



**Testimony of Connecticut Children's Medical Center
to the Public Health Committee
regarding Senate Bill 403, An Act Concerning Respiratory Care Practitioners
March 20, 2018**

Senator Gerratana, Senator Somers, Representative Steinberg, members of the Public Health Committee, thank you for the opportunity to share our thoughts about Senate Bill 403, An Act Concerning Respiratory Care Practitioners.

We are Christine Finck, MD, FACS, Surgeon-in-Chief; Lisa LeBon, RRT, Assistant Manager, Respiratory Care; David Rosinski, MS, CCP, Director of Cardiovascular Perfusion; and Heather Schlott, MD, Division of Critical Care, at Connecticut Children's Medical Center. We are submitting testimony in support of this proposed legislation because amending the definition of Respiratory Care to include "the monitoring and maintenance of all forms of extracorporeal life support" would allow Connecticut Children's to operate an optimally designed pediatric ECMO program.

Before commenting on the bill, we want to provide some background about Connecticut Children's. We are a nationally recognized, 187-bed not-for-profit children's hospital serving as the primary pediatric teaching hospital for the University of Connecticut School of Medicine and the Frank H. Netter MD School of Medicine at Quinnipiac University, as well as a research partner of The Jackson Laboratory. Connecticut Children's is the only hospital in the State dedicated exclusively to the care of children and has a medical staff of nearly 1,100.

While driving innovation in pediatrics, Connecticut Children's offers a continuum of care for children, from primary prevention and health promotion to disease management. We are partnering with hospitals in our region so our experts can provide more of the care children need closer to home. In the last year, for example, we expanded the scope of our statewide newborn services network. Our neonatologists currently staff the Neonatal Intensive Care Units (NICUs) at the Eastern Connecticut Health Network and the Hospital of Central Connecticut and the well newborn nurseries at Backus Hospital, Midstate Medical Center and Windham Hospital. In July 2018, we will add NICU services at Western Connecticut Health Network in Danbury and Norwalk. This partnership strategy, including our launch of the State's first pediatric telehealth network in 2018, will allow more families to benefit from the unique expertise of Connecticut Children's clinicians and access the programs and services their children need to grow, learn and succeed.

Extracorporeal Membrane Oxygenation (ECMO) is a procedure using an artificial lung to deliver oxygen to the body. This advanced technology replaces the function of vital organs in critically ill newborn babies and children of all ages. ECMO is a life-saving technique that provides support for newborns and children who have reversible cardiac or respiratory dysfunction. Connecticut Children's is dedicated to providing the highest level of care for our critically ill newborn and pediatric patients in our two neonatal intensive care units in Hartford and Farmington and our pediatric intensive care unit at our main campus.

By utilizing the most advanced technology to provide state-of-the-art extracorporeal life support, our critical care physicians lead a multidisciplinary team of intensivists, surgeons, neonatologists, cardiologists, perfusionists, nurses, and respiratory therapists. Our nine critical care physicians, five surgeons and a coordinator have had extensive ECMO training at the nation's top ECMO centers.

Expanding the scope of practice for Respiratory Care will permit Connecticut Children's to operate a fully integrated pediatric ECMO program that will better serve our patients and families by giving them the care they deserve close to home. Currently, our ECMO program is staffed by both pediatric and adult perfusionists. The pediatric perfusionist is on our staff with the remainder being shared with several other hospitals or employed on a per diem basis. The rationale behind this staffing approach is that our ECMO program cares for 5-10 pediatric patients per year. Our patient population is not high enough to fully staff our team with around-the-clock pediatric perfusionists because they would not provide enough ECMO perfusion care to stay certified. If SB 403 is enacted, we will implement a pediatric hybrid staffing model which would combine pediatric perfusionists and pediatric respiratory therapists responsible for the ECMO circuit under the direction of the designated ECMO attending physician. With this model, we can provide around-the-clock in-house pediatric ECMO coverage. A member of the Connecticut Children's team will always be available to set up and initiate the ECMO circuit, as well as pediatric experts on staff to monitor and run the circuit for the entire duration of the patient's need for ECMO care. This hybrid staffing model will foster the team approach that is necessary to maintain a successful program.

The hybrid in-house team we propose is optimal from the standpoint of quality and patient safety because all members will have pediatric expertise which mitigates the risks associated with advanced technology. A hybrid ECMO staffing model is also very common. Many of the nation's leading children's hospitals, including Boston Children's Hospital, Children's Healthcare of Atlanta, and Nationwide Children's Hospital, rely on respiratory therapists' participation on their ECMO teams. ELSO, the Extracorporeal Life Support Organization, is an international non-profit consortium of health care institutions that provides support to ECMO programs through continuing education, guidelines development, original research, publications and maintenance of a comprehensive registry of patient data. ELSO's description of the ECMO care team <https://www.else.org/Resources/TheECMOteam.aspx> cites that respiratory therapists can be in the role of *ECMO Coordinator/ECMO Primer*, the team member who specializes in the management and operation of the ECMO machine, or *ECMO Specialist*, the team member who has special training in running the ECMO machine and monitoring its effect on the patient.

Connecticut Children's urges you to amend the definition of Respiratory Care to include "the monitoring and maintenance of all forms of extracorporeal life support" through passage of SB 403 so we can implement the optimally designed ECMO program that our patients and their families deserve.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Senior Director of External Relations, at 860-837-5557.