



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, February 4, 2019**

HB 6942, An Act Concerning A Collaborative Relationship Between Physician Assistants And Physicians

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6942, An Act Concerning A Collaborative Relationship Between Physician Assistants And Physicians**. CHA has concerns with the bill as drafted.

Before commenting on the bill, it's important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. They do more than treat illness and injury. They build a healthier Connecticut by improving community health, managing chronic illness, expanding access to primary care, preparing for emergencies, and addressing social determinants of health. 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 kept pace with the national trend, and has continuously explored 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 184-191 of the bill, which states:

"Collaboration" means the continuous process by which (A) a physician assistant and one or more physicians licensed pursuant to this chapter jointly contribute, pursuant to a written agreement as described in section 20-12d, as amended by this act, to the provision of health care services to a patient, (B) the physician assistant engages in an appropriate level of consultation with such physician or physicians, and (C) the physician assistant provides care to a patient to the fullest extent of his or her education, experience and skill level.

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

Lines 233-234 reference employment agreements, but the language is unclear. Hospitals are opposed to any provision that would interfere with the ability to set supervision standards that are stricter than the minimums required by law or that would limit the ability to ensure that policies, procedures, and credentialing are compliant with federal laws, regulations, and accreditation standards.

The changes proposed in HB 6942 are imprecise and too vague to state plainly how physician oversight of physician assistants would function under collaboration versus supervision. The proposal appears to eliminate any and all supervision of the physician assistant. We recognize that the definition of collaboration is modeled after the definition in the advanced practice nurse statute; however, advanced practice nurses have an entirely different training than physician assistants. As such, it is unclear why their scopes of practice should be identical.

We have no objection to recognizing physician assistants as part of the collaborative care team. But there does not appear to be a compelling reason at this time to abandon written delegation agreements or the current statutory structure for supervision in favor of less precise language that would be difficult to implement.

We would be happy to continue 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.