

Testimony of Jim Martone, M.D.
On behalf of the
CT Dermatology and Dermatologic Surgery Society
CT ENT Society
CT Society of Eye Physicians
CT Urology Society

In opposition to HB6942 An Act Concerning a Collaborative Relationship Between Physician Assistants and Physicians

Good Morning Sen. Abrams, Rep. Steinberg, Sen. Somers, Rep. Petit and distinguished members of the Public Health Committee. My name is Jim Martone and I am a board certified ophthalmologist practicing in North Haven, CT. I am President of the CT Society of Eye Physicians and I am here today on behalf of over 1000 physicians practicing in this state from the above specialty medical Societies to speak in opposition to HB6942, An Act Concerning a Collaborative Relationship Between Physician Assistants and Physicians.

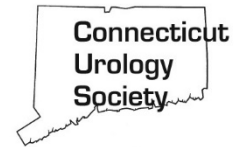
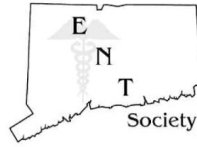
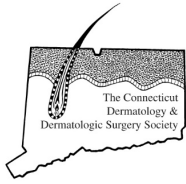
In 2011, the Connecticut General Assembly passed Public Act 11-209 to create a scope of practice review process within the Connecticut Department of Public Health (DPH). Under this process, organizations would submit proposals to DPH and committees of interested parties would be organized to review the request, study its implications and ramifications, and make appropriate recommendations.

Following the creation and implementation of that process, legislation was in fact proposed and passed in 2012 that drastically changed Connecticut General Statutes to allow Physician Assistants to practice to the full extent of their training and education. The process worked. In fact, Connecticut has updated the practice of Physician Assistants often, making changes again in 2014 and 2015.

Now just a few short years later, in both 2017 and 2018, proposals were submitted to the CT DPH to expand the PA scope of practice further, and in both years these scope proposals were not deemed appropriate for review by the department.

When the Physician Assistants did not get the response they wanted, they decided to try an “end run” around the DPH rules and recommendations. The fair and trusted scope review process established by DPH should not be side-stepped, and should be adhered to.

Training is an important area to consider when looking at this proposal. According to an infographic on the AAPA website, the length of training programs to become a “Physician Assistant” is a mere 27 months!



By contrast, the training for medical students – already four year college graduates, many of whom hold advanced degrees -- begins with the didactic and clinical rigors of 4 years of medical school. This is followed by multiple years of supervised clinical training commencing with Internships which last 1 year, followed by Residencies which last anywhere from 3 to 5 years. For doctors who wish to provide more specialized care, subsequent Fellowship expertise can take up to several more years of training.

Patient safety and well being are at stake here. The many years required to attain a Medical Degree are essential to ensure that our Providers have mastered the knowledge and education, and garnered the experience and confidence, to provide excellent and optimal health care. There is no substitute for spending many years to absorb and assimilate this information.

Physician Assistants are important members of the health care delivery team. They are well trained to provide care under the supervision of a physician. The changes proposed in HB6942, however, seek to drastically alter that relationship and eliminate the physician supervisory requirements in place in Connecticut. While this may be a national agenda for the American Association of Physician Assistants, it is not a change that is in the best interest of the people of Connecticut.

There has been no change in the education and training requirements for Physician Assistants since the current scope was revised, and in fact, Connecticut is one of the most progressive states in the country with regard to scope privilege as pointed out in the DPH scope review process this past December and there has been no health care crisis identified that warrants this dangerous statutory change.

In summary, we should be building a physician led health care team that utilizes and collaborates with the strengths and skills of allied health providers. We should not be opening back doors and alternative paths to independent practice, unsupervised collaboration, or prescriptive authority. We should be building strong physician led teams that can provide care efficiently and safely for all citizens of Connecticut.

For these reasons, we respectfully urge the committee to reject this proposal and oppose HB6942.