

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 5, 2014**

SB 296, An Act Concerning Medical Orders Written By Physician Assistants

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 296, An Act Concerning Medical Orders Written By Physician Assistants**. CHA has concerns with the bill as written.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

With respect to SB 296, while it is not clear what the proponent of the bill is trying to achieve, the proposed language as drafted will only serve to confuse this area of practice. If the intent is to make it clear that the printed name of the supervising physician is not needed on all orders and prescriptions, then SB 296 is lacking one other essential change. Subsection (b) of C.G.S. Section 20-12d contains a similar requirement as noted below.

(b) All prescription forms used by physician assistants shall contain the printed name, license number, address and telephone number of the physician under whose supervision the physician assistant is prescribing, in addition to the signature, name, address and license number of the physician assistant.

Changing only one subsection of the statute would create confusion for providers.

It is possible that the proponent is requesting this language change as a result of recent Department of Social Services (DSS) audit reviews. It is important to note that unless corresponding changes are made to the way in which the Medicaid program reimburses providers for the types of primary care services delivered by PAs, the effect of the bill will be nullified. Currently, DSS refuses to reimburse hospital-based services provided by PAs, including services provided in clinics, affiliated practices, and within the hospital itself, unless a physician specifically approves the services. Those limitations mean that without altering DSS policy, SB 296 will not change how PAs are able to function in hospital-based settings.

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