



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 16, 2018**

**SB 300, An Act Concerning Collaborative Arrangements Between  
Physician Assistants And Physicians**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 300, An Act Concerning Collaborative Arrangements Between Physician Assistants And Physicians**. CHA opposes the bill as written.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of their ability to pay. Connecticut hospitals are dynamic, complex organizations that are continually working to find innovative ways to better serve patients and communities and build a healthier Connecticut. By investing in the future of Connecticut's hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Physician assistants are a valuable part of the care team. They provide important services to many types of patients in a variety of care settings under specific, statutory parameters that outline the delegation and supervision required by physicians. Each state sets its own supervision parameters for physician assistants. Connecticut has updated the oversight of physician assistants with frequency, in the last ten years making changes in 2008, 2012, 2014, and 2015. Connecticut has not lagged behind the national trend, and has not neglected exploring the best ways to balance oversight with flexibility for these valuable professionals.

The physician assistant community in Connecticut is seeking to implement its national organization's new advocacy effort that promotes labeling physician assistants as part of the care team and ensuring that they are "collaborating" with physicians, while eliminating certain supervision requirements in each state.

This is reflected at lines 130-134 of the bill, which states:

"Collaboration" means the continuous process by which a physician assistant and one or more physicians who have training or experience related to the work of such physician assistant jointly contribute to the provision of health care services and medical treatment to a patient.

That definition is confusing and conveys little detail as to the intended scope of practice for physician assistants.

The bill goes on at lines 134-144 to list very few things that would be addressed in a collaboration agreement, some of which are unclear:

"Collaboration" includes a reasonable and appropriate level of consultation and referral, coverage by the physician in the absence of the physician assistant, review of patient outcomes, disclosure of the collaborative relationship to the patient and exercise of prescriptive authority by the physician assistant, provided the physician expresses, in writing, the (A) type of schedule II and III controlled substances that the physician assistant may prescribe, and (B) methods by which the physician and physician assistant will review medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the physician assistant may prescribe, dispense and administer.

The changes proposed in SB 300 are imprecise and too vague to state plainly how physician oversight of physician assistants would function. We recognize that the definition of collaboration is modeled after the definition in the advanced practice nurse statute but, when applied to the proposed changes to the scope of practice for physician assistants, it raises many questions on how this new model would be implemented.

While we have no objection to recognizing these professionals as part of the collaborative care team, that alone is insufficient reason to abandon written delegation agreements and replace existing, carefully crafted statutory language detailing physician delegation requirements and oversight with less precise language that will be difficult to implement.

We would be happy to work with DPH and other stakeholders to find a workable solution that could be implemented.

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