

THE CONNECTICUT ASSOCIATION
for *Home Care, Inc*

Incy S. Muir, RN, CNA, MPA
Chair, Board of Directors

Brian Ellsworth
President/Chief Executive Officer

TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:

S.B. No. 1195

AN ACT CONCERNING ADMINISTRATION OF INFLUENZA AND PNEUMOCOCCAL
POLYSACCHARIDE VACCINES BY LICENSED HOME HEALTH CARE AGENCY
STAFF

March 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Brian Ellsworth and I am President & CEO of the Connecticut Association for Home Care, whose licensed home health agency and homemaker-companion agencies serve over 75,000 elderly and disabled Connecticut citizens.

The Association **supports** S.B 1195 with technical changes described below. This bill is an important part of the Association's 2007 legislative agenda.

The bill proposes to allow licensed nurses employed by a home health agency to provide flu and pneumoccal vaccines to adult persons in their homes without a doctor's order provided an assessment of contraindications has been done and it has been administered in accordance with a physician-approved agency policy on flu shots.

On October 2, 2002, the Department of Health and Human Services published a final rule in the *Federal Register* that changed the Medicare rules for hospitals, skilled nursing facilities and home health agencies to allow that influenza and pneumoccal vaccines be administered without physicians' orders subject to the same caveats described in subsection (a) of S.B. 1195. The stated intent of this change was to, "facilitate the delivery of appropriate vaccinations in a timely manner, increase the levels of vaccination coverage, and decrease the morbidity and mortality rate of influenza and pneumoccal diseases."

In 2004, the Legislature enacted Public Act 04-164, which allowed hospitals to provide these vaccines subject to the same criteria in the aforementioned 2002 federal rule change and subject to the promulgation of regulations.¹ In 2005, the Legislature allowed pharmacists to administer these vaccines without orders, but it added specific training requirements.² S.B. 1195 inappropriately mirrors the latter bill in this regard.

Licensed home health agencies have been conducting flu clinics outside of the home for years for Medicare patients under the authority of the federal rules and the State Nurse Practice Act. Ironically, though, when a nurse from that same licensed home health agency provides the shot in the home, they must seek and obtain a physician's order to actually provide the shot. This regulatory disconnect is easily fixed by the proposed bill.

Because nurses from home health agencies have been doing flu clinics outside the home for years, we feel that the new training requirements proposed in subsection (b) of the S.B. 1195 are unnecessary and potentially counter-productive. Home health agencies have an over 100-year history of public health nursing in this State. The intent of this bill is to remove barriers, not create new ones.

We respectfully request that subsection (b) be eliminated and conforming language changes be made to subsection (a). We suggest that the limitation of this policy to adults, as specified in subsection (a) of this bill, also be eliminated. Finally, we hope to work with you on removing the remaining barriers to increased immunizations for community-based Medicaid patients, a separate, but related issue.

Thank you for consideration of our comments. I would be pleased to answer any questions you may have.

¹ See 19a-490k of the Public Health Code.

² Section 6 of Public Act 05-212.