

PA13-217

SB0466

House	10024-10031	8
Public Health	45-49, 174-176, 186, 380-390, 476-487, 1253	33
Senate	941-942, 1096-1098	5
		46

H – 1178

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 29
9742 – 10110**

I move to immediately transmit all previous actions to the Senate.

DEPUTY SPEAKER RITTER:

The question before the Chamber is immediate transmission of these transactions.

Seeing no objection, so ruled.

Will the Clerk please call Calendar 439?

THE CLERK:

Yes, Madam Speaker.

On page 14, Calendar 439, favorable report of the Joint Standing Committee on Public Health, Substitute Senate Bill 466, AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

Thank you, Madam Speaker.

I move for acceptance of the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER RITTER:

The question before the Chamber is acceptance of the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

Representative Conroy, you have the floor.

REP. CONROY (105th):

Thank you, Madam Chairman -- Madam Speaker.

You're in a different role up there.

This bill actually will help the medical profession. They came before us. What it will do is continue to have the required CEU -- or the continuing medical education requirements every two years, but what it will do is take the five that are required in state statute, move them out to every six years and it -- they'll be adding in one more CEU that'll be mandated, which will be behavioral health.

I move for adoption.

DEPUTY SPEAKER RITTER:

Will you remark further?

Representative Srinivasan, you have the floor,
sir.

REP. SRINIVASAN (31st):

Good evening, Madam Speaker.

I rise in strong support of this bill and I want to thank the Chairwoman and our Representative for bringing out this bill this evening, because as we heard from the medical community that these courses do not need to be taken as frequently as we now have them

do that. So taking the courses every six years, rather than every two years will serve the purpose of being current, at the same time not being repetitive.

Because in the 50 courses that they have got to take, this way it gives them the latitude to take the other courses that they need in their own field, in their own specialization.

Through you, Madam Speaker.

Just a few questions to the proponent of the bill.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

This course on behavioral health, will that be a part of the six courses that they will have to take?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

Yes, Madam Speaker.

This will be an additional one CME that they'll -
- we -- we are -- requirement with the other five, so
for a total of six.

Through you, Madam -- Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker.

When this bill becomes law and the physicians
have not taken the behavioral health yet because it is
not a mandate so far, but it will be, will they have
to take it prior to the six years, or when the next
six year comes up by that time they need to take that
course as well?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

Through you, Madam Speaker.

This will take effect July 1st of this year.
Anyone that's going to be up for renewal in August of
this coming year will have the one month to be able to
get that one CME.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So if the renewal does not come for another year, or two years, they do not have to take anything right now until their renewal comes up?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

That is correct.

Through you.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Madam Speaker.

One final question, this renewal period that is the first renewal is -- is -- and if you could just elaborate as to when the renewal becomes effective?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

These requirements will not be due on the first renewal period, but every renewal period after that. So the first two years they're exempt from.

Through you, Madam Chairman -- Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So what we are essentially doing, Madam Speaker, is extending the two years to the six-year period and then adding one course that they have to take whenever they have to take the next renewal?

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Conroy.

REP. CONROY (105th):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Madam Speaker, I want to thank the good Chair -- the -- the good lady who brought out the -- the bill for us this -- this evening.

And -- and thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further? Will you remark further on the bill before us? Will you remark further?

If not, will staff and guests please come to the Well of the House? Will members please take their seats; the machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll.

Please return to the Chamber immediately.

DEPUTY SPEAKER RITTER:

Have all the members voted? Have all the members voted?

Will the members please check the board to determine if their votes have been properly cast?

If all the members have voted the machine will be locked and the Clerk will take a tally.

The Clerk will please announce the tally.

THE CLERK:

In concurrence with the Senate, Senate Bill 466

Total Number Voting 142

Necessary for Passage 72

Those voting Yea 142

Those voting Nay 0
Absent and not voting 8

DEPUTY SPEAKER RITTER:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar 370?

THE CLERK:

On page 42, Madam Speaker, Calendar 370,
favorable report of the Joint Standing Committee on
Planning and Development, Senate Bill 704, AN ACT
CONCERNING REEMPLOYMENT AND THE MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM.

DEPUTY SPEAKER RITTER:

Representative Tercyak.

REP. TERCYAK (26th):

Thank you very much, Madam Speaker.

Will the Clerk please call -- oh, I'm sorry.

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

DEPUTY SPEAKER RITTER:

The question before the Chamber is acceptance of
the Joint Committee's favorable report and passage of
the bill perhaps in concurrence with the Senate.

Representative Tercyak, you have the floor.

REP. TERCYAK (26th):

S - 655

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 4
911 - 1212**

Moving to Calendar Page 24, Madam President, the first item at the top of that page, Calendar 292, Substitute for Senate Bill Number 692, previously marked go; Madam President, would move to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, moving to Calendar Page 32, an item I believe not previously marked, but Calendar 369, Substitute for Senate Bill Number 901; Madam President, would move to place that item on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Right; as I said, Calendar 369, Substitute for Senate Bill 901, Calendar Page 32.

Moving now to Calendar Page 33, Madam President, the first two items at the top of that page -- PT'd? Okay.

A VOICE:

Or just say that.

SENATOR LOONEY:

No. No change in markings on those -- that item that I was going to mention.

But moving to Calendar Page 34, Madam President, Calendar Page 34, Calendar 382, Substitute for Senate Bill Number 466; Madam President, that item previously marked go, would move to place it now on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And, Madam President, moving next to -- under Matters Returned from Committee -- on Calendar Page 42, the fourth item on that page -- no, it's -- no, excuse me. We'll skip over that one.

But moving to Calendar Page 43, Madam President, on Calendar Page 43, the third item, Calendar 150, Substitute for Senate Bill Number 815; Madam President, would move to place that item on the Consent Calendar, having marked it previously as go.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

And one final change in marking for a Consent Calendar item, the last item under Matters Returned from Committee, at the top of Page 45, Calendar 249, Senate Bill Number 806; Madam President, that item previously marked go should now be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

That concludes our additional markings at this time.

THE CHAIR:

mhr/gbr
SENATE
Opposed?

186
April 24, 2013

The amendment passes.

Senator Looney.

SENATOR LOONEY:

Yes. Yes; thank you. Thank you, Madam President.

