



JOE ARESIMOWICZ  
SPEAKER OF THE HOUSE

**Testimony to the Public Health Committee concerning**

***HB 6522, AN ACT CONCERNING CONTINUING MEDICAL EDUCATION IN SCREENING FOR  
INFLAMMATORY BREAST CANCER AND GASTROINTESTINAL CANCERS***

**February 2018**

Co-Chairs, Vice-Chairs and Ranking Members of the Public Health Committee:

Thank you for the opportunity to testify on HB 6522. The proposal behind this bill came through my constituent, Greta Stifel. This bill amends the continuing medical education (CME) requirements for physicians licensed to practice in Connecticut. The existing CME statute requires physicians to earn at least 50 hours of CME every two years. The CME units must (a) be in the physician's area of practice, (b) reflect the professional needs of the physician and (c) at least once every six years, include at least one hour of training in the following categories: (1) infectious diseases, including but not limited to HIV/AIDS; (2) risk management, including but not limited to controlled substances and pain management; (3) sexual assault; (4) domestic violence; (5) cultural competency; and (6) behavioral health. Under the statute, qualifying CME units maybe provided by a number of professional organizations, including the American Medical Association, the Connecticut State Medical Society and the Connecticut Hospital Association, among others.

HB 6522 specifies that coursework in screening for gastrointestinal cancers, including gastric, pancreatic and neuroendocrine cancers and other rare gastrointestinal tumors would satisfy the risk management requirement. The best outcomes for cancer patients come through early detection. Unfortunately, the symptoms that accompany these cancers often are not readily apparent, causing delays in diagnosis and treatment. The goal of adding this subcategory to the risk management requirement is to educate physicians who opt into this training on known symptoms, current best practices for detection and factors that put people at risk, so that they may screen or refer for appropriate screening and treatment. This bill does not add an additional requirement or change the fact that CME units must be in a physician's area of practice and reflect the professional needs of the physician. **I urge your support of HB 6522.**

Regards,

Joe Aresimowicz  
Speaker of the House