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The bill as amended passes.

Will the Clerk please call Calendar Number 593?

THE CLERK:

Yes, Madam Speaker. On Page 26, Calendar Number 593, Favorable Report of the Joint Standing Commission of -- on Judiciary, Substitute Senate Bill 1069, AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Good evening, Madam Speaker. I move the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER SAYERS:

The question is acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

REP. JOHNSON (49th):

Thank you, Madam Speaker. This -- this bill is a very simple bill. It changes basically one word so that now, instead of psychologists and psychiatrists being able to form professional corporations, psychologists and physicians will be able to be part of the same professional corporation. I move

adoption.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is adoption. Will you remark further? Will you remark further on the bill that is before us?

Representative Srinivasan of the 31st.

REP. SRINIVASAN (31st):

Good evening, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good evening, sir.

REP. SRINIVASAN (31st):

Madam Speaker, mental health and general health, they go hand in hand, and we all know that it is only when you have a sound body and a sound mind can you be a productive individual. What we are trying to do this evening is to make it a convenient, one-stop medical shopping, so that when you go to your doctor's office, and it is necessary for you to get -- be evaluated and seen by a psychologist, you do not need to go somewhere else. You could be in that same practice. You could be seen both by the M.D. as well as a psychologist. It will help, because you can share the information -- the medical information since they're all under the same umbrella, and it might help

in terms of bookkeeping and who knows, even from a group billing, it might be affordable. It may be more effective to do this in a combination of medical health and mental health.

As we all know, Madam Speaker, one of the ten leading causes of visits to an M.D.'s office is depression. Depression is one of the ten leading causes. And so here, what we are trying to do this evening, is to make it a little more convenient for people, when they go to their primary care, if they need mental health as well, they can be seen by the psychologist in that same office.

And what is very interesting to note, also, Madam Speaker, is when -- statistics tell us that if you refer a patient from a doctor's office to a psychologist, the compliance rate is as low as 50 percent. So what we are trying to do here by having a combination, a corporation between M.D.s and psychologists, we are going to address one of the ten leading causes of visits to a doctor's office, depression, and reduce hopefully the 50 percent that -- that is all that we see, and make it a better number in time -- in terms of the compliance of a visit to a psychologist's office.

Through you, Madam Speaker, just a few questions for the proponent of the bill.

DEPUTY SPEAKER SAYERS:

Please frame your questions, sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. In this professional corporation, would it be necessary that the doctor and the psychologist need to be in the same physical location? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

No. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you. Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. A lot of doctors, a lot of psychologists and psychiatrists have multiple locations, so would it be necessary, if multiple locations are involved in this practice corporation, at least one of them -- one of those locations should be in the same place? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

No, Madam Speaker. Through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. If they do not need to be in that same location, which is advantageous so that you are able to go from one doctor to the other healthcare provider, if needed, what would be the advantage, if they are not in the same location, of having this professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The investigations through the Public Health Committee on behavioral health care, we found that most of the physicians who administer therapy, psychiatric care, behavioral health services, are pediatricians, and there's a real limitation on access to psychological assistance specialties for pediatricians. So this is one way that psychologists would be made available within the same corporation, and they would be able to render

services, but not necessarily in the same building. They would share the same clients. They would share the same administrative procedures. There wouldn't be concerns about the Health Insurance Affordability -- Portability Act, HIPAA. Those kinds of regulations would be something that they wouldn't have to address. So this is one good reason why they would be in the same corporation. They'd be part of the same body, sharing the same information altogether. So that -- that would be the advantage. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. So the idea of this corporation is the increase the accessibility of mental health care? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That is correct, Madam Speaker, through you.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, and I concur on that as well, because working under one corporation, ideally if they were in the same location, it would even be obviously far, far more advantageous. But even if not so, just the fact that they are in the same corporation, working under the same umbrella will, in my opinion to increase as far as the accessibility, especially in pediatric offices.

Through you, Madam Speaker, is there any ratio or proportion between the physicians and the psychologists in this professional corporation?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That -- that is not what this bill is about. This bill is really about the fact that now we've made it possible for physicians, not in any particular specialty, but physicians in general, to be in the same corporation as psychologists. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, so that I'm clear, so if you could have a professional corporation of ten physicians, and it is quite possible, conceivable, that we may have only one psychologist in that professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That is correct, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. When we have this professional corporation between the physician and a psychologist, as you -- as you know now, Madam Speaker, in a lot of primary care offices, especially pediatric offices, we have APRNs working in that office as well. Through you, Madam Speaker, would that APRN also be eligible to be a part of this professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This bill speaks to

physicians and psychologists.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker, if there was a professional corporation comprising of physicians and an APRN in that combination, that is the professional corporation. Now we are adding on one more person into the professional group, which is the psychologist. In that case, since we have an APRN in the corporation to begin with, that corporation -- will that corporation be able to participate with the psychologist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This bill speaks to physicians in general and psychologists.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I still did not get an answer, because a lot of times, as we know now, practically all primary care practices have APRNs, and

then I will come to physicians' assistants after that, so that is the model of which we are delivering health care right now: (A) in Connecticut and (B) a national model. So -- so that I am clear that if this corporation comprises of M.D.s and APRN, who then will be able to partner with the psychologist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This -- this is a very simple change in the law that just changes the words so that the psychologist and instead of psychiatrists, who are also doctors, can be part of a corporation. Psychologists, and now any physician can be part of the same corporation. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. So in this case, if we have a physician and APRN corporation, if I'm understanding the esteemed Chair of the Public Health Committee clearly, that corporation, unfortunately, at

this point in time -- maybe later on, who knows -- but at this point in time on the -- on the bill that we are talking about, debating about this evening, that corporation, since it has an APRN as a part of that corporation, will not be able to partner with a psychologist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This bill speaks specifically to physicians and psychologists.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I get the answer loud and clear now that it has to be only physician and psychologist. I was hoping that we would be able to, because the healthcare model, which is what we are trying to serve Connecticut is -- comprises of obviously M.D.s as well as APRNs. And though I am almost sure of the answer, I just want to make sure that there is no difference between an APRN status and that of -- of a physician's assistant, a P.A. Through you, Madam Speaker, if a P.A. is a part of a

professional corporation, would that be -- be allowed to be a part and parcel of this new corporation with the -- with a psychologist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson

REP. JOHNSON (49th):

Through you, Madam Speaker, I believe that that would be a bill for a different time. This one speaks specifically to psychologists and physicians.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. A lot of professional corporations, including physician's corporations, they have active partners; they have silent partners. The silent partners may not be physicians at all, or they could be physicians who are not actively -- who are not actively practicing. Through you, Madam Speaker, in this scenario, in this corporation that we are creating right now, would it allow to have a silent, non-M.D. partner? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, this bill deals strictly with psychologists and physicians.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, if the -- if the M.D. happens to be nonpracticing at this point in his life or her life, has decided to retire, but is still -- is still an M.D. and wants to be a part of the corporation -- is still involved in the business entity of that particular practice, will that nonpracticing physician -- he's a physician though -- will he or she be a part of this corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson, would you hold one moment please? If we could just lower their conversations.