Madam President, would move that the bill as amended be referred to the Committee on Planning and Development.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, before calling for a vote on the Consent Calendar, there's one item that needs to be removed from the Consent Calendar, and that was Calendar, from Calendar Page 9, Calendar 1 -- 162, Senate Bill 318, placed on Consent earlier. That needs to be removed from -- from Consent at that point, and if the Clerk would then move to list the items on the Consent Calendar and call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 1, Calendar 401, Senate Joint Resolution Number 53, also Calendar 402, Senate Joint Resolution Number 54.

On Page 2, Calendar 415, House Joint Resolution Number 89; Calendar 416, House Joint Resolution Number 90; Calendar 417, House Joint Resolution Number 91; Calendar 418, House Joint Resolution Number 92; Calendar 419, House Joint Resolution Number 93.

mhr/gbr
SENATE

187
April 24, 2013

On Page 3, Calendar 420, House Joint Resolution Number 94; Calendar 426, Senate Resolution Number 26.

On Page 10, Calendar 166, Senate Bill Number 752.

Page 12, Calendar 190, Senate Bill Number 829.

On Page 13, Calendar 199, Senate Bill Number 11.

Page 15, Calendar 218, Senate Bill Number 996.

On Page 16, Calendar 220, Senate Bill Number 1001.

Page 24, Calendar 292, Senate Bill Number 692.

On Page 34, Calendar 382, Senate Bill 466.

On Page 43, Calendar 150, Senate Bill Number 815.

And on Page 45, Calendar 249, Senate Bill Number 806.

THE CHAIR:

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

THE CLERK:

Immediate roll call has been ordered on -- in the Senate. Senators please return to the Chamber.
Immediate roll call, today's Consent Calendar, in the Senate.

THE CHAIR:

Have all members voted; all members voted? The machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

On today's Consent Calendar.

Total Number Voting	34
Those voting Yea	34

mhr/gbr

188

SENATE

April 24, 2013

Those voting Nay

0

Absent and not voting

2

THE CHAIR:

The Consent Calendar passes.

Senator Welch, do you have a -- a point of personal privilege?

SENATOR WELCH:

Thank you, Madam President.

I do rise for a point of personal privilege, and I'd just like to take a second to recognize a very special group, I think, to all of us here, and that is the Parent Leadership Training Institute. Today we have with --

THE CHAIR:

Excuse me.

SENATOR WELCH:

-- us --

THE CHAIR:

Excuse me a minute, sir.

Can I ask for a little bit of quiet in the, in the Circle, please? Senator Welch does have the floor.

SENATOR WELCH:

Thank you, madam.

THE CHAIR:

Please keep the voice down.

SENATOR WELCH:

Thank you.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 1
1 – 346**

**2013
INDEX**

is in her best interest, also.

REP. BOLINSKY: And what the testimony will show is an image on the representation of what's called a wallet size or a short form that replaces the detailed information that the press has, essentially, been looking for.

DEBBIE AURELIA: Thank you.

REP. JOHNSON: Very good. Thank you so much.

I'll go back and see if Senator Looney is here. Okay.

The next one is Senator Crisco.

Representative Molgano.

REP. MOLGANO: Good morning.

REP. JOHNSON: Good morning, Representative.

REP. MOLGANO: Hope you can hear me from here.

REP. JOHNSON: Yes, I think so. I think you sound good.

Welcome to the Committee. I thank you for being here to provide testimony.

REP. MOLGANO: Chair Gerratana, Chair Johnson, Vice Chair Slossberg, Vice Chair Miller, Ranking Member Welch, Ranking Member Srinivasan, and distinguished members of the Public Health Committees, my name is Mike Molgano. I am the state representative for District 144 in Stanford. And I thank you for allowing me to testify this morning on Senate Bill 466, AN ACT CONCERNING EDUCATION COURSES OR POSITIONS.

Connecticut Statute Section 20-10B requires

physicians currently 50-contact hours of continuing medical education over a two-year period. The statute stipulates education pertains to the position's area of practice, reflect the needs of physician's license, and include at least one hour of education and training in each of the areas of infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

The concern addressed by Senate Bill 466 is Connecticut's physicians repeating the same CME courses they have successfully completed.

S.B. 466 simply amends Bates Statute Section 20-10B to permit physicians to enroll in different courses in addition to the ones credit hours were earned. The courses would be germane to their practices, reflective of their licenses, and of the subject matter pertaining to the topics enumerated in state statute.

By extending course offerings, not only is redundancy eliminated, Connecticut physicians are afforded even greater opportunity to expand their professional skills necessary to meet the healthcare need of the public.

I ask you, please, pass S.B. 466 and amend State Statute Section 20-10B allowing Connecticut physicians to continue their medical education in an ever-expanding course selection, not repeat the same. Thank you.

REP. JOHNSON: Thank you so much.

And I have a question. I wondered what precipitated this concept. Why did you bring this forward?

REP. MOLGANO: Physicians have been contacting me

asking me why they have to keep repeating the same courses and if they could take additional courses in their course of study. And I thought that was a very viable question and issue to bring forward.

REP. JOHNSON: Very good.

SENATOR GERRATANA: Thank you for testifying today, Representative. I just have a question. Are you, specifically, talking about infectious diseases and risk management, those particular requirements or are you saying just anything?

REP. MOLGANO: Anything. I mean, as long as the law allows them to go beyond the courses they've already taken. To repeat the same ones over and over just doesn't make any sense.

SENATOR GERRATANA: Right. My husband is a physician. And he does, of course, comply with the law and takes continuing medical education courses. But he takes a variety of different courses within his scope of practice and his specialty, so, that he doesn't repeat courses. So, that's why I was asking in what way or why these particular physicians felt they were having to take the same course over and over again. I'm trying to discern that.

REP. MOLGANO: There's others here that will come up to testify.

SENATOR GERRATANA: Okay.

REP. MOLGANO: And I'm sure they'll bring you to more light. But my understanding is that they are taking similar courses over and over.

SENATOR GERRATANA: Okay. Thank you very much.

REP. MOLGANO: Thank you.

SENATOR GERRATANA: Thank you, Madam Chair.

REP. JOHNSON: Thank you.

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you Representative Molgano for coming out this morning and testifying in front of us.

These courses that are redundant because you're taking over and over again as you correctly said, are these four courses, I think, is what the doctors are referring to.

REP. MOLGANO: Okay.

REP. SRINIVASAN: Not all of them as Senator said not related to everyone's specialty, but the four basic courses that we are needed to take over and over and again. And your point is well made that if that much has not changed in two years, there's no reason to take this course over again in that period of time.

