The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning HB 5515, An Act Concerning Physician Assistants, which would update the requirements for supervision of physician assistants. CHA supports the bill in concept, but seeks revisions to align the bill with other laws and mandates.

It is widely believed that the future success of healthcare delivery systems in Connecticut (and across the nation) depends in large part on the ability to provide greater access to primary care practitioners, including physician assistants. In an effort to ensure that safety and quality of care remain the highest priority, HB 5515 would adjust requirements for supervision of physician assistants to include documentation of a supervising physician’s relationship to the physician assistant. It would also detail the expectations of the physician assistant’s role in delivering patient care.

CHA agrees that the supervision requirements for physician assistants, and healthcare access overall, would benefit from these types of updates. CHA appreciates having had the opportunity to work with the Department of Public Health over the last several months in the process of updating physician assistant oversight parameters. However, the bill as drafted could unintentionally interfere with the non-delegable obligations of hospitals to oversee certain administrative aspects of practitioner and staff credentials and duties.

The bill language is focused on the physician office setting, where there is less structure for how supervision is conducted than in the hospital setting. While most of the language could apply in either hospital or non-hospital settings, there are some specific phrases that could create conflict with hospitals’ other mandated obligations. For example:

At lines 69-70 of the bill, the physician would be responsible for determining the “medical services the physician assistant may perform.”

At lines 70-72, the supervising physician would “determine the manner in which the physician assistant’s prescription of controlled substances shall be documented in the patient’s medical record.”
In a hospital, those activities are partially controlled by medical staff rules and administrative processes that are required by CMS rules for hospital participation in Medicare. Additionally, HB 5515 does not specify that hospital policies, protocols, and procedures can be made part of the written supervision protocols.

In order to avoid legal conflicts with federal CMS rules, while still advancing appropriate changes to the supervision requirements, we respectfully request you add a new Section 3 to the language of HB 5515, to state as follows:

Section 3. In a hospital setting, the written protocols established by the supervising physician, as described in subsection (a) of section 20-12d, as amended by this act, may reference and incorporate applicable hospital policies, protocols, and procedures, and will be reviewed jointly by the supervising physician and hospital.

We appreciate your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.