



TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE  
REGARDING H.B. 5701  
AN ACT CONCERNING REVISIONS TO STATUTES PERTAINING TO THE  
DEPARTMENT OF PUBLIC HEALTH

March 3, 2008

Senator Handley, Representative Sayers, and members of the Public Health Committee, my name is Brian Ellsworth, President & CEO of the Connecticut Association for Home Care & Hospice (CAHCH), whose members serve over 80,000 elderly, disabled and terminally ill Connecticut citizens. We are pleased to state our **strong support** for the language in Section 11 of H.B. 5701, regarding technical changes to Public Act 07-9, concerning administration of influenza and pneumococcal vaccines by staff of licensed home health agencies.

First, I want to thank the Committee for its role in the swift enactment of this important legislation last year. The intent of this new statute was to reduce barriers to vaccination of people in their homes by allowing nurses employed by a licensed home health agency to provide these vaccinations pursuant to an agency-wide, physician-approved policy (after an assessment of contraindications). As this new law was being implemented, we became aware of two technical issues in the language of the statute.

First, because the new statute said "patients" instead of "persons," the Department of Public Health (DPH) felt obliged to interpret the statute as only permitting home health agencies to provide flu shots to their own patients. Unfortunately, this interpretation defeated the intent of the new law to broaden the ability of agencies to provide flu shots without specific physician orders, development of a care plan (which also must be approved a physician) and all of the other paperwork attendant to admitting a patient. For example, in some cases, it would desirable for the spouse of an existing patient to also receive a flu shot. The proposed change rectifies this problem, allowing the new law to realize its full intent.

Secondly, in rare instances, a person may have an allergic reaction to a vaccination. Nurses need to be able to administer anaphylaxis medication (such as epinephrine) on an emergency basis. We felt, and DPH agreed, that it is a prudent practice for nurses to be able to administer such medications in accordance with standard protocols. The proposed language in Section 11 would sanctify this reasonable and necessary interpretation of statute.

We are pleased to lend our strong support to these changes. The Association is also working on a separate track to ensure that home health agencies are able to increase access to flu and pneumococcal vaccinations for Medicaid patients in the community. Together, the enactment of these changes will increase the rate of immunization of CT residents, an important part of the preventative public health agenda.

Thank you for hearing our testimony. I would be pleased to answer any questions you may have.

#### **Proposed Changes Contained in Section 11 of HB 5701**

Sec. 11. Section 19a-492d of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2008*):

On and after October 1, 2007, a nurse who is employed by an agency licensed by the Department of Public Health as a home health care agency or a homemaker-home health aide agency may administer influenza and pneumococcal polysaccharide vaccines to [patients] persons in their homes, after an assessment for contraindications, without a physician's order in accordance with a physician-approved agency policy that includes an anaphylaxis protocol. In the event of an adverse reaction to the vaccine, such nurse may also administer epinephrine or other anaphylaxis medication without a physician's order in accordance with the physician-approved agency policy. For purposes of this section, "nurse" means an advanced practice registered nurse, registered nurse or practical nurse licensed under chapter 378.