My question to you and maybe the people who follow you on this particular bill. If -- do you feel that they -- the physicians need to take this course once or maybe revisit it ever so often whatever it be, six years, eight years because, you know, medicine changes. You know, everything is forever changing. The landscape is not a consistent landscape. And with the changing landscape, maybe they need to revisit it, but, not necessarily, like we do right now on an every other year basis.

REP. MOLGANO: Well, I would agree with that. If the content is changing or the subject matter that they have additional courses that are

added to that, definitely. But, also, increasing the number of these topics in the state statute would give them more variety than they have right now. And I would think that's the thing we should do.

REP. SRINIVASAN: Thank you. Thank you, Madam Chair.

REP. JOHNSON: Any additional questions?

Well, thank you so much for being here and providing testimony today.

REP. MOLGANO: Thank you.

REP. JOHNSON: Jonathan Steinberg -- Representative Steinberg.

Welcome.

REP. STEINBERG: Good morning, Senator Gerratana, Representative Johnson, Senator Welch, and Representative Srinivasan.

I beg your indulgence in the interest of expediting your very busy agenda today. I've brought some guests with me who I will yield to shortly. We are here to testify with regard to House Bill 5299 relating to antiepileptic medication administration.

Many of you on the Committee may be familiar with this bill. It was something that we've raised previously. I have brought some contingents, the Ross family. And they will testify. And I'm sure you will find their testimony valuable. And I hope that you will pursue this issue with them further.

All I can suggest is this is, in our view, a common-sense solution to what is currently a

REP. VARGAS: Thank you.

SENATOR GERRATANA: After Senator Boucher will be Dr. John Foley and followed by Nancy Shaffer.

SENATOR BOUCHER: Good afternoon, Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and other very distinguished members of the Public Health Committee.

Thank you very much for the opportunity to testify in favor of Senate Bill 466, AN ACT CONCERNING CONTINUED EDUCATION COURSES FOR PHYSICIANS.

Section 20-10B of Connecticut General Statutes currently requires physicians applying for license renewals to undergo a minimum of 50 contact hours of continuing medical education within the previous two years.

The statute further stipulates that this continuing in education will be the physician's area of practice that it reflect the professional needs of the licensee in order to meet healthcare needs of the public and that it include at least one contact of hour education in the following: Infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

Each of these areas of study is very important and relevant to the improvement of public health. However, mandating physicians to take all five subject every two years may not be in the best or efficient use of their time and resource. For example, many doctors work in specialties that do not treat infectious diseases and where their knowledge of sexual assault and domestic violence is unlikely to

factor into the treatment of their patients.

Furthermore, repeating each topic every two years will not benefit the physician if there's little change in each subject matter. Senate Bill 466 would change the statute to exempt doctors who have completed these five courses from taking them every two years while preserving the original requirement of 50 hours of continuing medical education. This would give physicians an opportunity to devote more of their time to subjects which are related to their practice. And those practices, as you well know, have become much more complex in the rate of change in medicine and in technology with regard to medicine is increasing at a very rapid pace and requires a lot more specializing, not to mention as you all know, a lot less time for doctors that are seeing an increasing number or mandated to see an increasing number of patients as well.

I thank you so much for allowing me to testify. And I'm certainly here to answer any questions you might have.

SENATOR GERRATANA: Thank you, Senator Boucher. Actually, we did have a House bill, also, early, a variation. And I asked the proponent at that time, well, what are we trying to do here. And I got back a response that, at least my interpretation is that we give flexibility to physicians to choose whatever courses they would like. I think there are certain requirements it sounds like, five or six are designated in statute that say you must take training or continuing medical education in these areas.

And I was trying to -- I asked the proponent, are you talking about this or just all courses or, what, so I'm trying to understand --

discern what's going on here.

SENATOR BOUCHER: Well, I think, more importantly in my view would be to allow the physician to specialize more in the area of medicine that they're actually practicing simply because medicine is becoming so much more complex. And the rate of constant change and innovation and improvement to medicine, not mention medications as well, it becomes so vast, that it would make more sense to have them do the continuing education. It's almost like taking another graduate course in your particular specialty, so, that you can be on top of it, better and better.

So, that's how I would envision this less than in the area of flexibility, but more in the area of concentration.

SENATOR GERRATANA: Well, I think that's appropriate. But what courses are being repeated? That's what I just can't understand?

SENATOR BOUCHER: It appears that the courses I just mentioned have to be repeated which is infectious diseases, risk management, sexual assault, domestic violence, and cultural competency seems to be repeated. And the request is to, certainly, have them take those courses, but not to have them be repeated each two years.

SENATOR GERRATANA: Now, I thoroughly understand. Thank you, Senator.

SENATOR BOUCHER: Thank you very much.

SENATOR GERRATANA: Okay. Are there any other questions? Thank you for your testimony.

SENATOR GERRATANA: Good to see you.

REP. FAWCETT: -- and members of the Committee. Very briefly, I submitted a written statement on this issue, but I'm here to support Senate Bill 466 which actually mimics a bill that I submitted, also, House Bill 6238. But, essentially, it is -- I know just a few minutes ago, not 15 minutes ago you were speaking with Senator Boucher on this very issue, the idea that we have sort of unusual education, continuing education requirements for doctors in Connecticut. And the fact that there are these five courses that they have to take every two years.

And as my statement says, it seems a little unreasonable to ask doctors to come back every two years and take those same continuing education requirements when, really, what we want them to be doing is taking continuing education requirements in fields of study that they work in.

So, I certainly look forward to working with you both and your entire Committee on finding some language that moves us forward, so, that our doctors in the state can take more appropriate continuing education classes.

SENATOR GERRATANA: Thank you, Representative. Thank you for your testimony.

REP. FAWCETT: Thank you for your time.

SENATOR GERRATANA: All right. I don't think there are any questions. Okay.

Let's see, one call again for Lori Lindell. Is she here by any chance?

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 2
347-680**

2013

THOMAS GALLAGHER: Okay. And your question is --

SENATOR GERRATANA: It wasn't a question.

THOMAS GALLAGHER: Okay.

SENATOR GERRATANA: It was just information. I get a lot of that today. Okay.

THOMAS GALLAGHER: And, of course, then we'd welcome that because we want to be able to provide good service and the Department of Health inspects us randomly. And we're open for that. And I think any food being displayed or provided, sure, why not, be regulated as well.

SENATOR GERRATANA: Okay. Thank you very much. Any other questions? No.

Okay. Well, thank you very much for your patience and for testifying before our Committee.

THOMAS GALLAGHER: Thank you. Thank you for your time.

