



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 9, 2020**

SB 379, An Act Prohibiting Health Care Institutions From Requiring Cognitive Testing For Health Care Providers Solely Based On Age

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 379, An Act Prohibiting Health Care Institutions From Requiring Cognitive Testing For Health Care Providers Solely Based On Age**. CHA opposes the bill.

SB 379 prevents health care institutions from requiring cognitive testing of health care providers solely based on the age of the provider. The bill would apply both at the time of employment, and at the time of maintaining employment or renewing privileges. CHA supports the ability of institutions to do everything possible to ensure safe and patient-centered care. Undetected neurological decline presents a risk to safe and patient-centered care. Research has shown that cognitive function in everyone tends to decrease with age. It is impossible to tell whether an aging provider's cognitive abilities have declined without significant evaluation and cognitive testing.

If it is determined that cognitive decline is causing a provider to make errors, patients are harmed. It is our responsibility to identify those providers who harm patients, intentionally or not, and take steps to ensure they do not continue to practice. We do not want patients to be harmed during the period before our institutions recognize that cognitive decline has occurred. We want institutions to have the ability to assess providers at risk, and age is a risk factor for cognitive decline.

While SB 379 does not prevent evaluation, it does argue that age is not a rational component of screening for competence. But that is not what science and a multitude of studies tell us; they tell us that age is a component of cognition screening. Certainly, age is not the only factor, but a major, significant factor. The only real question is whether hospitals and licensing boards should be forced to evaluate everyone – without regard to science or risk factors – even if that universal evaluation process is a significant drain of time and resources.

No one is being deprived of their right to practice medicine based on age. The only issue is competence. Cognition is an element of competence. Federal and state law mandate that entities employing, contracting with, or granting privileges to physicians to provide services to

patients—including hospitals, medical staffs, physician groups, and health plans—engage in active oversight of the quality of care rendered by the physicians practicing at their facilities.

If a physician is unable to demonstrate competence, then steps must be taken to limit that person's ability to practice in order to protect patient safety. **This principle exists and is well-established in sections 20-13c and 20-13d of the Connecticut general statutes. Current Connecticut law expressly states that there should be a concern for a physician's competence based on the aging process.**

This is not a new concept.

Pilots have an age-triggered medical screening process, per federal law.

Judges are shifted from full service at age 70, per the Connecticut constitution.

Why are these people and professionals subjected to increased screening based in part on age? Because it increases safety, in a way that seeks to balance rights, costs, and resources.

Hospitals have developed administrative and legal processes that protect against unnecessary or inappropriate age discrimination. Those processes should be allowed to work.

Unfortunately, this legislation will undermine those processes by creating legal confusion uninformed by science and the balancing of interests.

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