

The Legislative Corner Jason Prevelige, MHS, PA-C Chair, Legislative Affairs Committee



March 30, 2020

Welcome to another edition of the *Legislative Corner* and the first of this new legislative year! This was a busy off-season for ConnAPA, and a very unusual legislative session thus far. First off, I hope all of you are keeping safe and healthy in this unprecedented time of uncertainty during the COVID-19 pandemic. No surprise, the pandemic has contributed to the uniqueness and uncertainty of our legislative year, and thus why this is the first edition of this update this year.

There are upwards of 140 areas of state statutes that PAs are not currently recognized in, that grant ability for physicians and APRNs to conduct a variety of functions. Previously, most of these areas were physicians only, and many are tasks that PAs have always performed. Unfortunately, as APRNs have made a concerted effort to include themselves in various areas, it has created a situation where administrators and legal teams are denying PAs the ability to perform functions that we are capable and have always performed, simply because two other professions are listed and PAs are not.

Legislative volunteers have spent since last summer, engaged in a series of meetings and phone conversations with the Connecticut State Medical Society, The Connecticut Hospital Association, the legislative Public Health Committee, the Department of Public Health and the groups representing long term care and hospice care. The conversations have been aimed at coming to agreement that PAs already perform, and should continue to perform, such functions. In general, the talks have been very collegial and with much agreement among all involved parties. The result is that the chairs and ranking members of the Public Health Committee have been approached with a vetted request for inclusion in 100+ statutes, including the ability to certify conditions for medical marijuana.

At the same time, ConnAPA has continued to assert that supervision no longer an appropriate descriptor of the relationship between PAs and our physician colleagues. Though the definition of our relationship was changed from one of dependence to collaboration last year, supervision still carries throughout Chapter 370, <u>Section 20-12</u> (the statutes that we practice by). We continue to set the stage to make significant change to our statutes going forward, and such changes continue to require a number of conversations. This legislative year is what's called a short session, and the primary focus is on items of a budgetary nature. It also has a constitutional hard stop date of May 6th, though a special session could be called. As a result, introduced bills need to come from committee chairs and usually will not be of a controversial nature. Consequently, a bill overhauling our statutes will not happen this year. However harmonizing almost 100 areas of statute will be a huge accomplishment and will pave the way for future improvements and inclusions.

Currently the session is on recess because of COVID-19. However, prior to the recess, we did have a bill introduced for us, <u>H.B. 5488</u>. We were scheduled to testify on it on March 20, however that was the week most people's lives basically began to be put on hold, and thus our hearing was postponed indefinitely. The bill is inclusive of some 90 areas of statute that we would be formally included in.

Two additional areas worth a mention. We have testified on two other bills. One is a revision to the statutes that govern medical marijuana, <u>H.B. 5295</u>, and the testimony went well. The legislators implied it was an oversight we were not included and that if certain state agencies would provide the formal approval, we could likely be included in the bill for the ability to certify conditions for the medical



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marijuana program. The Kowalski Group was working on this prior to the pandemic introduction to our state. Now it is another area of uncertainty. The last area I'll mention is <u>H.B. 5094</u>, which is in regard to medical assistants providing vaccinations. As we did last year, we testified in support, but with amendment that PAs be included in the ability to order/supervise MAs to provide the vaccinations.

More relevant to our current situation, our lobbyist, The Kowalski Group, has been in daily contact with various offices and agencies, and is working on our behalf to relax statutory supervision requirements during this crisis. As of the time of this writing, there are 17 other states that have already done so, or already had the language included to do so. On March 23, 2020, the Department of Public Health published a <u>rule</u> relaxing the licensing requirement during the crisis. That would allow PAs licensed elsewhere to come to Connecticut while under the current Executive Orders, and work to help our citizens.

On a federal front, just before this crisis took hold on our state, several PAs and PA students from Connecticut were in Washington D.C. at the AAPA Leadership & Advocacy Summit. Among other things, one of the purposes of the event is to go to Capital Hill and advocate for bills that are important to PAs. This year we spoke to our senators and representatives about two bills, one on direct reimbursement from Medicare to PAs, the other on the ability for PAs to order home healthcare for Medicare patients. I'm happy to report that the bill on home healthcare was included with recent COVID-19 relief legislation. More on that can be read <u>here</u>.

Please do not hesitate to reach out at any time. Also, please keep us aware of ways in which your practice has been limited inappropriately, or perhaps jobs you went for that preferred an APRN in the role instead. Most importantly, please stay safe and well, and let ConnAPA know if we can help at all during this uncertain and unprecedented time.