Representative Johnson, please proceed, sir.

REP. JOHNSON (49th):

Through you, Mr. Speaker, could you please ask the good Representative to repeat his question?

DEPUTY SPEAKER SAYERS:

Representative Srinivasan, could you please repeat your question, sir?

REP. SRINIVASAN (31st):

Madam Speaker, I would be delighted to do that. I could hardly hear my own question, so I can imagine why the good Chair could not hear her -- the question that I was trying to frame this evening.

My question, through you, Madam Speaker, is that if you have, in this corporation, a physician who now, he or she has decided to retire from active medical practice, but still has a license, has not given up the license, still has the license, but is not actively practicing, and of that there are quite a few, because they haven't decided what they're going to do with their lives. If that person is not practicing, but does have an active license, could they still be a part of this professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. They have to be licensed, so the physician would have to be licensed. The psychologist would have to be licensed to be part

of the corporation.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, in a lot of professional corporations, the spouses are involved. The spouse is not a physician, but is an active partner in that particular corporation. So in this relationship that we are creating, if a spouse is an active member -- is an active part of that corporation, just for my clarification, that that particular corporation will not be able to include a psychologist because we have a non-physician in that corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The physicians and psychologists must be licensed, and it indicates that they have their shareholders as licensed physicians and psychologists. So they have to all be sharing in the same work and activity, and I believe that the reasons for that have to do with the fact that they share their liability and their level of practice so

that they'll be able to provide a level of care and each -- each one is as responsible as the other in the administration of the service. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Madam Speaker, this concept is an excellent one, and I think it's a good first step, but as I -- as you can see from the nature of these various corporations, my concern is that it may be limited because of the fact that you don't have -- you do not have too many corporations which are -- which have physicians only, number one; number two, that there are other silent partners, whether they be physicians, non-physicians as a part and parcel of the corporation. So through this whole list of people that they are excluding, though intention is great, that we want to be able to keep the doctor and the psychologist together in one corporation -- great intent. It's a good first step, definitely a good first step, but unfortunately, in my opinion, limited because it really does not matter if it is corporation A, who is working in that corporation, and then this new person can be a part

and parcel of that corporation, too. So that would be realizing to the full potential what we want to achieve here this evening of having mental health and medical health all under one corporation. Through you, Madam Speaker, just a few more questions to the good Chair of the Public Health Committee.

DEPUTY SPEAKER SAYERS:

Please proceed, sir.

REP. SRINIVASAN (31st):

Through you -- through you, Madam Speaker. If one of the partners in this corporation -- it could be a physician; it could be -- it could be the psychologist, in the pure setting it's only an M.D. and a psychologist, and nobody else is involved because they cannot be, as we heard loud and clear -- if one of the -- in that group, a group of five, a group of seven, a group of ten, it does not matter -- if one of them moves from the state, what would then happen to that corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

For how long would they move, Madam Speaker?

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, they have left our state; they have left Connecticut; and for whatever be their reason, have decided to move to the Carolinas, have decided to move to Florida, so they basically are no longer practicing in Connecticut. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The licensing is issued through the State of Connecticut.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So, through you, Madam Speaker, in that case, in that professional corporation comprising of X-number of M.D.s, Y-number of psychologists, one of them decides to move, there is no restriction obviously in the move because he or she is entitled to do that, but what will happen to the corporation; what will happen to the financial in the composition of the

corporation, will be decided by that corporation?

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That would depend on what they decided to do with the corporation through the Secretary of the State's Office. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. I'm glad to hear that answer because in this new relationship, I just wanted to make sure that if when somebody left, that they -- there was no restrictive clause that they could not leave, and whatever happened in the general -- general confines of their corporation, whatever the rules are would apply even in this situation where you have (A) an M.D., and you have a psychologist. Through you, Madam Speaker, if the doctor of the psychologist were to pass away, through you, Madam Speaker, would it have any impact as far as the estate of that particular deceased person from the corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. Could you please have the good Representative rephrase?

DEPUTY SPEAKER SAYERS:

Representative Srinivasan, if you could please rephrase your question.

REP. SRINIVASAN (31st):

Will definitely do so, Madam Speaker. My privilege. In this corporation of M.D.s and psychologist, whatever be the proportion -- as the good Chair said, it does not matter. One of them -- it does not matter; it could be the doctor, or it could be the psychologist -- were to pass away, and obviously that component of what the -- the percentage of holdings of that particular person in that corporation in this professional corporation would then go into the estate, whether it be to the wife, whether it be to the children, or some form or the other, depending on the will. So through you, Madam Speaker, in this professional corporation, I just want to make sure that what was going into the estate will not be impaired in any way? Through you, Madam

Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That really is outside the scope of this -- this proposed legislation.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker. That is a little concerning because when you go into a professional corporation, going in is important. The rules of going in are important, but equally important are the rules of going out, because that is reality. You know, we -- we all think we are -- we're going to be living here forever, and we all know the reality is that it's not going to happen. So to go in a relationship, in a professional relationship, in a corporation, not knowing what the exit is going to be, regardless of the fact that it is not the scope of this particular bill, but when you look at any professional corporation, all of that comes into play, through you, Madam Speaker, and therefore I think

consideration may be in some form or the other, not necessarily this evening, but we need to look at that component as well, so that anybody going into this relationship also knows what the exit -- exit strategy would be. Through you, Madam Speaker, that is still not defined in this. I just want to be clear about that. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

I am thanking the good Representative for making his remarks a little more understandable, and those would really go to the Articles of Incorporation which really is outside the scope of this legislation.

Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, and I want to thank the good Chair of the Public Health Committee for answering all my questions. Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, sir.

Representative Lavielle of the 143rd.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. Good evening. Nice to see you up there.

I have a number of questions for the proponent of the bill.

DEPUTY SPEAKER SAYERS:

If you would please frame your questions, madam.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. I'm not a physician, but I'm very experienced in running a business, which is what physicians, psychologists, and other service providers do, so I -- I have quite a few questions that will reflect what I know, and what I don't know.

My -- my first question to the good Representative is: Was there a reason -- or is there still, since the bill hasn't passed yet, that physicians and psychologists could not be part of the same practice, and what was it? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, the law.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you. The law expressive forbade them to be part of the same business practice? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Yes. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Was there a particular reasoning behind that law? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. That is really outside the scope of this discussion.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Well, thank you, Madam Speaker. I -- in -- in trying to understand why it's necessary to have this

happen, it seemed to me interesting to know why it hadn't been before.

I have another question related to -- I really do want to know this -- the -- the characteristics of the people in these two professions that we are allowing through this bill to combine. It seems to me that earlier in the language, there is a provision that -- I believe it's Lines 24 to 26 -- psychologists and psychiatrists could practice together before the language -- before the passage of this bill. Am I correct? Madam Speaker, through you.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That's correct, Madam Speaker, through you.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, and therefore, and again this may reflect my own ignorance not being in the medical profession, but are psychiatrists not physicians? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, psychiatrists certainly are physicians. They are physicians with a background in psychology as well. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you. So in other words, this bill doesn't really -- I suppose a more precise characterization of this bill then is to say that it allows the joint practice of physicians who are not psychiatrists and psychologists. Am I correct? Through you.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle:

REP. LAVIELLE (143rd):

Thank you. Well that -- that clarifies that for me. I appreciate it, because it was -- I found it a bit obscure in the beginning.

Is there a particular synergy that has been

identified between the services offered by a psychologist, and that of other types of physicians, regardless of that their specialty is? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Could you please ask the good Representative to rephrase in terms of what she means precisely?

DEPUTY SPEAKER SAYERS:

Representative Lavielle, could you please reframe your question?

REP. LAVIELLE (143rd):

Of course, I'd be happy to. What I am seeking to find out is, in allowing psychiatrist -- excuse me, psychologists and physicians who might have any type of specialty, for example, a gynecologist, an obstetrician, an oncologist, an endocrinologist, to practice together -- is it because there is some relation between the services that they offer, or is it for some other reason? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Thank you for the clarification of those remarks. Really, as the good Ranking Member said in his opening remarks, many, many people seek the services of a doctor, and they are also depressed, or overcoming some other kind of behavioral difficulty. So the advantages, in this circumstance, that there would be many types of doctors who would benefit from being in partnership with a psychologist. But the focus of this, and the reason that we really feel that this is necessary, comes from some of the work that we did because of the Newtown situation during this session.

What we did is we found that the access to behavioral health services in this state is woefully lacking. We've had much, much testimony finding that there is really a -- a huge unavailability of services. So there is really a difficult time for our people in our state to be able to access behavioral health services.

So what we did is we were looking into this, and we received this proposal that said wouldn't it be good to be able to have psychologists practice with any doctor, become part of the same corporation? And we also found that, in these circumstances, that the difficulty was primarily with pediatricians, because

pediatricians provide more behavioral and psychiatric service than any other group of doctors. And so we felt that it would be advantageous to change the one word -- now mind you this is a change of basically one word in the statute -- a very limited change, but nevertheless a very, very small change -- an important change, an important change for children in our state, and adults with psychiatric services that may be seeking the -- the services of a general practitioner. And it would make psychiatric services more readily available to those in our state. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle, if you could just hold one moment, please.

Would you please keep your conversations down, or take them outside of the Chamber? Thank you.

Representative Lavielle, you may proceed.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker and thank you for doing that because it's sometimes hard to hear the -- the good Chair of Public Health.

I appreciate that answer very much, because that -- that gives me some more context. And one of the --

the things that it would be interesting to know, I think, for legislative intent, and for the information of the Chamber is -- and -- and again, I -- I know that the good Representative has spoken often just now of behavioral health, but she also said in her final phrases that -- something about access to psychiatric services, and I think we're talking here about psychologists. And, in terms of the demand, particularly among those children, and those who visit pediatrician, is it particularly psychological services that they need? And what is the difference between that and what they might obtain from a psychiatrist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson

REP. JOHNSON (49th):

Through you, Madam Speaker. There is a real issue because there are very few child psychologists -- psychiatrists available in the State of Connecticut, or for that matter, throughout the country. So providing services -- behavioral services -- because when a child exhibits certain types of behavior, it's difficult to determine whether or not they -- they have a -- a problem, or they're just -- have some kind

of developmental issue. So, it's -- so there's a real restraint on behalf of the psychologist or the psychiatrist, or the pediatrician to label a child with a psychiatric illness unless there is some obvious thing there. But because of the way the brain develops, it's very, very difficult to make a decision about that sort of thing. And that's really off the topic here. We're merely creating a situation here to allow any psychologist to join in the practice with a -- with any physician. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. When we're speaking of psychologists here, are we speaking exclusively of individuals with Ph.D.'s, or are we also including those with Master's Degrees, or a -- a -- some other type of license that is offered to psychologists? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. A psychologist has a Ph.D.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you. I appreciate the clarification. In the -- in the definitions of professional service in this bill, I note that they are limited to very specific professions, and then, of course, the bill goes on to define how this is used. But I note that these are professions that involve a high degree of education, so we are not, in any way -- this is a question -- including other professions that might demand a license like massage parlors, hairdressers, and so on? Those are -- that -- that I assume falls into a different category? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This bill simply deals with the change of one word, basically, changing from psychiatrist to physicians, so psychologists can practice with any physician.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you. And when we move into Section 2, we have the definition of professional corporation. And here, I'd -- I'd like to ask whether -- then it goes on just to use the -- the word corporation by itself. What form do these corporations usually take? Are they LLCs or are they something else? Through you.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

The purpose of this Act is to make sure that physicians, generally, and psychologists can practice together in the same corporation. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you. And these corporations are of one type? Or they can be of various types? Through you.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

They -- they don't specify in this. They just say that they are incorporated. Through you, Madam

Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. And do these -- I'm -- I'm noting in -- in Lines 20 and 21, there is a description of these professional corporations that explains that if they have, as shareholders, individuals who are licensed or otherwise legally authorized to render the same professional service as the corporation -- so does the corporation offer these medical services, or do the individuals, or is that the same thing? And I believe that's relevant, because we're talking about two different type of services in the same corporation. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, could you please ask the good Representative to rephrase her question?

