Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
New England Chapter of the Gerontological Advanced Practice Nurses Association (NEGAPNA)
The Northwest Nurse Practitioner Group

Public Health Committee Hearing

March 5, 2018

Senator Gerratana, Senator Somers, Representative Srinivasan, Representative Steinberg and esteemed members of the Public Health Committee.

My name is Dr. Lynn Rapsilber DNP ANP-BC APRN FAANP and I am a Nurse Practitioner. I am the Chair of the Coalition of Advanced Practice Nurses.

I am writing in support of HB 5214 AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES AND NEBULIZER TREATMENTS with recommendations to strengthen the requirements to insure public safety is protected.

A report by the National Academies Press and Reported by the Institutes of Medicine (IOM): To Err is Human: Building a Safer Health System, in 1999 reported medical errors in hospitals were the 8th leading cause of death killing 98,000 persons. See link https://www.nap.edu/read/9728/chapter/2#4

Unfortunately, errors in outpatient, office and other non-hospital settings are often under or not reported. The best we can do is to insure public safety through sound policy making.

When there is a scope of practice change it is to go through the scope of practice review process first. The Medical Assistants submitted a Scope of Practice Review 2012-2013 to the Department of Public Health. A review committee convened to review the merits of a SOP change. See attached report link.


In the Final Report delivered to the General Assembly, 2-1-2013, there were concerns regarding the education and training received by medical assistants. The concern was not in the delivery of medications, anyone can give a medication. What is concerning addresses what the medical assistant does not know. Does a medical assistant know....

1. What is the medication?
2. How does it work?
3. Why is this patient getting it?
4. How am I giving this medication?
5. What are the side effects of this medication?
6. Is there a reason the patient should not get this medication?
7. Is the patient allergic to this medication or some component of the medication?
   a. Thimerosal is in the tetanus for example
8. What if the patient has a reaction?

With the need to have all providers of care practice to their highest level, patient safety should never be compromised. The education, training and certification must be adhered to insure the public is protected. The additional education and training requirements provided in this bill must include the didactic and competency training.

This bill needs further language:

1. Connecticut only accept certified medical assistants (CMA) to administer vaccines
2. Direct supervision is clearly defined as: the physician or advanced practice registered nurse (APRN) remain on premises at all times vaccinations are being administered by the CMA, be within reasonable proximity to the administration area and be able to observe, assess and take any action regarding effectiveness, adverse reaction or any emergency.
3. Physician or APRN have a written policy for administration of vaccines by CMAs which is reviewed and signed annually
4. The physician or APRN evaluate the competency of the CMA before they administer a vaccine. This will be through observation of CMA during the vaccination process.
5. Physician or APRN determine appropriateness for vaccination and provide a written order for the vaccine.
6. Physician or APRN directly supervise CMA by being on premises when vaccine is being administered.
7. CMA reviews the physician or APRN order and insures the physician or APRN in on premises, then prepares the vaccination.
8. Recipient of the vaccination, or legal guardian is aware the CMA is administering the vaccine and has the right to refuse.
9. Physician or APRN insures the vaccine is properly documented in the patient medical record.
10. A method to report errors to the Department of Public Health.

This bill has no language for nebulizer treatments. Specific procedures similar to those outlined above MUST be established.

This bill limits vaccinations to those eighteen years of age and older. This allows the recipient the option of informed consent and can accept or refuse the CMA administering the vaccination. This gives the power for the patient to choose their health care provider.

Lastly, delegation of activities to reduce provider burden while providing high quality care is essential. Supporting good public policy can accomplish this.
Thank you for your time,

Lynn Rapsilber DNP APRN ANP-BC FAANP