



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 6, 2023**

SB 1016, An Act Concerning Truth In Advertising By Health Care Providers

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1016, An Act Concerning Truth In Advertising By Health Care Providers**. CHA opposes the bill.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

SB 1016 seeks to create a standalone set of rules for physicians and nurses relating to false advertising and what seems to be a description of the fraudulent practice of medicine or nursing. Unfortunately, the bill's language is too vague to understand clearly what is prohibited. Further, it is not evident why current laws that address licensure, oversight and consumer protections are insufficient to address the intent of the legislation.

It is already a crime in Connecticut to practice medicine without a license or represent that you are a physician when you are not. Section 53-341 of the penal code states the following:

“[N]o person engaged in the practice of any branch of the art of healing the sick or injured or professing to be engaged in such practice, other than a person who is licensed to practice medicine under the provisions of chapter 370, may use or imply the use of the words “physician”, “surgeon”, “medical doctor”, “osteopath” or “doctor”, or the initials “M.D.”, “D.O.” or “Dr.”, or any similar title or description of services, with the intent to represent, or in a manner that is likely to induce the belief that, the person (1) practices medicine within the state, (2) is licensed to practice medicine within the state, or (3) may diagnose or treat any injury, deformity, ailment or disease, actual or imaginary, of another person for compensation, gain or reward.”

The law is clear, has been in place for a very long time, and directly addresses the issues that the bill raises about physicians, but in a manner that does not create vague and confusing standards.

In Chapter 20 of the general statutes, each level of nursing licensure contains a clear, express prohibition on unqualified persons' using a nursing title that they have not earned:

Section 20-94a, advanced practice registered nurse (APRN):

(d) A person who has received a license pursuant to this section shall be known as an "Advanced Practice Registered Nurse" and no other person shall assume such title or use the letters or figures which indicate that the person using the same is a licensed advanced practice registered nurse.

Section 20-95, registered nurse (RN):

Use of title "registered nurse". A graduate nurse who has received such certificate of registration shall be known as a "registered nurse" and no other person shall assume such title or use the abbreviation "R.N." or any other words, letters or figures which indicate that the person using the same is a trained, certified, graduate or registered nurse.

Section 20-98, licensed practical nurse (LPN):

Use of title "practical nurse". A person who has received such a certificate shall be known as a "licensed practical nurse" and no other person shall assume such title, the title "practical nurse" or the title "trained attendant" or use the abbreviations "L.P.N.", "P.N.", "T.A." or any other words, letters or figures which indicate that the person using the same is a licensed practical nurse.

These protections have been on the books in Connecticut for decades. We are not aware of widespread problems with unlicensed persons impersonating medical providers – or licensed persons utilizing inappropriately qualified staff *that are not addressed by current law or the existing oversight mechanisms* of the Department of Public Health and the various licensing boards.

Other mechanisms in the bill also are not well designed to root out bad actors who would impersonate a doctor or nurse, and lack clarity regarding the healthcare settings in which they apply. These features include: mandatory posting of licenses; having all providers continuously wear badges in all settings (which is inconsistent with infection prevention and other safety requirements); the posting of scheduled office hours; and the new requirement that all unlicensed person's activities must be affirmatively authorized by law (a concept not currently in the public health code). These are not useful solutions for what seems to be criminal action (for which there is already a criminal law relating to physicians).

We would be happy to work with the Committee to better target unwanted or unfair practices. But a transparent, open discussion that identifies the problem that needs to be solved, in an evidence-based manner, with all relevant stakeholders, would be a more productive way to assess the actual breadth of the purported problem of unlicensed persons claiming to be medical professionals.

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