DEPUTY SPEAKER SAYERS:

Representative Lavielle, could you please reframe your question?

REP. LAVIELLE (143rd):

Of course. Thank you. I -- I'm referring to Lines 20 to 22, and essentially I'm interested to know whether, in this language, it is the corporation that is considered to be offering the services, or is it the individuals who are considered to be offering them on behalf of the corporation? Thank you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This -- this is existing law to which the good Representative is pointing out, and the changes that we are discussing and that are the only change begin in the middle of Line 47, and go through Line 52. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. I think I can draw a relation here. If a corporation such as one of these is formed to offer, shall we say, medical services by physicians, and a -- it's originally incorporated just

to offer those only, and then a psychologist would like to join and become a shareholder, as it's defined here, is that possible, or must they form anew and form together? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, they could perhaps revise their Articles of Incorporation and their Bylaws.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

I'm sorry. I didn't hear the answer. Pardon me, Madam Speaker. Could you ask the Representative to repeat?

DEPUTY SPEAKER SAYERS:

I'd be glad to. Representative Johnson, if you would please repeat your answer.

REP. JOHNSON (49th):

Certainly, Madam Speaker. They could revise their Articles of Incorporation and their Bylaws.

DEPUTY SPEAKER SAYERS:

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, Madam Speaker. I appreciate the good Representative's patience and her answers because I think that very often, when -- when people visits doctors, physicians, psychiatrists, psychologists, they're usually worried about themselves, or preoccupied about themselves, and they think only of that professional service they're going to receive. We don't always remember that these people are trying to run businesses. And -- and they are, and they need to be operating under conditions that are favorable to allow them to continue providing what they do best, which is their medical or psychological services.

As the good Representative has pointed out, there is a -- a good case for synergy between the two professions that are in question in this bill: medicine and psychology. So there are not only benefits for the patients in question, but also various business conditions, and we often use the word synergy in that case in -- in the corporate world. Various aspects of those two types of services that work well together, that allow for word of mouth for marketing, for service provision, for things that will help the practice grow and develop. And we are losing

doctors in this state. It is becoming -- I think there was a -- I don't remember the source, but there was a ranking that came out two or three days ago that found that Connecticut was one of the -- was the worst state to practice medicine in in the northeast. And I think measures like this can be very helpful in facilitating the practices of medicine and psychology, and in providing better service to the patients who visit these professionals.

So again, I -- I thank the Representative for her answers and I do stand in support of the bill. Thank you very much, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Thank you, Representative.

Representative Buck-Taylor of the 67th.

REP. BUCK-TAYLOR (67th):

Thank you, Madam Speaker. Through you, a question of legislative intent to the proponent of the bill?

DEPUTY SPEAKER SAYERS:

Certainly, ma'am. Please frame your question.

REP. BUCK-TAYLOR (67th):

Through you, Madam Speaker. Section B of Section 2 describes a corporation that can consist of two or

more of the following professions. It includes psychologists, social workers, nurses, and a psychiatrist. Now we've all ready discussed tonight that a psychiatrist is a doctor. So my question is that under Lines 47 through 52, that states that doctors or physicians and psychologists can only engage in this professional corporation for the two of them and cannot include other people. So my question, through you, Madam Speaker, as far as legislative intent is Sections F changing Section B, or is it the intent that Section F is going to exclude psychiatrists since this bill -- since this law all ready provides that psychiatrists can enter into a professional corporation that has more than just a psychologist? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. The -- the change is only in those Lines 40 -- beginning in 47 and ending in 52 which changes one word from psychiatrist to physicians, essentially.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor.

REP. BUCK-TAYLOR (67th):

So, through you, Madam Speaker, is it correct that as far as this is concerned, that if it is a psychologist and a psychiatrist, the professional corporation can include other people? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

The intent was to change the word from psychologist -- psychiatrist to physician. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor.

REP. BUCK-TAYLOR (67th):

Through you, Mr. Speaker. Is it the proponent's position that physicians and psychologists in Section F is not conflict with Subsection B? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

They are not in conflict. They are just different types of professional corporations. Through

you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor.

REP. BUCK-TAYLOR (67th):

Just for point of clarification, Madam Speaker, through you: If I have a psychiatrist and a psychologist, I may have other professionals in that professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

I -- I'm sorry. I was unable to hear what the good Representative said. Could you please have her repeat her question?

DEPUTY SPEAKER SAYERS:

Certainly. If you would hold on one moment please?

Will the Chamber please take your conversations outside? The proponents are having difficulty hearing their debate, so -- Representative Buck-Taylor you may proceed, madam.

Representative Buck-Taylor

Thank you, Madam Speaker. Through you, for purposes of legislative intent, is it to be our

understanding that a psychiatrist and a psychologist can have other people in the professional corporation, but that if we have a physician and a psychologist, they may not have other people in the professional corporation?

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker. This -- this changes the word from psychiatrist to physician, so if there -- as you -- as we stated before, psychiatrists are physicians. Any other type of physician might also be part of this corporation, this professional corporation with a -- a psychologist. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor.

REP. BUCK-TAYLOR (67th):

I'm sorry, Madam Speaker. I didn't hear the end part of the Representative's statement. If I may have her repeat it, through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Certainly, ma'am. Representative Johnson, if you could repeat the last few phrases?

REP. JOHNSON (49th):

Thank you, Madam Speaker. A physician of any type can practice with a psychologist in this type of professional corporation.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor.

REP. BUCK-TAYLOR (67th):

Through you, Madam Speaker, but if a physician is a psychiatrist, is the intent that that psychiatrist and that psychologist may have other professionals working in their professional corporation? Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

As long as they're physicians and psychologists. Through you, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Buck-Taylor

REP. BUCK-TAYLOR (67th):

Thank you, Madam Speaker. And I thank Representative Johnson for her patience in answering all of these questions tonight. Thank you.

