



# House of Representatives

General Assembly

**File No. 453**

February Session, 2004

Substitute House Bill No. 5635

*House of Representatives, April 5, 2004*

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING CERTIFIED MEDICAL ASSISTANTS AND TESTING BY RESPIRATORY THERAPISTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2004*) On or before January 1,  
2 2005, and annually thereafter, the Commissioner of Public Health shall  
3 obtain from the American Association of Medical Assistants, a listing  
4 of all state residents maintained on said organization's registry of  
5 certified medical assistants. The commissioner shall make such listing  
6 available for public inspection.

7 Sec. 2. Section 20-162n of the general statutes is repealed and the  
8 following is substituted in lieu thereof (*Effective October 1, 2004*):

9 As used in subsection (c) of section 19a-14 and sections 20-162n to  
10 20-162q, inclusive:

11 (a) "Commissioner" means the Commissioner of Public Health;

12 (b) "Respiratory care" means health care under the direction of a  
 13 physician licensed pursuant to chapter 370 and in accordance with  
 14 written protocols developed by said physician, employed in the  
 15 therapy, management, rehabilitation, diagnostic evaluation and care of  
 16 patients with deficiencies and abnormalities which affect the  
 17 cardiopulmonary system and associated aspects of other system  
 18 functions and which includes the following: (1) The therapeutic and  
 19 diagnostic use of medical gases, administering apparatus,  
 20 humidification and aerosols, administration of drugs and medications  
 21 to the cardiorespiratory systems, ventilatory assistance and ventilatory  
 22 control, postural drainage, chest physiotherapy and breathing  
 23 exercises, respiratory rehabilitation, cardiopulmonary resuscitation  
 24 and maintenance of natural airways as well as the insertion and  
 25 maintenance of artificial airways, (2) the specific testing techniques  
 26 employed in respiratory therapy to assist in diagnosis, monitoring,  
 27 treatment and research, including the measurement of ventilatory  
 28 volumes, pressures and flows, specimen collection of blood and other  
 29 materials, pulmonary function testing and hemodynamic and other  
 30 related physiological monitoring of cardiopulmonary systems, [and]  
 31 (3) with appropriate training and education, performance of a purified  
 32 protein derivative test to identify exposure to tuberculosis, and (4)  
 33 patient education in self-care procedures as part of the ongoing  
 34 program of respiratory care of such patient. The practice of respiratory  
 35 therapy is not limited to the hospital setting;

36 (c) "Respiratory care practitioner" means a person who is licensed to  
 37 practice respiratory care in this state pursuant to section 20-162o and  
 38 who may transcribe and implement written and verbal orders for  
 39 respiratory care issued by a physician licensed pursuant to chapter  
 40 370, or a physician assistant licensed pursuant to chapter 370 or an  
 41 advanced practice registered nurse licensed pursuant to chapter 378  
 42 who is functioning within the person's respective scope of practice.

This act shall take effect as follows:	
Section 1	October 1, 2004

Sec. 2	<i>October 1, 2004</i>
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**PH**      *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

It is anticipated that the Department of Public Health can obtain and make available for public inspection a listing of certified medical assistants in Connecticut without requiring additional resources.

Expanding the scope of practice of a trained respiratory care practitioner to include tuberculosis testing will result in no fiscal impact.

**OLR Bill Analysis**

sHB 5635

***AN ACT CONCERNING CERTIFIED MEDICAL ASSISTANTS AND TESTING BY RESPIRATORY THERAPISTS*****SUMMARY:**

This bill requires the Department of Public Health (DPH), annually beginning January 1, 2005, to obtain from the American Association of Medical Assistants a list of all state residents on the organization's registry of certified medical assistants. DPH must make the list available to the public.

The bill also allows licensed respiratory care practitioners to perform purified protein derivative tests to identify tuberculosis exposure. The practitioner must have the appropriate training and education to perform this test.

EFFECTIVE DATE: October 1, 2004

**BACKGROUND*****Medical Assistants***

Medical assistants are allied health professionals specifically trained to work in ambulatory settings (e.g. physician's offices, clinics, and group practices). They perform administrative and clinical procedures.

***Purified Protein Derivative Test***

This test, a tuberculin skin test, is used to see whether a person exposed to someone with active TB is infected with the bacteria (has latent TB). The test also will be positive if you have ever had a TB infection.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 13    Nay 9