



160 St. Ronan Street, New Haven, CT 06511-2390 (203) 865-0587 FAX (203) 865-4997

**Connecticut State Medical Society Testimony in Opposition to**  
**House Bill 5289 An Act Prohibiting Medical Procedures that May Potentially Block a Person's Air**  
**Passages**  
**And**  
**House Bill 6373 An Act Concerning The Administration of Peripherally-Inserted Central Catheters In**  
**Long Term Care Settings**  
**Presented to the Public Health Committee**  
**February 23, 2011**

Senator Stillman, Representative Ritter and members of the Public Health Committee, my name is Dr. Claudia Gruss. I am a physician from Fairfield County and Secretary of the Connecticut State Medical Society. On behalf of the more than 7,000 physicians and physician in training members, I thank you for the opportunity to present this testimony to you in opposition to House Bill 5289, An Act Prohibiting Medical Procedures that May Potentially Block a Person's Air Passages, and House Bill 6373, An Act Concerning The Administration of Peripherally-Inserted Central Catheters In Long Term Care Settings. Both bills would negatively impact the practice of medicine in Connecticut as well as the quality of care we provide to our patients.

The first bill, House Bill 5289, An Act Prohibiting Medical Procedures that May Potentially Block a Person's Air Passages, raises questions to me personally as a specialist in gastroenterology. There are procedures we do that could potentially block a person's air passages. However, we are highly trained and skilled physicians practicing to nationally established standards of care. We take into consideration the risks and benefits of any procedure before we recommend any treatment plan to our patients. Prohibiting certain procedures in state statute could prohibit some procedures that are critical to our patients' care.

The second bill, House Bill 6373, An Act Concerning The Administration of Peripherally-Inserted Central Catheters In Long Term Care Settings, would allow certain procedures to be done by individuals without the expertise and experience needed to insert central catheters in long term care facilities. Complications from central catheters are a national problem. Nationwide, our hospitals have been able to lower the complications by following certain strict guidelines and sterility protocols. We question whether there would be a sufficient volume in long term care settings to have nurses with the appropriate expertise to ensure the institution of the strict practices needed to guarantee best practices to warrant such an increased scope of practice.