DEPUTY SPEAKER SAYERS:

Thank you, madam. Will you remark? Will you remark further on the bill that is before us? If not, will staff and guests please come to the Well of the House? Will Members take their seats, and the machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the Chamber, please. The House is Representatives is voting by roll call. Members to the Chamber, please.

DEPUTY SPEAKER SAYERS:

Have all the Members voted? Have all the Members voted? Please check the board to see that your vote has been properly cast. If all the Members have voted, the machine will be locked, and the Clerk will take a tally.

The Clerk will announce the tally.

THE CLERK:

Yes, Madam Speaker. In concurrence with the Senate, Substitute Senate Bill 1069:

Total Number Voting	136
Necessary for Passage	69
Those voting Yea	136
Those voting Nay	0

Absent and Not Voting 14

DEPUTY SPEAKER SAYERS:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar Number 203?

THE CLERK:

On Page 6, Madam Speaker, Calendar Number 203, Favorable Report of the Joint Standing Committee on Education, Substitute House Bill Number 6385, AN ACT PROHIBITING THE USE OF PESTICIDES AT PUBLIC SCHOOLS.

DEPUTY SPEAKER SAYERS:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Good evening, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good evening, sir.

REP. ARESIMOWICZ (30th):

Madam Speaker, I -- I move that we refer this bill to the Committee on Environment.

DEPUTY SPEAKER SAYERS:

Is there any objection? Is there is any objection? Hearing none, it is so ordered.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Madam Speaker. In a few brief

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 7
1827 - 2152**

cah/meb/gdm/gbr
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THE CLERK:

On Page 53, Calendar 399, Substitute for Senate Bill Number 1069, AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS, Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam -- excuse me Mr. President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark?

SENATOR GERRATANA:

Thank you, Mr. President, I will.

This bill before us allows and authorizes physicians and psychologists to form a professional service corporation. The psychologists -- profession of psychologists did approach the Public Health Committee and asked that we do this legislation allowing them to form that corporation. Of course in doing so they can work with other healthcare professionals, particularly physicians, in this legislation and go into business and of course it very much reaches our goal of providing for a patient centered homes and better -- better medical services delivery.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Welch.

SENATOR WELCH:

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Thank you, Mr. President.

I rise supporting this bill. This bill is going to do a lot to help improve mental health within the State of Connecticut. Right now if a psychologist would like to practice and reap all the benefits of that practice, he or she can only practice with other psychologists. This will allow them to practice with physicians as well so we will have entities with appropriate liability protections that will allow psychiatrists and psychologists to work effectively together.

Thank you, Mr. President.
THE CHAIR:

Thank you, Senator.

Will you remark further on the bill? Will you remark further on the bill? Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Hearing no objection, I ask that this item be placed on our Consent Calendar.

THE CHAIR:

Without objection, so ordered.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would ask that the Clerk next call from Calendar Page 43 under Matters Returned from Committee, Calendar 161, Senate Bill 316, to be followed by Calendar Page 47, Calendar 241, Senate Bill 1040.

Thank you, Mr. President.

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk might now call the items on the Consent Calendar before proceeding to a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 1, Calendar 545, Senate Resolution Number 27; also on Page 1, Calendar 546, Senate Resolution Number 28. On Page 2, Number 547, Senate Resolution Number 29. On Page 2, Number 549, Senate Resolution Number 31. On Page 5, Number 184, Senate Bill 1026. On Page 7, Calendar Number 253, Senate Bill Number 763. On Page 16, Calendar Number 412, Senate Bill Number 962. On Page 17, Calendar Number 436, Senate Bill Number 673. On Page 18, Calendar Number 438, Senate Bill Number 761. Also on Page 18, Calendar Number 443, Senate Bill Number 1056. On Page 19, Calendar Number 449, Senate Bill Number 828. On Page 20, Calendar Number 461, House Bill Number 6540.

On Page 21, Number 469, House Bill Number 6574. On Page 23, Number 480, Senate Bill Number 238. On Page 25, Calendar Number 501, House Bill Number 5799. Also on Page 25, Number 507, House Bill Number 5117. On Page 26, Calendar Number 508, House Bill Number 6571. On Page 26, Calendar Number 509, House Bill Number 6348. Also on Page 26, Calendar Number 510, House Bill Number 6007 and on Page 26, Calendar Number 512, House Bill Number 6392.

On Page 40, Calendar Number 48, Senate Bill Number 519. On Page 40, Calendar Number 60, Senate Bill Number 859. Also on Page 40, Calendar Number 104, Senate Bill Number 833.

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On Page 41, Calendar Number 107, Senate Bill Number 917. On Page 42, Calendar Number 123, Senate Bill Number 434. On Page 43, Calendar Number 129, Senate Bill Number 898. Also on Page 43, Calendar Number 139, Senate Bill Number 158. On Page 43, Calendar Number 167, Senate Bill Number 879.

On Page 45, Calendar Number 195, Senate Bill Number 816. Also on Page 45, Calendar Number 204, Senate Bill 652. On Page 47, Calendar Number 241, Senate Bill 1040. On Page 48, Calendar Number 269, Senate Bill 1003. Also on Page 48, Calendar Number 270, Senate Bill Number 1007.

On Page 50, Calendar Number 304, Senate Bill 1019. Also on Page 50, Calendar Number 310, Senate Bill 903. And finally on Page 53, Calendar Number 399, Senate Bill 1069.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote. The machine will be open on the Consent Calendar.

THE CLERK:

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

THE CHAIR:

If all members have voted, if all members have voted the machine will be locked. Mr. Clerk, will you please call the tally.

THE CLERK:

On Consent Calendar Number 1.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and not Voting	0

THE CHAIR:

Consent Calendar is passed.

Are there any points of personal privilege?

Senator Doyle.

SENATOR DOYLE:

Thank you, Madam President.

Yeah for a point of information for the Chamber.

THE CHAIR:

Please proceed, sir.

SENATOR DOYLE:

Yes, thank you, Madam President.

Tomorrow the General Law Committee will be meeting at 11:15 outside the Hall of the House. The bulletin said 15 minutes before the early session so now we're making it definitive. Tomorrow at 11:15 outside the Hall of the House the General Law Committee will be considering one bill that was referred to us.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Duff next.

SENATOR DUFF:

Thank you, Madam President.

For the point of announcement please.