Next we have people to testify on Senate Bill 466. The first one is Robin Oshman.

ROBIN OSHMAN: Committee Chairperson and members of the Committee, I'm here to speak in favor of Proposed bill number 466, AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS.

I'm Dr. Robin Oshman, a dermatologist from Westport, Connecticut. I'm an assistant clinical professor in the Department of Dermatology at Yale/New Haven Hospital. I'm vice president of the Fairfield County Medical Association, and I'm president of the Women's

Medical Association of Fairfield County which is a branch of the American Medical Women's Association. So, I come in contact with a lot of doctors, especially, in Fairfield County.

As a practicing physician in the State of Connecticut, I am mandated by the state to take five specific one-hour courses every other year. To date, I have done this about three or four times. And the basic message in these courses has not changed over time. There's no new data to learn. The doctors in our state get the message the first time they take the courses. And I feel there is no need for this constant repetition every other year.

Doctors in this state are already mandated to take 50 continuing education credits over a two-year period. Let the doctors choose the topic for these credits. The legislatures who mandated these courses certainly had good intentions. What they did not realize was that repetition of these subjects is not necessary. The five hours spent on these topics could be used to learn about topics relevant to each doctor's specialty.

As a dermatologist, there are new medications for serious cancers such as malignant melanoma and basil cell carcinoma that I need to learn about. I believe it is inappropriate to take time away from topics I deem critical for the care of my patients.

I, therefore, propose that the five continuing education topics be taken once by all current and new physicians in the state. They should not be repeated every other year. Subject matter in the sciences is constantly changing. Doctors need to keep up with this ever changing data to offer the best care for their patients. Keep up with this literature is

very time consuming. Five hours spent on learning new data is more beneficial for our patients than repeating the five topics that were discussed.

Doctors are very good at remembering information. And I give an example of a case that I had where a patient came in with a parasitic skin disease. I learned about this 25 years ago. I didn't repeat learning about it every other year. When they came in with this parasitic disease, I was able to diagnose and treat the patient. So, there's no need of all of this repetition. So, doctors get it. We don't need courses repeated every other year to know how to manage a case of domestic violence or sexual assault. Once is enough.

So, again, I'm going to propose that people just take these courses once, maybe get certified with a certificate of some sort and then we move on from there. So, if there are any other questions, I'm happy to take them and respond to them.

SENATOR GERRATANA: Dr. Oshman, I appreciate your testimony.

I do have a question. Who offers these courses, these five particular courses?

ROBIN OSHMAN: Well, fortunately, the Fairfield County Medical Association has someone who will be testifying later on, Mark Thompson.

SENATOR GERRATANA: Okay.

ROBIN OSHMAN: And he has managed to organize these courses. The State Medical Society also offers these courses. There is hospitals in the state offer the courses. Yale/New Haven offers the course to doctors at Yale. So,

they're -- the courses can be taken anyplace in the state.

SENATOR GERRATANA: Anywhere, it sounds like the society is bringing the trainers or educators in.

ROBIN OSHMAN: But the doctors do have to pay for taking these courses. So, there is a fee, so, that's an additional burden.

SENATOR GERRATANA: I know. It sounds familiar.

My other question is are -- because I don't know much about them. Are they standardized courses? Do things change from year to year?

ROBIN OSHMAN: They don't. And I can tell you the five courses. The one is in medical practice risk management, so, how to keep things documented properly in the office which doctors already know.

Sexual assault, domestic violence, important topics, but something that does not have to be repeated every year. Infectious disease updates which happen to include HIV and AIDS, all doctors are so familiar with that disease. And I can tell you all about the manifestations that are dermatological associated with those diseases.

And, also, cultural competency, I can tell you most doctors train in areas that are very culturally diversified. In clinics we see people all races, all kinds. We don't need a lesson in cultural competency. When I trained at Brown University in medicine, I trained with people who are among people which are from Southeast Asia. I learned about all of their cultural differences, all the things that they practice. They did cupping. They

went to Shamons. You know, we understood that that's where they went for their first medical health. And then that didn't work, they would come to our clinics. So, we had a great understanding of all kinds of cultural competencies, all cultures.

SENATOR GERRATANA: Thank you so much.

Does anyone else have any questions? If not, thank you for giving your testimony today.

ROBIN OSHMAN: And thank you for staying so late to listen to it.

SENATOR GERRATANA: Next is Matthew Katz.

MATTHEW KATZ: Good morning. I had to say it. Someone was going to. I thought I'd be the first.

Senator Gerratana, Representative Johnson, and members of the Public Health Committee, my name is Matthew Katz. I'm the executive vice president and CEO of the Connecticut State Medical Society. And on behalf of the medical society as well as the Connecticut Chapter of the American College of Physicians and the Connecticut Chapter of the American College of Surgeons and our 85,000 plus members, thank you for the opportunity to provide testimony today in opposition to Senate Bill 466, AN ACT CONCERNING CONTINUED EDUCATION COURSES FOR PHYSICIANS.

But it's not the concept of the bill we oppose, it is the wording in the bill as presently presented. First, in order to completely be transparent, we are the recognized accreditor for continuing medical education in Connecticut under the strict adherence and guidance to the standards of

accreditation counsel for continuing medical education. In other words, we accredit the hospitals, the health systems, the insurers, the quality review entities throughout Connecticut to provide the CME courses. We just don't develop them ourselves, we accredit the organizations.

To do so, we must ensure that they adhere to strict guidance and guidelines associated with identifying gaps and knowledge, ensuring that there's integration within the quality of care spectrum of these courses. They are well planned and documented and that we ensure that there is no commercial bias and no potential conflicts of interest associated with the programs.

What happens, though, is that there's a great case between what's clinically practiced and how CME is presented in this state. As you heard, previously, we require 50 hours every two years and they're five mandated topics. The problem is that in Connecticut, we allow physicians to receive credit hours of clinical education that does not meet highly regarded stringent national standards. This criteria -- this creates a dichotomy between those nationally recognized CME programs and local programs that are not nationally recognized and do not meet board certification requirements.

CSMS is always opposed mandates and CME because we believe that the problem is that there is a change in medicine. However, we also recognize that the current mandates that are identified, the topical areas, not so much the mandates, are of great importance to patients and physicians. And we continue to support the development of programming to ensure that the mandated programs or topical

areas have new and relevant information. However, it is difficult to get physicians to continually go to those same programs. So, we do believe some flexibility is required and is in order.

