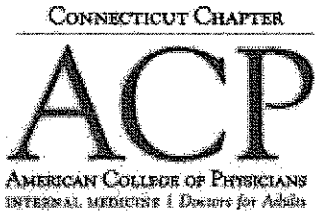

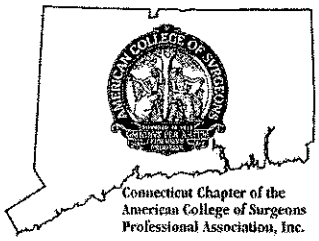

Connecticut State Medical Society
Connecticut Chapter of the American College of Physicians
Connecticut Chapter of the American College of Surgeons
Testimony on Senate Bill 414 An Act Concerning Advanced Practice Registered Nurse's Certification or Signature and Senate Bill 371 An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies

Public Health Committee
March 16, 2012

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the more than 8,500 members of the Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians and the American College of Surgeons, thank you for opportunity to provide this testimony in opposition to **Senate Bill 414 An Act Concerning Advanced Practice Registered Nurse's Certification or Signature and Senate Bill 371 An Act Concerning the Administration of Injectable Vaccines to Adults in Pharmacies.**

Last week we testified before you to the fact that just last session the General Assembly, at the behest of this Committee, established a formal process for the submission and review of requests from health professionals seeking to revise or alter existing scopes of practice. Under Public Act 11-209, committees of appropriate and impacted professionals would be established under the direction of the Department of Public Health (DPH). Public Act 11-209 delineated a comprehensive list of discussion points as well as a significant list of factors to be included such as curriculum, training, supervision, access to care, public need, etc.

Both of these proposed bills include some significant increase or alteration to a scope of practice of the specific allied health providers identified. NEITHER was submitted to the Department of Public Health for a professional review as established by Public Act 11-209 and neither should be approved until going through this committee's recommended and established process.

Once again, CSMS fully believes that prior to any legislation moving forward, an appropriate review should take place through the legislatively established process for scope-of-practice review. We believe it was the intent of PA 11-209 to ensure that such requests receive a proper review and discussion among professionals prior to entering the legislative process. Individuals, organizations or associations of health-care professionals should not be able to circumvent a process designed for medical and clinical review and discussion before changes occur to scope of practice in Connecticut. To allow a proposal that clearly represents a change to the scope of practice for practitioners to move forward in this committee now, contradicts the intentions of the committee less than one year ago.

CSMS was supportive and excited by the passage of PA 11-209. Several review committees were established and many physicians volunteered to participate and spent a significant amount of time and energy to make the system work. It is our fear that circumvention of the process so soon after its establishment will harm our ability to find interested and concerned professionals

to participate in future proceedings. CSMS also questions the significant expense to date of implementing PA 11-209 if it is not to be used for its intended purpose, especially at a time when state resources are so scarce. For this committee and the legislature to develop a process that requires and authorizes state resources, and then allow it to be circumvented, raises questions of both its utility and the wisdom of funding such a process moving forward.

Specific to the legislation, **Senate Bill 414** carelessly lists a significant number of state statutes in which some, but not all, reference a certification, verification authorization affidavit, or endorsement by a physician's signature. Without any distinction or review of criteria, the language simply states that an APRN's signature can be substituted for a physician's in ALL situations. While many of the included statutes currently allow for the signature of a licensed nurse, others warrant caution without appropriate review. Many of the specific statutes listed involve the signature of medical documentation for patients, caregivers and even the State of Connecticut and require highly trained and specialized medical decision-making by an experienced physician. These include such items as signing a fetal death certificate though an APRN is clearly not authorized to deliver a child under state statute (is this correct).

Regarding **Senate Bill 371,** the legislation alters language passed by this committee only a few sessions ago limiting the vaccinations allowed to be delivered by a pharmacist to influenza, pneumococcal disease and herpes zoster. Now, only a few short years later, legislation seeks to expand allowable vaccinations to ANY vaccine listed on the National Centers for Disease Control and Prevention's adult immunization schedule. We opposed such language in the past and continue to do so because there is no evidence of a need for a change in scope or a need for patients to receive these services outside of a physician's office or hospital. While we recognize vaccines should be made available on a wide scalee, many require critical health services in conjunction with a vaccination visit and these health care services, including preventive and maintenance care, are often not provided if the patient does not receive the vaccination in a physician's office.

Please oppose these bills and require an appropriate review through the process established in PA 11-209.