THE CHAIR:

Please proceed, sir.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 14
4317-4577**

2013

to the very end. We're doing a little better than we did about a week ago. We were here until 2:30 a.m.

BARBARA BUNK: My name is Barbara S. Bunk. I'm a psychologist in private practice in Glastonbury. I'm also the President of the Connecticut Psychological Association and myself and my colleague are here this evening to ask your support of Senate Bill 1069 AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS.

The purpose of this bill is, you have actually one piece of our testimony that we were able to submit yesterday and there's another that we submitted today that you'll be able to review when you get it online.

But the purpose of this bill is simply to allow psychologists, PhD psychologists to become partners in the private practice, in a practice with physicians. It's the wave of the future.

This statute and those across the nation were created when health care was utilizing an entire different system than we are now. Health care providers were in silos at that time until now, really, until recently, practicing independently and health care providers were kind of separate from one another.

Now, with the Affordable Care Act, as well as the other trends, contemporary trends in health care provision, we are integrating care and developing multi-disciplinary patient centered care, where in particular behavioral health, mental health is being integrated with physical health.

So in fact, Connecticut statutes already allow other disciplines to partner with one another, so there is a precedent for this. For example, ophthalmologists can currently partner with optometrists.

In addition, a review by the American Psychological Association Practice Organization recently concluded that just over half the states in the country do allow psychologists to broadly incorporate with other health care professionals.

Connecticut Psychological Association has talked with several other health care disciplines here in the state, the Connecticut Medical Society, the psychiatrists, some pediatricians and primary care docs and all have been enthusiastic and supportive, and you do have testimony from at least one of those in support of Senate Bill 1069.

So integrated mental and behavioral health care is also cost effective. That's what the trend around the country is. It certainly makes common sense that such things as billing costs and other overhead costs would decrease.

For example, there is also data that says that the provision of psychological services to high frequency Medicaid users resulted in a 30 percent decrease in their Medicaid utilization after one year. So not only, so it's cost effective and it's patients effective.

So finally, there's also much evidence that shows that psychological services and physical health care are inter-related, improve quality of life and increase access.

And my colleague, Dr. Barbara Ward-Zimmerman is going to speak with you about that. I'd be happy to answer any questions so far or we could have Dr. Zimmerman talk and then perhaps you'd like to ask questions.

REP. JOHNSON: Well, thank you so much and thanks for your perseverance. Much appreciated.

BARBARA BUNK: You're welcome. I was thinking earlier that I haven't been up this late since my son was a teenager and I was waiting at curfew, you know?

REP. JOHNSON: Kind of fun, isn't it?

BARBARA BUNK: Yes.

BARBARA WARD-ZIMMERMAN: Good morning.

REP. JOHNSON: Good morning. And please state your name for the record.

BARBARA WARD-ZIMMERMAN: Sure. My name is Dr. Barbara Ward-Zimmerman. I am the Chair of the Health Care Reform Task Force for the Connecticut Psychological Association, but I am also a clinical psychologist who has worked part-time in a collaborative co-location model in a large pediatric practice for over a decade.

So I have for a long time walked the walk of integrating care, but not able to do what we're asking for today in Bill 1069, which is a real joint practice of physicians and psychologists.

So I was co-located by a large mental health agency in a pediatric office, and that's really wonderful for patients to have access to psychological services right in the practice

and we were able to do a whole lot of wonderful things from universal behavioral health screening in that practice to referrals to me and I could see patients on a short-term basis or triage them for longer term therapy, really wonderful for families to have that kind of immediate access.

The trust in the physicians has been transferred on to a psychologist and you really can work very efficiently and effectively with the families.

The problem with not being incorporated is then you're not fully integrated, so your records are separate from one another, billing practices are separate from one another. Even communication can be difficult although I certainly did my best to do a good job with that, but it's very different when you're really incorporated working together hand in hand, and that would really facilitate the integration of care.

And we certainly know that we want to do this. It's what the patient-centered medical home is calling for and we've coordinated services that are just readily accessible to families, efficient and also therefore more fiscally responsible as well.

We know that our minds and bodies work together and therefore it's not surprising that research has shown that up to 50 percent of primary care visits focus on behavioral health issues, whether those issues are primary to begin with, anxiety depression, causing headaches, et cetera or secondary to other medical conditions, but definitely the primary care doctors are dealing with a lot of medical, a lot of behavioral health issues.

So for those reasons we feel that psychology can really partner well with the medical folks doing a good job for our patients and it starts with communicating. Thank you.

REP. JOHNSON: Thank you very much. Are there any questions? Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you for your testimony and thank you for staying back this early in the morning.

This association, this partnership, which I think is a wonderful thing to happen, is it for a physician and a psychologist, or could a psychiatrist also be included in this mix as far as the partnership is concerned?

BARBARA BUNK; Well, in fact, of course a psychiatrist being a physician can already partners with a physician and currently, psychologists, in the State of Connecticut we do have limited incorporation accessibility now.

So that means we, psychologists can currently partner with other mental health professions, including psychiatrists.

REP. SRINIVASAN: So as I see this, this could be obviously in the best interest for the patient, a kind of a one stop where they would be seeing their primary care and if need by, the psychiatrist, and if need be the psychologist, all sharing the data and sharing the billing, as you said, so it becomes cost effective and more important, patient access.

BARBARA WARD-ZIMMERMAN: And one of the beauties of integrating care is that you can get at things

much earlier so that if a physician does have access, easy access to mental health services, is doing behavioral health screening, can identify earlier, make those quick referrals rather than waiting until the problem really escalates, so you can intervene earlier and then it's briefer treatment.

The other thing that I found as a child and adolescent psychologist working in a pediatric office is that physicians became more and more educated themselves and more comfortable with doing certain prescribing.

So it's not to say that we don't need the psychiatrists. We absolutely do, but the whole goal, then, is to preserve those rare psychiatrists that we have for the kids, for adults, that really need them.

So therefore, I found that working hand in hand with the physicians, they would count on me to help monitor patients along with them and therefore they became more comfortable doing prescribing at a lower level and reserving those more extensive and elaborate evaluations that are scarcer to find and, for the kids, in my case, kids who really needed them, who were really complex, complicated, multi problems kiddoes, so it really worked very well.

