



Senate

General Assembly

File No. 101

February Session, 2014

Substitute Senate Bill No. 36

Senate, March 25, 2014

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.

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

1 Section 1. Subsection (b) of section 20-87a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2014*):

4 (b) (1) Advanced nursing practice is defined as the performance of
5 advanced level nursing practice activities that, by virtue of [postbasic]
6 post-basic specialized education and experience, are appropriate to
7 and may be performed by an advanced practice registered nurse. The
8 advanced practice registered nurse performs acts of diagnosis and
9 treatment of alterations in health status, as described in subsection (a)
10 of this section. [, and shall]

11 (2) An advanced practice registered nurse having been issued a
12 license pursuant to section 20-94a shall, for the first three years after
13 having been issued such license, collaborate with a physician licensed

14 to practice medicine in this state. In all settings, [the] such advanced
15 practice registered nurse may, in collaboration with a physician
16 licensed to practice medicine in this state, prescribe, dispense and
17 administer medical therapeutics and corrective measures and may
18 request, sign for, receive and dispense drugs in the form of
19 professional samples in accordance with sections 20-14c to 20-14e,
20 inclusive, except [that an] such advanced practice registered nurse
21 licensed pursuant to section 20-94a and maintaining current
22 certification from the American Association of Nurse Anesthetists who
23 is prescribing and administrating medical therapeutics during surgery
24 may only do so if the physician who is medically directing the
25 prescriptive activity is physically present in the institution, clinic or
26 other setting where the surgery is being performed. For purposes of
27 this [subsection] subdivision, "collaboration" means a mutually agreed
28 upon relationship between [an] such advanced practice registered
29 nurse and a physician who is educated, trained or has relevant
30 experience that is related to the work of such advanced practice
31 registered nurse. The collaboration shall address a reasonable and
32 appropriate level of consultation and referral, coverage for the patient
33 in the absence of [the] such advanced practice registered nurse, a
34 method to review patient outcomes and a method of disclosure of the
35 relationship to the patient. Relative to the exercise of prescriptive
36 authority, the collaboration between [an] such advanced practice
37 registered nurse and a physician shall be in writing and shall address
38 the level of schedule II and III controlled substances that [the] such
39 advanced practice registered nurse may prescribe and provide a
40 method to review patient outcomes, including, but not limited to, the
41 review of medical therapeutics, corrective measures, laboratory tests
42 and other diagnostic procedures that [the] such advanced practice
43 registered nurse may prescribe, dispense and administer.

44 (3) An advanced practice registered nurse having been issued a
45 license pursuant to section 20-94a and having maintained such license
46 for a period of not less than three years in accordance with the
47 provisions of subdivision (2) of this subsection may thereafter, alone or
48 in collaboration with a physician or another health care provider

49 licensed to practice in this state: (A) Perform the acts of diagnosis and
50 treatment of alterations in health status, as described in subsection (a)
51 of this section; and (B) prescribe, dispense and administer medical
52 therapeutics and corrective measures and dispense drugs in the form
53 of professional samples as described in subdivision (2) of this
54 subsection in all settings.

55 (4) An advanced practice registered nurse licensed under the
56 provisions of this chapter may make the determination and
57 pronouncement of death of a patient, provided the advanced practice
58 registered nurse attests to such pronouncement on the certificate of
59 death and signs the certificate of death [no] not later than twenty-four
60 hours after the pronouncement.

61 Sec. 2. Subsection (b) of section 20-9 of the 2014 supplement to the
62 general statutes, as amended by section 138 of public act 13-234, is
63 repealed and the following is substituted in lieu thereof (*Effective July*
64 *1, 2014*):

65 (b) The provisions of this chapter shall not apply to:

66 (1) Dentists while practicing dentistry only;

67 (2) Any person in the employ of the United States government while
68 acting in the scope of his employment;

69 (3) Any person who furnishes medical or surgical assistance in cases
70 of sudden emergency;

71 (4) Any person residing out of this state who is employed to come
72 into this state to render temporary assistance to or consult with any
73 physician or surgeon who has been licensed in conformity with the
74 provisions of this chapter;

75 (5) Any physician or surgeon residing out of this state who holds a
76 current license in good standing in another state and who is employed
77 to come into this state to treat, operate or prescribe for any injury,
78 deformity, ailment or disease from which the person who employed

79 such physician, or the person on behalf of whom such physician is
80 employed, is suffering at the time when such nonresident physician or
81 surgeon is so employed, provided such physician or surgeon may
82 practice in this state without a Connecticut license for a period not to
83 exceed thirty consecutive days;

84 (6) Any person rendering service as (A) an advanced practice
85 registered nurse if such service is rendered in [collaboration with a
86 licensed physician] accordance with section 20-87a, as amended by this
87 act, or (B) an advanced practice registered nurse maintaining
88 classification from the American Association of Nurse Anesthetists if
89 such service is under the direction of a licensed physician;

90 (7) Any nurse-midwife practicing nurse-midwifery in accordance
91 with the provisions of chapter 377;

92 (8) Any podiatrist licensed in accordance with the provisions of
93 chapter 375;

94 (9) Any Christian Science practitioner who does not use or prescribe
95 in his practice any drugs, poisons, medicines, chemicals, nostrums or
96 surgery;

97 (10) Any person licensed to practice any of the healing arts named
98 in section 20-1, who does not use or prescribe in his practice any drugs,
99 medicines, poisons, chemicals, nostrums or surgery;

100 (11) Any graduate of any school or institution giving instruction in
101 the healing arts who has been issued a permit in accordance with
102 subsection (a) of section 20-11a and who is serving as an intern,
103 resident or medical officer candidate in a hospital;

104 (12) Any student participating in a clinical clerkship program who
105 has the qualifications specified in subsection (b) of section 20-11a;

106 (13) Any person, otherwise qualified to practice medicine in this
107 state except that he is a graduate of a medical school located outside of
108 the United States or the Dominion of Canada which school is

109 recognized by the American Medical Association or the World Health
110 Organization, to whom the Connecticut Medical Examining Board,
111 subject to such regulations as the Commissioner of Public Health, with
112 advice and assistance from the board, prescribes, has issued a permit
113 to serve as an intern or resident in a hospital in this state for the
114 purpose of extending his education;

115 (14) Any person rendering service as a physician assistant licensed
116 pursuant to section 20-12b, a registered nurse, a licensed practical
117 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
118 acting within the scope of regulations adopted pursuant to section 19a-
119 179, if such service is rendered under the supervision, control and
120 responsibility of a licensed physician;

121 (15) Any student enrolled in an accredited physician assistant
122 program or paramedic program approved in accordance with
123 regulations adopted pursuant to section 19a-179, who is performing
124 such work as is incidental to his course of study;

125 (16) Any person who, on June 1, 1993, has worked continuously in
126 this state since 1979 performing diagnostic radiology services and who,
127 as of October 31, 1997, continued to render such services under the
128 supervision, control and responsibility of a licensed physician solely
129 within the setting where such person was employed on June 1, 1993;

130 (17) Any person practicing athletic training, as defined in section 20-
131 65f;

132 (18) When deemed by the Connecticut Medical Examining Board to
133 be in the public's interest, based on such considerations as academic
134 attainments, specialty board certification and years of experience, to a
135 foreign physician or surgeon whose professional activities shall be
136 confined within the confines of a recognized medical school;

137 (19) Any technician engaging in tattooing in accordance with the
138 provisions of section 20-266o or 20-266p and any regulations adopted
139 thereunder;

140 (20) Any person practicing perfusion, as defined in section 20-162aa;
 141 or

142 (21) Any foreign physician or surgeon (A) participating in
 143 supervised clinical training under the direct supervision and control of
 144 a physician or surgeon licensed in accordance with the provisions of
 145 this chapter, and (B) whose professional activities are confined to a
 146 licensed hospital that has a residency program accredited by the
 147 Accreditation Council for Graduate Medical Education or that is a
 148 primary affiliated teaching hospital of a medical school accredited by
 149 the Liaison Committee on Medical Education. Such hospital shall
 150 verify that the foreign physician or surgeon holds a current valid
 151 license in another country.

152 Sec. 3. Section 20-94b of the general statutes is repealed and the
 153 following is substituted in lieu thereof (*Effective July 1, 2014*):

154 An advanced practice registered nurse licensed pursuant to section
 155 20-94a and maintaining current certification from the American
 156 Association of Nurse Anesthetists may prescribe, dispense and
 157 administer drugs, including controlled substances in schedule II, III,
 158 IV, or V. An advanced practice registered nurse licensed pursuant to
 159 section 20-94a who does not maintain current certification from the
 160 American Association of Nurse Anesthetists may prescribe, dispense,
 161 and administer drugs, including controlled substances in schedule [IV]
 162 II, III, IV or V, [except that such an advanced practice registered nurse
 163 may also prescribe controlled substances in schedule II or III that are
 164 expressly specified in written collaborative agreements pursuant to
 165 subsection (b) of] in accordance with section 20-87a, as amended by
 166 this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2014</i>	20-87a(b)
Sec. 2	<i>July 1, 2014</i>	20-9(b)
Sec. 3	<i>July 1, 2014</i>	20-94b

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

There is no fiscal impact to the Department of Public Health from allowing advanced practice registered nurses (ARNPs) to practice without physician collaboration after having maintained their APRN licenses for at least three years. The bill does not alter licensure or regulatory requirements of the Department. Other technical changes under the bill do not result in a fiscal impact.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sSB 36*****AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.*****SUMMARY:**

This bill allows advanced practice registered nurses (APRNs) who have been licensed in Connecticut for at least three years to practice independently without needing to collaborate with physicians. Current law requires APRNs to work in collaboration with a physician, including having a written agreement regarding the APRN's prescriptive authority.

The bill also makes technical and conforming changes.

By law, nurse anesthetists (one category of APRNs) must work under a physician's direction. Under current law, certified nurse anesthetists can prescribe and administer medication during surgery only if the physician medically directing the prescriptive activity is physically present in the facility where the surgery is taking place. It is unclear if this restriction continues to apply under the bill to such nurse anesthetists who have been licensed for three years.

EFFECTIVE DATE: July 1, 2014

APRN COLLABORATION WITH PHYSICIANS

Under the bill, the current requirement for an APRN to work in collaboration with a physician applies for the first three years after the APRN becomes licensed in the state. After that, collaboration is optional, and APRNs can practice independently. The bill also specifically permits APRNs licensed at least three years to collaborate with other licensed health care providers.

By law, collaboration is defined as a mutually agreed upon relationship between an APRN and a physician whose education, training, or relevant experience is related to the APRN's work. The collaboration must address (1) a reasonable and appropriate level of consultation and referral, (2) patient coverage in the APRN's absence, (3) methods to review patient outcomes and disclose the relationship to the patient, and (4) what schedule II and III controlled substances the APRN can prescribe. (APRNs can also prescribe schedule IV and V controlled substances.)

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 4 (03/10/2014)