And at the same time, we believe that we need to maintain a high level of evidenced-based medicine and the legislation is, simply, the way it's written is too broad and more specifically does not identify what can be substituted and that it ensure it meets a national standard of quality review associated with ACCME standards, so, that the education that's provided and in many ways mandated in this state can meet those national certification requirements, so, a physician doesn't have to take the educational requirements twice.

So, we thank you for the opportunity to comment today. We think this is a wonderful opportunity for a complete review of the requirements of CME in Connecticut. We believe that the bill, as presently worded, may not appropriately identify what's wrong and what needs to change. But we're willing to work with the Department of Public Health, this Committee, and anyone else that's interested to ensure that we of all, as a profession here in Connecticut that the medical educational requirements also evolve. Thank you very much.

SENATOR GERRATANA: Thank you. Any questions here?
No.

Thank you for your testimony.

MATTHEW KATZ: Thank you.

SENATOR GERRATANA: Next is Paul Thompson, followed

by Mark Thompson.

PAUL THOMPSON: Good evening. I guess that's a sign.

Thank you, Madam Chairman, Senator Gerratana, Madam Chairman Representative Johnson, and members of the Public Health Committee for giving me the opportunity to speak in favor of Senate Bill 466, AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS.

My name is Paul Thompson. I'm here today testifying for the Fairfield County Medical Association. The Association represents over 15,000 physicians in Fairfield County encompassing all medical specialties. Effective October 1st, 2005, Connecticut General Assembly Section 20-10b required a licensed physician to earn a minimum of 50 contact hours of qualifying continuing medical education every two years commencing on the first day of license renewal or after October 1st, 2007.

Continuing medical education shall be in the area of the physician's practice reflective of the professional needs of the license in order to meet the healthcare needs of the public and include at least one contact hour of training or education in each of the following topics. I guess we already discussed that: infectious disease, sexual assault, domestic violence, risk management. And as effective October 1st, 2010, we've also encompassed cultural compensate.

While most physicians would not argue that these topics are not important, depending upon one's medical specialty, many of these topics are not CME -- hold on, I'm sorry. Many of these topic are not CME that relates to an

area of a practitioner's practice nor do they necessarily reflect the professional needs of the doctor.

Case in point, a psychiatrist does not treat infectious disease. A pathologist would not encounter domestic violence. A sexual assault is something an anesthesiologist would not see or treat.

Even if these five mandated topics were relevant to one's area of medical expertise, the law requires that all physicians take the same five mandated topics every two years. This, too, makes little sense when few changes occur from year to year in mandated subject areas. Physicians would make -- would much rather spend the five hours of time and the financial resources for CMEs on subject matters that are germane to their medical practice.

The physicians of Fairfield County support the idea that once a doctor has taken the five mandated topics, the doctor should be expected -- exempt from retaking the same courses every two years. Physicians, however, would still be required to earn a minimum of 50 credit hours of qualifying continuing medical education every two years.

Thank you for this opportunity to present my testimony. And I welcome any questions or comments.

SENATOR GERRATANA: Thank you very much. I don't think anyone has any questions. We thank you for our testimony.

PAUL THOMPSON: Thank you.

SENATOR GERRATANA: Have a good evening.

PAUL THOMPSON: Yep, you, too.

SENATOR GERRATANA: Mark Thompson. I've seen you there all day, Mark. Welcome.

MARK THOMPSON: Thank you. Good evening Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Mark Thompson and yes, the previous speaker, we are related. He's my son.

I'm the Executive Director for the Fairfield County Medical Association. And I do promise to keep this short.

On behalf of the 1,500 plus physician members, thank you for this opportunity to present testimony on Senate Bill 466, AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS.

Previous speakers have already outlined the current requirements for physicians in Connecticut for medical license renewal. While the vast majority of the states across the nation requires specific number of credit per year for physicians, only a handful of states require state-mandated CME content. Of those jurisdictions that do require state mandated CME content, the more progressive states either require one time mandated CME content or require specific training for relevant medical specialties.

The Fairfield County Medical Association conducted a recent poll of its members asking whether Connecticut's five mandated see me topics for medical license renewal has had a positive impact on the delivery of quality medical care. Of those physicians who responded, only 3 percent said yes, 12 percent

said somewhat, and 84 percent impractically said no.

The survey results confirm that the vast majority of physicians, the see me mandates do not reflect the professional needs of the doctors and help them meet the needs -- healthcare needs of their patients.

The physicians of Fairfield County support the concept of one-time mandated see me requirements. And after taking the required courses, the doctors should be free to determine those continuing medical education courses that are most relevant to their own professional needs.

Thank you. And, I, too, would be pleased to answer any questions.

SENATOR GERRATANA: Thank you very much. Any questions? I don't think so. But thank you. Thank you for your patience and thank you for testifying.

MARK THOMPSON: I appreciate it. Thank you to you.

SENATOR GERRATANA: Next is Betsy Garra.

A VOICE: (Inaudible).

SENATOR GERRATANA: Oh, did she. Okay.

Next is testimony on Senate Bill 873 starting with Dr. Steve Wolfson. It's Dr. Wolfson.

STEVEN WOLFSON: Hello. I'm Steve Wolfson, cardiologist and I live in Guilford.

On behalf of the Connecticut Society of Connecticut State Medical Society, I'd like to thank you for the opportunity to testify in



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

February 20, 2013

Jewel Mullen MD, MPH, MPA, Commissioner, (860) 509-7101

Senate Bill 466 – AN ACT CONCERNING CONTINUING EDUCATION COURSES FOR PHYSICIANS

The Department of Public Health provides the following information regarding Senate Bill 466.

Pursuant to Section 20-10b of the Connecticut General Statutes, licensed physicians/surgeons are currently required to complete fifty hours of continuing medical education every two years. Of these mandatory fifty hours, physicians/surgeons are required to complete a minimum of one hour of coursework in each of the following topics: infectious diseases, including but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus; risk management; sexual assault; domestic violence; and cultural competence. This proposal would amend the mandatory continuing education requirements to allow physicians who have previously completed the required courses to substitute courses related to their specialty under certain circumstances.

Should this proposal move forward, the Department of Public Health respectfully requests the opportunity to participate in any discussions regarding revised statutory language to ensure that the requirements are consistent with similar provisions for other licensed professions and that implementation of the proposal has no fiscal impact to the Department.

