

Scope of Practice Determinations for Health Professions

Connecticut General Statutes, Sections 19a-16d through 19a-16f, inclusive, establish a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of this act, scope of practice review committees may review and evaluate these requests and provide findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Timeline/Critical Dates

August 15, 2014	Written scope of practice requests and requests for exemption due to DPH
September 15, 2014	DPH to provide written notice to the Public Health Committee of any scope of practice requests and requests for exemption received by DPH and post the requests and the requestors' names and addresses on the DPH website
October 1, 2014	Impact statements due to DPH
October 15, 2014	Written responses to impact statements due to DPH
November 1, 2014	Scope of practice review committee members appointed by DPH
February 1, 2015	Scope of practice review committee findings due to the Public Health Committee

Contact Information

Written documents and inquiries should be directed to the attention of:

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Scope of Practice Requests

Connecticut General Statutes, Section 19a-16e allows any person or entity acting on behalf of a health care professions seeking legislative action in the following year's legislative session that would (1) establish a new scope or practice or (2) change a profession's scope of practice, to submit a written scope of practice request to DPH.

Written scope of practice requests must include:

1. a plain language description of the request;
2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;
3. the impact of the request on public access to health care;
4. a brief summary of state or federal laws governing the profession;
5. the state's current regulatory oversight of the profession;
6. all current education, training, and examination requirements and any relevant certification requirements applicable to the profession;
7. a summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;
8. the extent to which the request directly affects existing relationships within the health care delivery system;
9. the anticipated economic impact of the request on the health care delivery system;
10. regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states;
11. identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions; and
12. a description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

Scope of practice requests must be submitted to DPH not later than August 15, 2013.

Exemptions

In lieu of submitting a scope of practice request, any person or entity acting on behalf of a health care profession may submit a request for an exemption from submitting a scope of practice request. A request for exemption must be in writing and shall include a plain

language description of the request and the reasons for the request for exemption, including, but not limited to:

1. exigent circumstances which necessitate an immediate response to the scope of practice request;
2. the lack of any dispute concerning the scope of practice request; or
3. any outstanding issues among health care professions concerning the scope of practice request can easily be resolved.

Requests for exemption must be submitted to DPH not later than August 15, 2013.

Notification to the Public Health Committee

Not later than September 15, 2013, the DPH shall, within available appropriations, provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, and post any such requests and the name and address of the requestor on the DPH website.

Impact Statement

Any person or entity acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written statement to the DPH identifying the nature of the impact *not later than October 1, 2013*. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the following criteria:

1. a plain language description of the request;
2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented;
3. the impact of the request on public access to health care;
4. a brief summary of state or federal laws governing the profession;
5. the state's current regulatory oversight of the profession;
6. all current education, training, and examination requirements and any relevant certification requirements applicable to the profession;
7. a summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request;

8. the extent to which the request directly affects existing relationships within the health care delivery system;
9. the anticipated economic impact of the request on the health care delivery system;
10. regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states;
11. identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions; and
12. a description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

Any person or entity submitting a written impact statement to the DPH must provide a copy of the written impact statement to the person or entity that submitted the scope of practice request not later than October 1, 2013.

Requestor's Written Response to Impact Statement

Not later than *October 15, 2013*, the person or entity submitting the scope of practice request must submit a written response to the DPH and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Scope of Practice Review Committees

On or before November 1, 2013, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department. Committees established pursuant to this section shall consist of the following members:

1. two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. two members recommended by each person or entity that has submitted a written impact statement, to represent the health care professions directly impacted by the scope of practice request; and
3. the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee.

The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include

representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings.

The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.