And some of the physicians who early on, 13 years ago would say, you know, I'm not a heart surgeon, these are general pediatricians, I'm not prescribing say, Dylex, you know, medications for a mild kind of medication for anxiety or depression, over time becoming more familiar with the issues having somebody to work hand in hand with, they were really willing to do that and believe me, prescribing is not what we want to do. We certainly want

to prevent problems, too, and that's really the beauty of having these incorporations that you can work to prevent issues before they really (inaudible).

REP. SRINIVASAN: Thank you for your testimony. And through you, Madam Chair, in an ideal setting, this partnership would be in one location where they all, under the same roof, but it doesn't have to be that way. It could be, not necessarily housed in the same office.

BARBARA WARD-ZIMMERMAN: Right. You could do a collaboration at a distance as well.

REP. SRINIVASAN: Thank you. Thank you for your testimony. Thank you, Madam Chair.

REP. JOHNSON: Thank you. Any additional questions? Well thank you so much for staying with us through this whole --

BARBARA WARD-ZIMMERMAN: Thank you for staying with us.

BARBARA BUNK: Thank you.

REP. JOHNSON: I wondered if Shannon Sanford is here? All right. Here you go. You're going to keep us here the rest of the night, right?

SHANNON SANFORD: How much caffeine have you had?

REP. JOHNSON: None. Since five.

SHANNON SANFORD: I brought some friends.

REP. JOHNSON: Welcome, and please state your name for the record and proceed.



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March 18, 2013

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Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

We are Barbara Ward-Zimmerman, Chairperson of the Healthcare Reform Task Force and Barbara S. Bunk, President of the Connecticut Psychological Association and psychologist in private practice in Glastonbury. We are writing to urge your support of RB 1069 *An Act Concerning The Joint Practice of Physicians and Psychologists*.

This bill addresses the corporate statutes for medical practice, which were designed many years ago in a different era of healthcare. Across the nation, these laws were intended to protect patients by preventing physicians from incorporating with others: the belief was that only physicians should make clinical decisions, and that non-physician input would put patients at risk by potentially placing the interest of the corporation above the interest of the patient. Over time, the accruing evidence toward 'whole-person care' has eroded the philosophy that the physician alone is responsible for patient care. Indeed, the Affordable Care Act directs that healthcare become integrated, identifying that patients are served well by a team of healthcare professionals. As healthcare reform and integration of services have become more commonplace, corporate practice of medicine statutes are clearly antiquated. Passage of this bill will assist the State in efforts to integrate healthcare for Connecticut's citizens. The bill will allow psychologists to join professional service corporations with physicians, to establish integrated practices that provide both mental health and medical services.

In a recent review by the American Psychological Association Practice Office of Legal & Regulatory Affairs it was concluded that just over half of the states allow psychologists to broadly incorporate with other health care professionals. Of course, joining practices is just one new model of delivery of healthcare services that has arisen during this time of national healthcare reform, and is entirely voluntary. Passage of RB 1069 will simply enable psychologists and physicians in Connecticut to take advantage of joint practice if they choose.

Psychologists can and do help promote health through primary care. There is no doubt that psychological health and physical health are inextricably interrelated. Research shows, for example, that depression is among the top 10 conditions driving medical costs (2009 Almanac of Chronic Disease); and that stress plays a significant role in 75% of patients' visits to primary care physicians (PCPs). (Retrieved from <http://www.unstate.edu/siress/work.php>.) Yet, approximately 50% of those referred for mental health treatment made by a PCP do not make a first appointment (Fisher & Ransom, 1997; Hoge, Auchterlonic & Milliken, 2006).



THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION,
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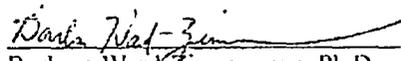
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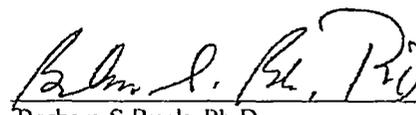
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Through initiation of efficient behavioral health screening programs promoting early identification, collaborative treatment planning, implementation of evidence-based services, and the facilitation of timely and targeted specialty referrals when needed, psychologists can work jointly with primary care providers to assist in the promotion of health at every stage of development. Prevention services, treatment across the life span, and evaluation of outcomes are essential components of the new healthcare environment, and are an integral part of the doctoral level psychologist's training. Psychologists have been proven to be an asset to the new healthcare environment. For example, demonstration programs across the nation have revealed that the routine inclusion of psychologists in the delivery of medical care is leading to the outcomes of better overall health and the reduction of costly procedures and hospitalizations that result from avoidable complications (e.g., Collins et al., 2010).

In addition, psychologists enhance the successful management of chronic conditions, including diabetes, cardiovascular disease, and mental illnesses by facilitating the adherence to medical treatment. Psychological interventions promote positive behavior changes in patient compliance with treatment and motivation for healthy living. Evidence-based practices have been shown to improve patient outcomes by increasing the use of adaptive coping skills, establishing healthy eating practices, engaging in routine exercise, and resisting substance abuse. As we know that 80% of the work in primary care focuses on prevention and chronic disease management (DeGruy, 2013), it is clear that joint practice between physicians and psychologists will improve patient care.

In sum, the integration of behavioral health and primary care affords citizens of Connecticut better access, better care, better value, and most significantly, better health. Allowing psychologists to form professional corporations with other healthcare professionals will facilitate the practice of integrating care.


Barbara Wards Zimmerman, Ph.D.


Barbara S. Bunk, Ph.D.

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Connecticut Psychiatric Society

*A District Branch of the
American Psychiatric Association*

Statement on

Senate Bill 1069 – An Act Concerning the Joint Practice of Physician and Psychologists

Public Health Committee

March 15, 2013

This statement is being submitted on behalf of the nearly 800 members of the Connecticut Psychiatric Society in support of Senate Bill 1069 – An Act Concerning the Joint Practice of Physician and Psychologists.

Senate Bill 1069 would redefine "professional corporation" to include corporations that are organized for the purpose of rendering professional services by physicians and psychologists. We support this idea because the delivery of healthcare is changing. Integrated models with physicians teaming with other healthcare providers to provide high quality, accessible care is becoming increasingly common. As psychiatrists we often work with psychologists and other members of the mental health care community and think that codifying a professional business relationship into law would help to establish practices that could benefit our patients.