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

Phone: (860) 509-7269, Fax: (860) 509-7100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 13GRE
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer



State of Connecticut
HOUSE OF REPRESENTATIVES
 STATE CAPITOL
 HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE KIM FAWCETT
 ASSISTANT MAJORITY LEADER
 ONE HUNDRED THIRTY-THIRD ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
 ROOM 4033
 HARTFORD, CT 06106-1591

CAPITOL 860-240-8585
 TOLL FREE 1-800-842-8267
 FAX 860-240-0206
 E-MAIL Kim.Fawcett@cga.ct.gov

VICE CHAIRMAN
 SELECT COMMITTEE ON CHILDREN

MEMBER
 FINANCE, REVENUE & BONDING COMMITTEE
 ENERGY AND TECHNOLOGY COMMITTEE

Testimony of State Representative Kim Fawcett, 133rd District
 Public Health Committee, Public Health Hearing
 February 20, 2013

Proposed S.B. No. 466 An Act Concerning Continuing Education Requirements For Medical & Sister Bill H.B. No. 6238

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee, thank you for the opportunity to comment on the SB 466, An Act Concerning Continuing Education Requirements For Medical Professionals. This bill mimics in content a similar bill I sent to this committee, HB 6238.

Doctors throughout our state are required each year to take continuing education requirement credits to maintain their professional licensing and ability to practice in our state. For many years this continuing education system has been onerous and unreasonable for our medical professionals. While no one disagrees that some form of continuing education is necessary and helpful, mandating the actual course selection has proven less beneficial, even antiquated.

Doctors are required to take the same five courses every two years, and over time are wasting time and resources repeating the courses over and over. The repeated courses include:

A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, B) risk management, C) sexual assault, D) domestic violence and e) cultural competency

Our suggestion is to allow doctors to complete continuing education requirements in areas of study that are more current and targeted to the medical fields in which they work.

I look forward to working with the members of this committee to develop a more appropriate continuing education system for our state.



State of Connecticut

**HOUSE OF REPRESENTATIVES
STATE CAPITOL**

REPRESENTATIVE MICHAEL L. MOLGANO
ONE HUNDRED FORTY-FOURTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING, ROOM 4200
300 CAPITOL AVENUE
HARTFORD, CT 06106-1591

HOME (203) 461-8551
CAPITOL (860) 240-8700
TOLL FREE (800) 842-1423
Michael.Molgano@housegop.ct.gov

MEMBER
EDUCATION COMMITTEE
GOVERNMENT ADMINISTRATION AND ELECTIONS COMMITTEE
TRANSPORTATION COMMITTEE

Chair Gerratana, Chair Johnson, Vice-Chair Slossberg, Vice-Chair Miller, Ranking Member Welch, Ranking Member Srinivasan, and distinguished members of the Public Health Committee,

Thank you for allowing me to testify on SB 466, An Act Concerning Education Courses for Physicians.

Connecticut statute section 20-10b requires physicians to earn at least 50 contact hours of continuing medical education (CME) over a two-year period. The statute stipulates education pertain to the physician's area of practice, reflect the needs of the physician's license, and include at least one hour of education or training in each of the areas of infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

The concern addressed by SB 466 is Connecticut physicians repeating the same CME courses they have successfully completed. SB 466 simply amends state statute section 20-10b to permit physicians to enroll in different courses in addition to the ones credit hours were earned. The courses would be germane to their practices, reflective of their licenses, and of the subject matter pertaining to the topics enumerated in state statute. By extending course offerings, not only is redundancy eliminated, Connecticut physicians are afforded even greater opportunity to expand their professional skills necessary to meet the health care needs of the public.

Please pass SB 466 and amend state statute section 20-10b, allowing Connecticut physicians to continue their medical education in an ever-expanding course selection, not repeat the same. Thank you.



State of Connecticut
SENATE

STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

SENATOR TONI BOUCHER
TWENTY-SIXTH SENATE DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 3701
HARTFORD, CT 06106-1591
CAPITOL (860) 240-0465
TOLL FREE (800) 842-1421
FAX (860) 240-0036
E-mail Toni.Boucher@cga.ct.gov

DEPUTY MINORITY LEADER

RANKING MEMBER
EDUCATION COMMITTEE
HIGHER EDUCATION COMMITTEE
TRANSPORTATION COMMITTEE

MEMBER
FINANCE, REVENUE AND BONDING COMMITTEE

Testimony on SB 466: An Act Concerning Continuing Education Courses for Physicians

By Senator Toni Boucher

Public Health Committee, February 20, 2013

Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and other distinguished members of the Public Health Committee, thank you for the opportunity to testify in favor of Senate Bill 466: An Act Concerning Continuing Education Courses for Physicians.

Section 20-10b of the Connecticut General statutes currently requires physicians applying for license renewal to undergo a minimum of fifty contact hours of continuing medical education within the previous two years. The statute further stipulates that this continuing education will be in the physician's area of practice, that it reflect the professional needs of the licensee in order to meet the health care needs of the public, and that it include at least one contact hour of education in the following: Infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

Each of these areas of study is important and relevant to the improvement of public health. However, mandating physicians to take all five subjects every two years may not be the most efficient use of their time and resources. For example, many doctors work in specialties that do not treat infectious disease, and where their knowledge of sexual assault and domestic violence is unlikely to factor into the treatment of their patients. Furthermore, repeating each topic every two years will not benefit the physician if there has been little change in each subject matter.

SB 466 would change the statutes to exempt doctors who have completed these five courses from taking them every two years, while preserving the original requirement for fifty hours of continuing medical education. This would give physicians an opportunity to devote more of their time to subjects which are related to their practice.

Thank you for your consideration of this proposal.

ROBIN GAIL OSHMAN, M.D., Ph.D.
Dermatology & Dermatologic Surgery
101 Long Lots Road
Westport, CT 06880
(203) 454-0743

COMMITTEE CHAIRPERSON AND MEMBERS OF THE COMMITTEE:

I am here to speak in favor of Proposed Bill # 466, An Act Concerning Continuing Education Courses for Physicians. I am Dr. Robin Oshman, a Dermatologist from Westport, CT. I am an Asst. Clinical Professor in the Dept. of Dermatology at Yale New Haven Hospital, Vice President of the Fairfield County Medical Association, and President of the Women's Medical Association of Fairfield County – a branch of the American Medical Women's Association.

As a practicing physician in the State of CT, I am mandated by the state to take 5 specific 1 hour courses every other year. To date, I have done this 3 times. The basic message in these courses has not changed over time. There is no new data to learn. The doctors in our state get the message the first time they take the courses. There is no need for constant repetition.

Robin Gail Oshman, M.D., Ph.D.

