the Legislature have the responsibility of listening to our

constituents and also dealing with these matters directly.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I, too, rise in support of this bill. One thing this bill doesn't do is it doesn't absolve the Public Health Committee of -- of its responsibility to actually make these determinations, and that is very important. But what it does do is it provides a process by which people who are experts in the field can get together and offer -- and offer solutions to these very difficult, very technical problems relating to scope, many of which I feel unqualified, myself, to address. So the fact that we can get professional input, beyond just the advocates, is a great thing.

Another thing this bill does is it gets the parties to come together and sit down and talk about these things. And it's amazing how much can get worked out when that is what is done.

So I rise in support of this bill, and I encourage my colleagues to vote for it.

Thank you, Madam President.

THE CHAIR:

Thank you.

Thank you, Senator.

Will you remark?

Senator Kissel.

SENATOR KISSEL:

Thank you, very much, Madam President.

And I, also, rise in support of the bill. And I would commend Senator Gerratana for thanking the PRI staff for putting in so many hours when they were requested about -- jeepers, now -- either one of two years ago to study this issue.

At that time, the Cohairs of the Public Health Committee were Representative Betsy Ritter and Senator Jonathan Harris. And they basically brought to our attention -- and at that time I was lucky enough to be Cochair of Program Review and Investigations, along with my friend and colleague in the House, Mary Mushinsky -- they brought to our attention that this is a perennial problem in this Legislature, folks coming to the Public Health

Committee seeking delineations of what the scope of practice should be for their -- their particular fields.

And believe it or not, once upon a time I was the Vice Chair of the Public Health Committee. And I remember one of the raging battles that we had -- and, again, I'm thinking around 16 years ago -- when there was a -- a real turf battle between optometrists and ophthalmologists. And it had to do with the advent of laser technology and the ability to work on eyes. And, you know, that -- that battle over scope of practice has financial ramifications and other ramifications, and it was very problematic. And so I had firsthand recollection, from back when I was involved in the midst of this, as to how difficult it is for members of the Public Health Committee to deal with this.

So what the PRI staff did is we suggested to them, look at other states, come up with best practices; we'll try to carve out a -- a practice that's best for the State of Connecticut, and we'll come up with a construct so that if -- if individual groups want to come in and change the boundaries in their scopes of practice, change definitions, that

there will be a procedure to do that, rather than just running to the poor Cochairs of the Public Health Committee, and Ranking Members and others, and just trying to win the day on that particular issue. And that's a better way to do it.

And the folks on the Public Health Committee have their hands full with so many other issues. But I would suggest to the members of the Circle this: The scope-of-practice battles aren't going to go away anytime soon, because when you have diminished resources, either through insurance, the private sector or government entities, the public sector, then there's not only financial incentives but there's, for lack of a better term, turf incentives to try to carve out bailiwicks within the health care provider sector so that your job is secure, your line of income is secure.

And, also, it's a sense of pride. If you go and you study a -- a course of studies to provide certain medical services, you've invested a tremendous amount -- tremendous amount of time and energy and effort. And so these things can go above and beyond simple money, simple titles; these are personal to people. And when you hear their stories, whether it's in the

context or a hospital or outpatient care or wherever they're providing care to the public, these are -- these are things that can gobble up an awful lot of oxygen in the Public Health Committee, and I think this is a terrific way to go.

And for that, Madam President, I'm very happy to support the bill.

THE CHAIR:

Thank you, very much.

Will you remark further? Will you remark further?

Oh, Senator Suzio.

SENATOR SUZIO:

I was hesitant because I wasn't certain if Senator Hartley was --

THE CHAIR:

Neither was --

SENATOR SUZIO:

-- (inaudible).

THE CHAIR:

-- I, sir.

SENATOR SUZIO:

Thank you --

THE CHAIR:

Proceed.

SENATOR SUZIO:

-- Madam President.

And now it's good evening to you, for sure.

THE CHAIR:

Almost good morning, sir.

SENATOR SUZIO:

I rise in support of the bill; I have just two things.

First of all, I want to express surprise that since this involves health care, that Senator Kissel didn't mention the Great Pandemic of 1918; usually he weaves that in somewhere, anything related to health care.

I just have a question for the proponent, if I may? I notice in the --

THE CHAIR:

Please proceed, sir.

SENATOR SUZIO:

-- OLR analysis -- oh, through you, Madam President.

THE CHAIR:

Please proceed, sir.

SENATOR SUZIO:

Fine. To the proponent, I notice in the OLR analysis there's a mention that the latest version deletes a provision of the original bill that prohibited a health profession from seeking legislative action on a scope-of-practice request, without first using the bill's review process. Maybe I'm misunderstanding the way they wrote that, but could you explain that and why the change happened?

Through you, Madam President.

THE CHAIR:

Senator --

SENATOR GERRATANA:

Through you --

THE CHAIR:

-- Gerratana.

SENATOR GERRATANA:

-- Madam President.

The bill before us inserts the word "may," as I said when I was bringing out the legislation. I think, perhaps, because it was done in the House, I'm sure there was discussion in the House about how this was going to happen, the requirement.

You know, as we work through this legislation, there were many people who also gave their input and,

you know, as you go through the process, this is the product that we have before us now.

Thank you.

Through you, Madam President.

THE CHAIR:

Thank you.

Senator Suzio.

SENATOR SUZIO:

Thank you.

And that's the only question I have for the proponent.

I -- I will say that I'm married to a health care professional, someone, a woman who is a -- a physician's assistant. She practiced in the NICU, the Neonatal Intensive Care Unit, in New Britain Hospital for many years, and then she worked at Middlesex. And -- and so I heard her talk about issues like this.

And I -- I strongly support the bill. I think it's a move forward, and I thank Senator Gerratana for her -- her efforts. And I'm certain it's a great stride forward and a big help to their profession.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Mr. Clerk, will you please call for a roll call vote? And the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber. An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? Have all members voted?

The machine will be locked -- uh, Senator -- no, it won't. It won't be locked. It's not locked. Now it will be locked.

Mr. Clerk, will you please call the roll call.

THE CLERK:

Motion is on passage of House Bill --

THE CHAIR:

Oh, well.

THE CLERK:

-- 6549, in concurrence with the action in the House.

Total number voting 36

Those voting Yea 36

Those voting Nay 0

Those absent and not voting 0

THE CHAIR:

The bill passes.

Mr. Clerk.

THE CLERK:

Calendar page 16, Calendar Number 607, Files Number 94 and 876, House Bill 5048, AN ACT REQUIRING A CERTIFICATE OF NEED APPROVAL FOR THE TERMINATION OF INPATIENT AND OUTPATIENT SERVICES BY A HOSPITAL, as amended by House Amendment Schedule "A"; Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill, in concurrence with the House.

THE CHAIR:

The question is on passage.

Will you --

SENATOR GERRATANA: