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**Testimony on Senate Bill 67 An Act Concerning the Authority And Responsibilities Of Advanced  
Practice Registered Nurses  
Public Health Committee  
February 16, 2016**

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the organizations listed above, thank you for the opportunity to present this testimony to you today on **Senate Bill 67 An Act Concerning the Authority And Responsibilities Of Advanced**. This ninety-four page legislation contains seventy-nine sections in which Connecticut General Statutes granting physicians signatory or certification authority is extended to Advanced Practice Registered Nurses (APRNs).

CSMS agrees that most of Senate Bill 67 is a natural progression of the independence of APRNs. But, we must oppose introducing such broad legislation in this manner that has such dramatic impact on care delivery without a thorough review of the implications of each of these statutory changes. In most situations these changes may be appropriate based on practice situation and the level of independence of the APRN. However, prior to simply passing this legislation we feel there should be an opportunity to review each section individually and discuss as professionals what requirements should be included. Questions exist as to whether certain sections of the legislation should be reserved only for APRNs who have met the requirements of Public Act 14-12 to practice without the collaboration of a physician. There are far too many of these to enumerate and review in the time allotted to evaluate this 94-page bill, let alone discuss today, but as an example of just one, Section 46, section 20-631 allows an APRN to enter into a collaborative drug therapy management arrangement with a pharmacist. These arrangements, heretofore between a physician and a pharmacist, could create a situation where an APRN in a collaborative arrangement with a physician is secondarily collaborating with a pharmacist creating a tenuous chain of command and the real potential to do harm. Many pharmacies already employ in-house APRN's, a situation that could allow for unprecedented and inappropriate exploitation of the process by large corporate retail pharmaceutical entities. Are there any other considerations that should be made in certain situations?

We believe it is imperative that we collectively agree that we are making the right decision in any situation in which statutes are changed to provide increased abilities to any profession. We believe it is imperative that our professions and this committee work together to review this legislation in a more detailed manner to ensure that we all are acting in the best interest of our patients and those we serve.

We look forward to working with the committee and our APRN colleagues to accomplish this goal.