Doctors are already mandated to take 50 continuing education credits over a two year period. Let the doctor choose the topic for these credits. The legislators who mandated these courses certainly had good intentions. What they did not realize was that repetition of these subjects is not necessary. The 5 hours spent on these topics could be used to learn about topics relevant to each doctor's specialty. As a dermatologist there are new medications for serious cancers such as malignant melanoma and basal cell carcinoma that I need to learn about. I believe it is inappropriate to take time away from topics I deem critical for the care of my patients.

I therefore propose that the 5 continuing education topics be taken once by all current and new physicians in the state. They should not be repeated every other year.

Doctors get it. Doctors remember it. Once is enough.

Robin Gail Oshman, M.D., Ph.D.

Subject matter in the sciences is constantly changing. Doctors need to keep up with this ever changing data to offer the best care for their patients. Keeping up with this literature is very time consuming. Five hours spent on learning new data is more beneficial for our patients than repeating the 5 topics discussed.

Doctors are very good at remembering information. Twenty five years ago I learned about the botfly. This is an insect indigenous to South America. The insect lays eggs on the skin which produce larva or worms. The larvae get under the skin and cause very painful skin bumps. After learning about the botfly 25 years ago I had a patient come to see me in Westport with a larva in their skin following a trip to Ecuador. Despite the fact that I had learned about this 25 years ago I was able to diagnose the condition and treat the patient appropriately.

Doctors get it. We do not need courses repeated every other year to know how to manage a case of domestic violence or sexual assault. Once is enough.

I therefore propose that these 5 continuing education courses be taken once by all current and new physicians in the State of CT. The courses should not be repeated every other year.

Doctors get it. Doctors remember it. Once is enough.

Fairfield County Medical Association

Physicians Dedicated to a Healthier Fairfield County

917 Bridgeport Avenue • Shelton, CT 06484 • Tel: 203-513-2045 • Fax: 203-513-8036
Email: info@fcma.org • Website: www.fcma.org



Memorandum of Support

Fairfield County Medical Association Testimony on

S.B. 466

An Act Concerning Continuing Education Courses for Physicians

Presented to the Public Health Committee
February 20, 2013

Thank you Madam Chairman, Senator Gerratana, Madam Chairman Representative Johnson, and members of the Public Health Committee for allowing me the opportunity to speak in favor of Senate Bill 466. An Act Concerning Continuing Education Courses for Physicians. My name is Paul Thompson, and I am here today testifying for the Fairfield County Medical Association. The Association represents over 1500 physicians in Fairfield County encompassing all medical specialties.

Effective October 1, 2005, Connecticut General Statute Section 20-10b required a licensed physician earn a minimum of fifty (50) contact hours of qualifying continuing medical education every two years commencing on the first date of license renewal on or after October 1, 2007.

Continuing medical education shall be in the area of the physician's practice, reflect the professional needs of the licensee in order to meet the health care needs of the public and include at least one contact hour of training or education in each of the following topics: A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, B) risk management, C) sexual assault, D) domestic violence, and after October 1, 2010, coursework in cultural competency was also required.

While most physicians would not argue these topics are important, depending upon one's medical specialty, many of these topics are not CMEs that relate to the area of the practitioner's practice, nor do they necessarily reflect the professional needs of the doctor. Case in point, a psychiatrist does not treat infectious disease, a pathologist will not encounter domestic violence, and sexual assault is not something an anesthesiologist would see or treat.

Even if these five mandated topics were relevant to one's area of medical expertise, the law requires that all physicians take the same five mandated topics every two years. This, too, makes little sense when few changes occur from year to year in the mandated subject areas. Physicians would much rather spend the five hours of time and the financial resources for CMEs on subject matters that are germane to their medical practice.

The physicians of Fairfield County support the idea that once the doctor has taken the five mandated topics, the doctor should be exempt from retaking the same courses every two years. Physicians, however, would still be required to earn a minimum of fifty (50) contact hours of qualifying continuing medical education every two years.

Thank you for the opportunity to present this testimony and we welcome any questions or comments

Additional Testimony of
the Fairfield County Medical Association
in Support of
SB 466 – An Act Concerning Continuing Education Courses for Physicians

Public Health Committee

February 20, 2013

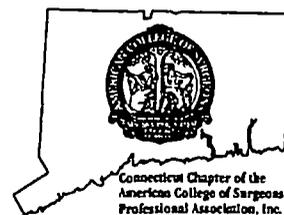
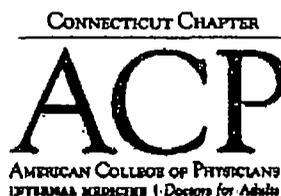
Senator Gerrantana, Representative Johnson and members of the Public Health Committee, my name is Mark Thompson, executive director of the Fairfield County Medical Association. On behalf of our 1500 plus physician members, thank you for the opportunity to present this testimony on Senate Bill 466 – An Act Concerning Continuing Education Courses for Physicians.

Previous speakers have already outlined the current CME requirements for physicians in Connecticut for medical license renewal. While the vast majority of states across the nation require a specific number of CME credits per year(s) for physicians, only a handful of states require state-mandated CME content. Of those jurisdictions that do require state-mandated CME content – the more progressive states either require one-time mandated CME content or require specific training for relevant medical specialties.

The Fairfield County Medical Association conducted a recent poll of its members asking whether Connecticut's five mandated CME topics for medical license renewal has had a positive impact on the delivery of quality medical care. Of those physicians who responded only 3 percent said "yes," 12 percent said "somewhat" and 84 percent emphatically said "no." The survey results confirm that for the vast majority of physicians, the CME mandates do not reflect the professional needs of the doctors and help them meet the health care needs of their patients.

The physicians of Fairfield County support the concept of one-time mandated CME requirements, and after taking the required courses the doctors should be free to determine those continuing medical education courses that are most relevant to their own professional needs.

Thank you for your time and we would be pleased to answer any questions.



Connecticut State Medical Society Testimony on
Senate Bill 466 An Act Concerning Continuing Education Courses for Physicians
Public Health Committee
February 20, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the almost 7,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today in opposition to Senate Bill 466 An Act Concerning Continuing Education Courses for Physicians.