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March 20, 2013

Dear Members of the Public Health Committee:

My name is Traci Cipriano, and I am writing as Director of Professional Affairs for the Connecticut Psychological Association and as a licensed clinical psychologist in private practice in Woodbridge, in **support of R.B. 1069 – AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS**, which allows physicians and psychologists to incorporate together as business partners.

Significantly, the proposed language is **not a mandate**; rather, it simply provides an option for physicians and psychologists to partner in business, if they so choose.

The ability to incorporate as a multidisciplinary practice is becoming increasingly relevant as we begin to progress through healthcare reform and the formation of Accountable Care Organizations (ACO's). This ability of physicians and psychologists to partner in business will facilitate the transition, as it makes both practical and fiscal sense. Patients can see their primary care doctor and psychologist in one visit, records can be easily accessed for continuity of care, and a bundled payment can cover both services.

In further support of integrated primary and behavioral health care, research shows that physical and mental health are closely related.

- Between **50-70% of primary care visits** are believed to be for somatic complaints (medically unexplained physical symptoms believed to be rooted in a psychological cause), and are usually **associated with anxiety and depression**. (Lowe, 2007; Kroenke, 2003; Blount, 2007)
- In addition, anxiety and depression exacerbate the severity of existing physical health symptoms, which also increases healthcare utilization (Dunner, 2001).
- **Depression** is known to be related to:
 - *arthritis* (Ang, et al, 2005; Zyrianova, et al, 2006; Lin, et al, 2003),
 - *diabetes* (Eaton, 1996; Lustman, 1997; van der Does, 1996),
 - *stroke* (Larson, et al. 2001; Morris, et al, 1993),
 - *heart disease* (Glassman, et al. 2002, Carney, et al, 2001, Rabkin, et al, 1983, Carney et al, 1988), and
 - *obesity* (Markowitz, 2008; Luppono, 2010).

- It is also widely recognized that high levels of **stress**, combined with poor coping strategies, lead to *lowered immune system activity*, as well as poor physical health outcomes, such as:
 - *arthritis* (Walker, 1999),
 - *diabetes* (Novak, et al, 2013; Bradley, 1988),
 - *cardiovascular disease* (Steptoe and Kivimaki, 2012),
 - *stroke* (Egido, et al, 2012; Toivanen, 2012), and
 - *obesity* (BOSE, et al, 2009; Herzog, 2007).

In addition, many patients facing an unexpected decline in physical or cognitive functioning, as a result of a physical illness or injury, often struggle with depression. Further, diagnostic clarification regarding whether a patient is experiencing symptoms of dementia or depression is a common referral question.

These are just a few examples of how physical and behavioral health are closely related, and thus are often well-suited for multidisciplinary care.

As physicians and psychologists begin to grapple with these practical, fiscal, and physical and mental health realities, the ability to incorporate will provide one option for increased comprehensiveness and continuity in care. Not all practitioners will want to follow this model, instead selecting other models; it simply represents one good option for practitioners to consider.

Thank you for your time and consideration.

Traci Cipriano, JD, PhD, ped

Traci Cipriano, JD, PhD
Licensed Clinical Psychologist
Director of Professional Affairs

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TESTIMONY OF JAN VANTASSEL, ESQ.

PUBLIC HEALTH COMMITTEE

March 20, 2013

SUPPORT SB 1136 WITH AMENDMENTS

My name is Jan VanTassel, and I am the Executive Director of the Connecticut Legal Rights Project, Inc. (CLRP). CLRP is a statewide non-profit organization that provides free legal services to low income adults with psychiatric disabilities, generally persons who qualify for DMHAS services. We represent clients who are institutionalized in state hospitals, as well as those residing in the community. Our practice is limited to matters which relate to the individual's treatment, recovery and civil rights under state and federal laws and regulations and the Constitution. I am also the founder and co-chair of the Keep the Promise Coalition, a statewide advocacy group that supports measures to promote access to a comprehensive community based mental health services for all Connecticut residents as part of a safe and healthy community.

CLRP supports the intent of the proposals in SB 1136, An Act Concerning Mental Health Services. We represent young adults who are transitioning between DCF and DMHAS, as well as those who are experiencing their first psychiatric episode. The data increasingly indicates that behavioral health problems are being identified at a very early age and that early intervention can have beneficial results in controlling the impact of disorders. In addition, we know that young adults is the fastest growing segment of Connecticut's homeless population, and that we need age appropriate interventions to support them.

HB 6594
SB 1069

Headspace, the Australian program for serving youth between the ages of 12 and 25 is definitely a model that Connecticut should consider replicating. In doing so, however, we must modify the concept to meet Connecticut's existing systems. At a minimum, DMHAS, which has expertise and experience for serving adults, should not have sole responsibility for this project. It must be done in conjunction with DCF which is responsible for mental health services for children.

CLRP and KTP support maintaining the existing structure for providing mental health services to children and adults, believe that making structural changes at this time would disrupt an already fragile service delivery system and distract from the fundamental systemic needs. That being said, we have been concerned for years about the lack of transparency and accountability to monitor the interaction of these agencies. This committee must include provisions in this bill which will assure specific agency responsibilities with timelines, sufficient data collection and regular reporting, and oversight to provide the information needed to assess outcomes.

In addition, we encourage this committee to support interim measures to integrate mental health services into existing community "wellness" systems, including schools, community centers and other local or regional sites. We must keep in mind that we do not want to utilize approaches that could promote labeling and stigma. What we want to do is create a safe, accessible, supportive environment that provides an opportunity for persons who are experiencing range of challenging experiences, from domestic violence to dementia, to discuss it in a non threatening way. That is the important first step. Then, with appropriate training and adequate services, further interventions can be initiated when they are appropriate. As a first step, we believe that funds should be made available to hire more social workers for these community sites while the State considers other measures.

Finally, I would recommend that the committee include a provision in this bill which mandates that DCF and DMHAS collaborate with the Office of the Health Care Advocate to explore the potential for making non medical evidence based practices available to families and persons in recovery on a sliding scale basis.

SB 6594 SUPPORT WITH ONE AMENDMENT

CLRP supports the provisions of SB 6594 which clarifies the role of residential care homes. However, Section 32 of this bill must be amended to include discharges from residential care homes within the bill of rights. This can be done by simply amending Subsection (22) to include 19a-535a between the reference to 19a-535 and 19a-535b.

SB 1069 AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIAN AND PSYCHOLOGISTS....SUPPORT