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Testimony

**HB1889, SB1163, HB1996, SB1207, SB1170, HB1956/SB1218, SB1171,
SB1214, HB2051/SB1128**

Professional Licensure and Scope of Practice

Joint Committee on Public Health

November 17, 2015

The Massachusetts Hospital Association (MHA), on behalf of its member hospitals and health systems, appreciates this opportunity to offer comments related to the bills highlighted below.

HB1889, SB1163, HB1996, SB1207 and **SB1170** all seek to address issues surrounding the expansion of the scope of practice for nurse practitioners. As health care delivery and payment systems move forward under reform, it is important for the legislature to continue to develop innovative solutions to enable patients to seek appropriate levels of care in a timely and effective manner. When weighing any proposals related to the scope of clinical practice, the primary focus must be placed on preserving or advancing the quality and safety of patient care. A careful balance must be struck between the education, training, and skills of a clinician and the need to ensure appropriate patient access. It is also important to ensure that any new services or treatments authorized for a clinician are carefully coordinated with a health care team that is managing care for the patient, including a qualified physician. MHA is currently working with its membership to identify and examine critical issues related to the ability of all APRNs to most appropriately practice to the full extent of their education, training and competencies. We look forward to commenting further on this legislation in the near future.

While MHA supports the intent of **HB1956/SB1218**, we urge the committee to consider the addition of further protections to this proposal. **HB1956/SB1218** provides important liability protections to registered nurses who volunteer services in a disaster or emergency without compensation or expectation of payment. Additionally, it provides a means of financial coverage to a volunteer in cases of injuries, disabilities, or death. While this is a very important coverage item, it should also include protections for all members of the healthcare team that provide these services to patients. We strongly encourage that this bill be expanded to specifically apply to a "healthcare provider" as that term is defined in Section 1 of Chapter 111 of the General Laws. All healthcare providers should be afforded these protections when volunteering their services in public health emergencies.

MHA supports of **HB2051/SB1128** "An Act to Increase Access to Immunizations." This bill authorizes certified medical assistants to administer immunizations under the direct supervision of a primary care provider. Immunizations are a vital component of our public health delivery system.

This legislation allows for greater flexibility in the delivery of immunizations within a primary care providers' office. It additionally includes important patient protections as it embraces direct supervision by primary care providers. The direct supervision definition ensures the availability of primary care provider expertise in the rare event of a complication, while promoting flexibility by defining supervision as not necessarily in the same room. MHA additionally recommends the inclusion of language to ensure that the primary care provider is responsible for educating the certified medical assistant on the proper methods for administration of immunizations and validating the competency of the certified medical assistant to administer immunizations on an ongoing basis.

MHA strongly supports **SB1171**. This legislation seeks to standardize the application of professional liability reviews. While there are four distinct areas that are addressed in this legislation, each of the four sections provides needed technical changes to the current law that will help expand quality reviews and minimize costs associated with professional liability. In particular, the bill: 1) expands statutory protections for peer review committees developed by accountable care organizations; 2) standardizes the judgment interest rate for medical malpractice cases; 3) develops a standard for defining causation and a loss of chance doctrine in medical malpractice cases; and 4) clarifies that insurance coverage on malpractice cases covers both punitive and actual damages. All four sections will advance transparency and important discussions between health care providers and patients, while decreasing the likelihood of unnecessary medical malpractice cases. We urge the committee to support **SB1171**.

MHA opposes **SB1214**. While MHA supports efforts to ensure patient safety and the competency of all members of the healthcare team, we are concerned that the restrictive nature of this bill would offer an unsound, random, and arbitrary approach to the identification of physicians, and would eliminate the ability of BORM to determine appropriate consequences for a physician convicted of medical malpractice. Medical malpractice cases are each extremely different in nature, and a jury verdict of negligence is not always based on science. A physician who is sued three or more times and found by a jury to be "not negligent" may be less safe than one who is found to be negligent. Under current law, BORM collects data from licensees on malpractice claims and their outcomes, with the objective of evaluating trends and ensuring proper conduct by physicians. MHA believes that the collective experience of BORM is the correct forum in which to determine whether a license should be revoked or limited based on the nuances of each particular case. The current process to determine revocation of medical licenses in Massachusetts is adequate and the rigid proscription proposed by **SB1214** is inappropriate in light of the realities of the medical malpractice arena. MHA respectfully urges the committee to reject **SB1214**.

Thank you for the opportunity to offer testimony on these important matters. If you have any questions, or require further information, please contact Michael Sroczyński, MHA's Vice President of Government Advocacy, at (781) 262-6055 or msroczyński@mhalink.org.