First, in order to be open and transparent, CSMS is the recognized state accreditor for continuing medical education (CME) [in Connecticut] under the guidance and stringent standards of the Accreditation Council for Continuing Medical Education (ACCME). Prior to the ACCME's foundation in the 1970s, CSMS was the accreditor tied to the American Medical Association's CME standards in Connecticut for decades. Prior to national standardization through the AMA, CSMS was the state-based accrediting organization of CME. Today, CSMS monitors, reviews, evaluates, and recognizes close to three dozen medical institutions, quality review organizations and insurers to determine maintenance of standards of CME as outlined and approved by the ACCME as the national standard-setting organization for maintenance of certification for medical specialty boards for physicians. These recognized providers, called CME sponsors, provide the majority of ACCME-accredited and medical specialty board-recognized CME in Connecticut.

CSMS requires CME-accredited entities to meet six essential elements with 15 total criteria and an additional seven criteria for special commendation. These criteria are essential in making sure that the CME programs support physicians with their recertification tied to their medical specialty. The standards also include steps and policies to ensure any commercial bias is disclosed.

There seems to be a great chasm between the reality of clinical practice and what is proposed tied to physician licensure and continuing medical education (CME). Connecticut has one of the oldest physician populations in the country, with close to 50% of physicians over the age of 55. A large number of these older physicians who have either greatly or completely reduced their active practice, make up the clinical patchwork that covers most of the volunteer care sites in

Connecticut. These are physicians in their 60s and 70s who volunteer weekly or monthly, one or two days at a time, to see patients in rural and urban areas where there is little general access to primary care and specialty services. These physicians, at least in Connecticut, must maintain their licensure through one of the highest fees in the nation, along with stringent standards for CME. In fact, simply to maintain a license here, every two years a physician must demonstrate that he has obtained education in five key mandated areas of medical education and that he has received at least 50 hours of CME.

In Connecticut, licensure requirements allow physicians to receive credit hours of clinical education that does not meet the highly-regarded and stringent ACCME standards that have been in place for more than four decades. This creates a dichotomy between the CSMS and therefore ACCME recognized CME programs and approved medical specialty board credit hours -- and the local non-ACCME recognized medical education that does not meet national standards of peer review, conflicts of interest, quality review and presentation. CSMS supports and maintains ACCME standards in Connecticut, but the laws in Connecticut have always afforded physicians the opportunity to receive other forms of education that would qualify for state licensure, even if this education is not recognized or allowed to satisfy national medical specialty boards and may not have any consistency with existing standards of medical education.

In fact, today, as much as 20 to 25% of the physician education that is provided across the state does not meet the ACCME standards and is not accredited by CSMS, nor is it provided by a recognized provider of CME. CSMS would like to see more standardization of these courses that comport to the CSMS CME requirements.

CSMS believes that education and evidence-based medicine are essentials of professional medical practice, but the proposed legislation is too broad and needs some more specificity as to what substitution would be allowed to satisfy state requirements. Unfortunately, this proposal has much broader implications than just maintaining standards of medical education and licensure: it could unravel decades of CME-based education as a core component of physician licensure and ongoing learning in Connecticut. Though we believe that the individual state boards should continue to determine, maintain and establish licensure requirements, we also believe that certain standardization of medical education is necessary.

CSMS has always been opposed to mandated topics for CME associated with state licensure, but recognized that those mandated subject areas are of great importance to patients and to physicians and we continue to support the CSMS-accredited and recognized sponsors in developing and providing these mandated topical/focus areas for CME. CSMS itself has also developed a number of CME programs tied to the mandated topic areas designed to further the learning initiatives and education of our members. In fact, CSMS has many training modules for CME credit tied to at least one of the mandated topics. However, it is often difficult to encourage physicians to participate in CME in the same mandated topics year after year when there may not be much variety or divergence of educational experience within those topical areas. As a result,

CSMS supports a variety of CME offerings that are consistent with national accreditation standards.

However, at least in its current construction, this bill needs to provide greater specificity as to what constitutes appropriate replacements for mandated CME topical areas in Connecticut law, because we have a real fear that our state could be going backward if replacement CMEs are not true CMEs that come with the highest level of accreditation standards. CME programming is planned to specifically address identified gaps in physician knowledge, performance or practice, and designed to have a measureable impact on physician performances and/or patient outcomes. ACCME accreditation requires an integrated approach of using quality-of-care data, patient outcome data, physician self-assessments and/or published professional resources to identify gaps and translate those gaps into learning outcomes. The accreditation process requires a thoughtful planning and documentation process that demonstrates how CME activities have improved the delivery of health care.

CSMS does not think it wise to go from a national standardized approach to CME to one that would diminish the level of the educational experience and the veracity of the monitoring, evaluation and peer review nature of CME as outlined by the ACCME and enforced by CSMS in Connecticut.

Thank you for the opportunity to provide these comments to you today. CSMS welcomes the opportunity to work with this committee to create legislation that appropriately strengthens the quality of health care delivered in Connecticut.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 4
1011-1347**

2013



State of Connecticut
HOUSE OF REPRESENTATIVES
 STATE CAPITOL
 HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE KIM FAWCETT
 ASSISTANT MAJORITY LEADER
 ONE HUNDRED THIRTY-THIRD ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
 ROOM 4033
 HARTFORD, CT 06106-1591

CAPITOL 860-240-8585
 TOLL FREE 1-800-842-8267
 FAX 860-240-0206
 E-MAIL: Kim.Fawcett@cga.ct.gov

VICE CHAIRMAN
 SELECT COMMITTEE ON CHILDREN

MEMBER
 FINANCE, REVENUE & BONDING COMMITTEE
 ENERGY AND TECHNOLOGY COMMITTEE

Testimony of State Representative Kim Fawcett, 133rd District
 Public Health Committee, Public Health Hearing
 February 20, 2013

Proposed S.B. No. 466 An Act Concerning Continuing Education Requirements For Medical & Sister Bill H.B. No. 6238

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee, thank you for the opportunity to comment on the SB 466, An Act Concerning Continuing Education Requirements For Medical Professionals. This bill mimics in content a similar bill I sent to this committee, HB 6238.

Doctors throughout our state are required each year to take continuing education requirement credits to maintain their professional licensing and ability to practice in our state. For many years this continuing education system has been onerous and unreasonable for our medical professionals. While no one disagrees that some form of continuing education is necessary and helpful, mandating the actual course selection has proven less beneficial, even antiquated.

Doctors are required to take the same five courses every two years, and over time are wasting time and resources repeating the courses over and over. The repeated courses include:

A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, B) risk management, C) sexual assault, D) domestic violence and e) cultural competency

Our suggestion is to allow doctors to complete continuing education requirements in areas of study that are more current and targeted to the medical fields in which they work.

I look forward to working with the members of this committee to develop a more appropriate continuing education system for our state.