



April 8, 2016

Media Contacts:

ASGE/NYSGE: Gina Steiner [gsteiner@asge.org](mailto:gsteiner@asge.org) 630-570-5635

ACG: Anne-Louise Oliphant [aoliphant@gi.org](mailto:aoliphant@gi.org) 301-263-9000

AGA: Aimee Frank [afrank@gastro.org](mailto:afrank@gastro.org) 301-941-2620

### **Gastroenterology Groups Urge NY State Assembly: Don't Legislate the Practice of Medicine**

**Downers Grove, Ill**—The New York Society for Gastrointestinal Endoscopy (NYSGE), together with the American College of Gastroenterology (ACG), the American Gastroenterological Association (AGA), and the American Society for Gastrointestinal Endoscopy (ASGE), urge the New York State Assembly to oppose legislation introduced recently that requires the New York Department of Health to develop a set of requirements to govern the practice of all upper endoscopic examinations. The “Endoscope Reform Act” (A9763) introduced by Assembly Member David I. Weprin, District 24, would require that patients in New York undergo transnasal esophagoscopy (TNE) instead of upper gastrointestinal endoscopy or esophagogastroduodenoscopy (EGD).

#### **The Doctor-Patient Relationship Should Not Be Legislated**

Our organizations represent the physicians who specialize in the diagnosis and treatment of gastrointestinal disease and who are experts in the evaluation and treatment of patients by endoscopy. We are deeply concerned that Mr. Weprin’s bill wrongly inserts the New York Department of Health into a decision about diagnostic testing that is best made by physicians and patients and infringes upon the patient-physician relationship.

Physicians, in consultation with their patients, are in the best position to identify the appropriate mode of diagnosis and course of treatment. This bill attempts to substitute the judgment of physicians by requiring a procedure, TNE, which has significant diagnostic limitations relative to upper GI endoscopy. Upper GI endoscopy and TNE are safe and effective, but TNE is not adequate for many uses in diagnosing diseases of the digestive tract. It is inappropriate and over-reaching for Assembly Member Weprin or the New York State Assembly to dictate which tests are available to patients with gastrointestinal symptoms. Our organizations stand together against this attempt to legislate the practice of medicine.

#### **The Facts about Upper Gastrointestinal Procedures**

Upper gastrointestinal endoscopy is performed in a professional environment that is accredited by organizations committed to safety and adherence to federal and New York state law and regulations. The procedures are performed under sedation and allow a thorough evaluation of the esophagus, stomach and duodenum in one exam. Biopsies can easily be taken during the procedures and therapies administered, if needed.

Transnasal endoscopy (TNE) is largely limited to an evaluation of the esophagus. The evaluation does not observe important parts of the stomach and duodenum. For example, if Barrett's esophagus or an ulcer in the stomach or esophagus is discovered (often the most important indication of the procedure), TNE does not allow for adequate biopsy, profoundly limiting the value of the exam. Most endoscopic therapies cannot be administered through TNE scopes. In addition, many patients are unable to tolerate an unsedated TNE procedure.

According to the National Institute of Health, complications from upper endoscopy are rare, less than 1 percent and typically occur during procedures for which TNE could not have been used, such as removal of polyps, tumors or dilation of strictures.

(<http://digestive.niddk.nih.gov/ddiseases/pubs/upperendoscopy/index.htm>)

The proposed Endoscope Reform Act would prescribe that endoscopic instruments be disinfected or sterilized, or a disposable sheath used. These safeguards are already in place and do not need to be legislated. Hospitals and ambulatory surgery centers are required to follow the highest standards of infection control in order to remain accredited. Organizations, including the GI societies, provide guidelines and detailed information and education on infection control for physicians performing endoscopic procedures. The U.S. Food & Drug Administration also provides recommendations on infection control.

### **Gastroenterologists Are Specially Trained Physicians**

Gastroenterologists who perform upper endoscopies are highly trained, having spent two to three additional years of post-graduate training in hospitals to develop precision in endoscopic technique. Upper endoscopies save tens of thousands of lives annually by stopping upper gastrointestinal bleeding, discovering tumors early, removing tumors and identifying pathology requiring medical treatment, including ulcers and precancerous changes in the upper gastrointestinal tract.

Our groups agree that patient safety is of the utmost importance. Current regulations, training and professional guidelines provide for the safe and judicious use of TNE and upper endoscopy as appropriate, which should be decided by qualified physicians in consultation with the patient.