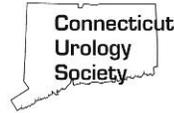




CONNECTICUT CHAPTER  
of the American College of Surgeons  
Professional Association, Inc.



**Testimony on House Bill 5297 An Act Concerning Continuing Medical Education In  
Colonoscopies And Endoscopies  
Presented to the Public Health Committee  
March 5, 2018**

Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the societies list above, thank you for the opportunity to provide this testimony to you today on **House Bill 5297 An Act Concerning Continuing Medical Education In Colonoscopies And Endoscopies**

Robin Stevenson and Donald Moore, in a recent JAMA editorial state that “medical education is a continuum of 3 parts; undergraduate medical school education, postgraduate training, and continuing medical education (CME). More than a decade ago, CSMS was proud to partner with the Department of Public Health to develop appropriate statute regarding the requirement of Continuing Medical Education for healthcare providers in this state. Although statute acknowledges the minimum need for CME, it is important to note that physicians annually obtain far greater quantities of CMS to meet requirements for certain credentialing, staff privileges or national accreditation within specialties.

CSMS continues to support such requirements, recognizing that in most instances the physician is the person best qualified to determine the subject matter of the CME undertaken. CSMS recognizes that critical circumstances may arise from time to time that dictate the need for CME in specific subjects. Among these are the current mandated subjects that must be repeated every 6 years. CSMS has opposed additional mandated individual requirements whenever they have not encompassed a compelling and unmet societal need. This opposition in no way questions the importance of the issue at hand, but more about the ability of physicians and other health care professionals to obtain CME in areas appropriate to their specialty area of patient care. Since the establishment of the original mandates, CSMS has worked with legislators interest in specific issues to find ways in which physicians could meet the established mandates with CME appropriate to their specialty and within the confines of established law.

As drafted, we believe the intent of HB 5297 is to allow physicians to meet the “risk” management” mandate by obtaining one hour of CME related to screening for rare and gastric cancers. For this reason, we recommend that language be clarified to state the following:

“risk management, which may include ~~including~~, but not be limited to prescribing controlled substance and pain management, and for the registration periods beginning on or after October 1, 2018 screening for rare and gastric cancers.”

We hold firm in our stance that physicians are fully qualified and capable of determining their individual needs for CME, making this language and approach unnecessary as well as cumbersome, but would allow that the suggested amendment would permit those interested in such a narrow topic to meet a mandate contained in the statute.

We look forward to working with the Committee on this legislation.