

## TESTIMONY IN SUPPORT OF H.1177, AN ACT RELATIVE TO DEFINING INVASIVE SURGERY BEFORE THE COMMITTEE ON HEALTH CARE FINANCING NOVEMBER 7, 2023

The Massachusetts Medical Society is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. In striving for optimal medical care, the Medical Society endorses legislation to ensure patient protection and appropriate oversight of physicians and non-physician health care providers. For that reason, the Medical Society wishes to be recorded in strong support of the above referenced legislation that would protect patients by ensuring that only medical doctors (MD's) and doctors of osteopathic medicine (DO's) perform invasive surgical procedures.

Patients are often confused about the differences between various types of health care providers and those providers' statutory scope of services. Often, patients mistakenly believe they are meeting with, or scheduling a medical procedure with, a physician when they are not. People unqualified to perform health services can lead to medical errors and patient harm. With the escalating cost of health care and an evergrowing variety of health care choices, Massachusetts patients deserve to know who provides their health care, and exactly what their health care providers are qualified to do.

H.1177 would eliminate the confusion among providers of surgical services by restricting the performance of invasive surgical procedures to only those physicians governed by the Board of Registration in Medicine - MD's and DO's. The bill defines invasive surgical procedures as "any procedures which structurally alter the human body by the incision or destruction or cutting of tissues. Invasive surgical procedures also include the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue, or surgically implanted artificial prosthetics, which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles."

In 2018, as part of its Truth in Advertising Campaign, the American Medical Association released results from a <u>survey</u> which posed the question "Should only a MD or DO be allowed to perform the following surgical procedures or should other health care professionals be allowed to perform this specific activity?" An overwhelming majority of the respondents supported only allowing an MD or DO to perform an amputation of the foot (89%), a surgical procedure on the eye that requires the use of a scalpel (89%) and facial surgery such as nose shaping and face lifts (85%). While confusion among health care providers is not a new issue, the need for this legislation is growing as some non-physician health care providers with doctoral degrees present themselves to patients as doctors. Passage of this legislation will help patients make more informed decisions about their health care by ensuring them that the doctor performing their surgery is indeed a physician governed by the Board or Registration in Medicine.

Finally, the MMS supports this legislation insofar as it begins an important conversation about where and how to regulate the practice of surgery. While the MMS understands that statute cannot always articulate all boundaries of a given health profession's practice, there is value in demarcating a bright line in certain instances of medical practice, such as surgery, where a physician's level of education and training is critical to ensuring the highest levels of patient safety.

The Medical Society looks forward to engaging in this discussion that will serve as a means to ensure that patient safety remains a paramount consideration in the practice of medicine and, to that end, that all health care professionals practice within the scope of their training and experience. For these reasons, the Society urges the Committee on Health Care Financing to report H.1177 out of Committee favorably.