



Connecticut Academy of Physician Assistants

One Regency Drive • PO Box 30 • Bloomfield, CT 06002
860/243-3977 • Fax: 860/286-0787 • connapa@ssmgt.com • www.connapa.org

**TESTIMONY by
The Connecticut Academy of Physician Assistants (ConnAPA) for the
Public Health Committee Public Hearing on**

House Bill 5625, (RAISED) AN ACT CONCERNING THE DEFINITION OF SURGERY

February 21, 2015

The Honorable Terry B Gerratana
The Honorable Matthew Ritter
Co-Chairs, Public Health Committee

Senator Gerratana, Representative Ritter and members of the Public Health Committee:

The Connecticut Academy of Physician Assistants (ConnAPA) is the professional society representing physician assistants (PAs) in Connecticut. ConnAPA serves as the collective voice for over 1900 PAs who practice medicine in Connecticut. PAs provide accessible, high quality, cost-effective healthcare to the CT residents we serve. PAs care for patients across the age continuum from pediatric to geriatric populations within all care settings including primary care, internal medicine, and surgery including all medical and surgical sub-specialties. We accomplish this by collaborating with physician colleagues within a team-based health practice model.

ConnAPA submits this written testimony in opposition to the proposed legislation delineating a definition of surgery. Very simply, Physician Assistants currently participate as team members in many formal operating room cases and perform many procedures that would be included in a new definition of “surgery”. Essentially, ConnAPA is troubled that, because PAs are not MDs, this definition would ultimately prohibit PAs from executing current professional responsibilities for which we have already been fully educated, board certified and authorized to perform based on well established and recognized qualifications.

Surgical procedures performed by PAs working as a part of teams in the operating rooms are named in this definition and number in the tens of thousands of cases per year at CT hospitals. Some of examples of operations where these surgical procedures take place comprise cardiac surgeries including coronary artery bypass grafts, heart valve replacements and orthopedic surgeries including joint replacements, spinal fusions, open reductions/internal fixations, just to name a few. This definition would impact many of the procedures done by PAs in Emergency Departments across the state as well as PAs within additional surgical sub-specialties including but not limited to: ENT, Cardiovascular surgery, Pulmonary & Critical Care, Neurosurgery, Neonatal Intensive Care, General Surgery, Urology, Gastroenterology, Neurology, and Interventional Radiology.

Surgical PAs perform a vast amount of procedures in full compliance with their delegation agreements sanctioned by CT statute. Some of these procedures that would ultimately be considered “surgery” according to this definition include: Central line placements, Local debridement/wound care, Local cauterization of traumatic tissue, Epistaxis cauterization, Biopsies, 1st and 2nd assisting in the operating room, G-tube replacement, Tracheotomy replacement, Anesthetic blocks, Suturing.

The full scope of the sheer number of total procedures performed by PAs in CT can be extrapolated by the fact that one specialty surgical PA at a CT hospital has completed over 400 thoracenteses, over 100 chest tube placements, and over 30 bronchoscopy assisted tracheotomies in 2014. In addition, Surgical Intensive Care Unit (SICU) PAs in one institution place over 150 central venous lines per year on average. Other interventions currently performed by surgical PAs, which include suturing of surgical incisions and lacerations, incision & drainage of fluid collections and abscesses, venous/arterial access, joint taps, closed reductions, implanted pump refills, shunt taps, traction pins, biopsies, local anesthetic infiltration, would also be considered a part of this definition.

By attempting to define surgery as broadly as it does, HB 5625 creates more questions than it provides answers. HB 5625 also seems to broadly open the door to revisiting previous work accomplished by the Public Health committee last session thus spelling consequences for existing CT statute. Namely, HB 1067, from last year's legislative session attempted to change the scope of practice of PAs in a Medical Spa. Governor Malloy vetoed HB 1067, and he subsequently appointed a task force to seek a resolution. The work product of the Public Health committee and this task force was SB418, which passed into law in the fall of last year. Included in SB418 was a definition of "Cosmetic Medical Procedures". As defined by SB418, PAs are allowed to perform these "Cosmetic Medical Procedures". However, with this new "Definition of Surgery" in HB 5625, these "Cosmetic Medical Procedures" defined by SB418 would be in direct conflict creating utter confusion in CT statute.

ConnAPA is concerned that the basic legislative intent or consequence of HB 5625 is to move toward limiting those who can perform surgery as it is defined. Thus, our position is that there is simply no basis or defined need for taking this action. ConnAPA has significant concerns about how a definition of surgery would ultimately lead to:

- Major declines in access to care
- Increased health care costs
- Limitations of PA practice
- Loss of PA workforce from a majority of CT urgent care centers and hospitals

ConnAPA respectfully requests that the Public Health committee oppose HB 5625 and request that it be referred to the DPH scope of practice review process if the committee sees fit. To that end, ConnAPA respectfully requests representation on either a DPH Review committee or special task force to fully participate in further deliberations on this matter.

Sincerely,



Jonathan Weber, PA-C
Chair, Legislative Affairs



Andrew Turczak, PA-C
President