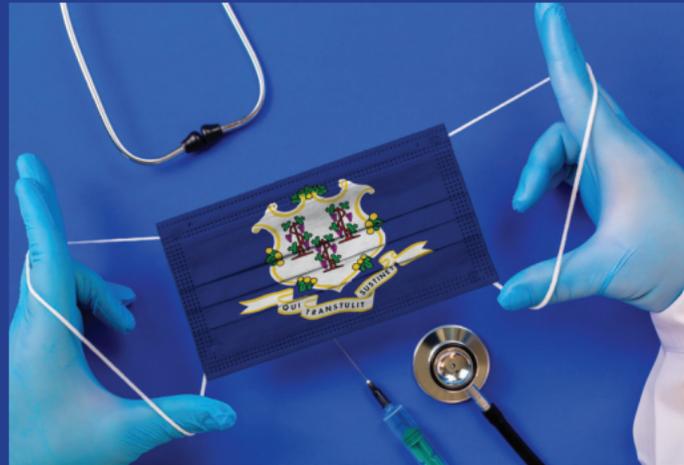




CT Dermatology & Dermatologic
Surgery Society
CT ENT Society
CT Society of Eye Physicians
(Eye M.D.s)
CT Urology Society

PO Box 854, Litchfield, CT 06759
Tel 860.567.3787 Fax 860.567.3591
email: debbieosborn36@yahoo.com



Lobbyists
Bill Malitsky, James S. Paolino, Esq.
Principals, Ross Gionfriddo, Esq.
FOCUS Government Affairs
100 Pearl Street
Hartford, CT 06123
Phone 860-573-6482
Bill Mobile 860-944-8297
Jim Mobile 203-214-1904
Ross 860-573-6482

Help Preserve Quality Outcomes in Connecticut Healthcare

2021 LEGISLATIVE ISSUES

OPPOSE

Legislation that Dilutes Transparency and Quality of Healthcare

These bills matter and physicians are asking for your help in opposing them.

SB 1083 AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Physicians strongly believe that physician assistants (PAs) should collaborate with a higher level of authority who ultimately bears responsibility and liability for the patient's well-being. The sections listed below would allow (if not require) action to be taken at the sole discretion of the PA, but without confirmation or agreement by the collaborator (physician) who ultimately bears complete responsibility and liability for any and all actions taken. Some of these are literally life or death situations, and the highest level authority governing care should be the decision maker in such cases.

1) Lines 958-991 delineate who shall decide, and what associated requirements will be enacted to withhold, remove or terminate life support. There is no circumstance under current law or training in which a PA should be empowered to make, or should be making, any such

decision. They should absolutely NOT be added to these lines. They should, however, be added to lines 952-953 (as suggested by this bill), so potentially perform the removal or withholding of such care, and would, therefore, be held harmless for doing so based on the valid decision of the care team.

2) The pharmacists collaborative management under protocol is a done deal (lines 1440-1488). That language is in existing law and has been for the past decade. The only change propose is that PA's are being allowed to do it. If we assume that PA's are still supervised/collaborating with actual doctors or APRNs, then they are just the intermediary. Under this bill, the pharmacist will now be enabled (required?) to act on the judgment of the PA without being clear if the supervising MD or APRN has approved There will no longer be a requirement nor allowance for going up the chain for verification. That could be dangerous, and should not be allowed. The same holds true for lines 1489-1536.

3) Lines 1647-1741, delineating who may provide initial, on-site, and off-site subsequent care for work-related injuries places PAs essentially as a stand-alone authority. Injured workers should have the right to be cared for by fully trained or specialized providers for work-related

injuries and to seek care from such a provider for subsequent care. This language will allow the employer to simply offer an employed PA (supervised remotely by a (CT licensed) provider) to determine the gravity of a work injury and the need for time out of work. Any language to include mid-level providers should also include the patient's right to opt for an independent, plenary licensed provider.

SB 844 AN ACT CONCERNING THE INSURANCE DEPARTMENT'S RECOMMENDATIONS REGARDING VALUE-ADDED PRODUCTS AND SERVICES AND PROHIBITED INSURANCE PRACTICES

SB 844 Empowers insurers. If SB 844 is allowed to pass, insurers of healthcare would have the ability and the unfair advantage to entice and lure consumers into plans that may not be in their best interests. This includes limited prescription plans, omission of services and reduced and inadequate provider panels. Physicians are prevented from adding "value added benefits" by Federal Law as Medicare Providers. Physicians who participate with Medicare cannot offer such add on benefits to entice patients, not even those patients who are on non-Medicare plans. Why should insurers be granted this opportunity, while providers are not? Please oppose.