

Statement of Margaret Guerrero  
Connecticut Society for Respiratory Care  
Senate Bill 403  
March 20, 2018

Sen. Gerratana, Sen. Somers, Rep. Steinberg and members of the committee:

I appreciate the opportunity to offer comments in support of Senate Bill 403, *An Act Concerning Respiratory Care Practitioners*. My name is Margaret Guerrero, I am a Respiratory Care Practitioner and the Program Director of the Respiratory Care Program at Naugatuck Valley Community College. I also serve on the board of directors of the Connecticut Society for Respiratory Care (CTSRC).

As you heard earlier from my colleague, Jason Wright, Respiratory Care Practitioners (RCPs) are highly skilled in both the caring and technical aspects of health care and we are vital members of the health care team. We manage highly sophisticated life support equipment and provide care to some of the sickest and most vulnerable patients. A great deal of our time both during our education and as licensed health care practitioners is spent working in the intensive care units managing mechanical ventilators which are often necessary to sustain patient's lives. We care for patients of all ages including the tiniest of newborns to the older adult. Our training and education has prepared us to be critical thinkers and to assess patient's quickly and react appropriately even in the most critical and stressful situations.

The CTSRC is requesting changes and updates to the current scope of practice for Respiratory Care Practitioners. The reason for this request is because a significant portion of the language in the current practice act is outdated and in relation to the current trends in health care, is vague and as such is restricting the practice of Respiratory Care in our state. The lack of clarity in the scope has, at times, presented barriers to flexible, efficient and better quality health care.

My focus today is on the Respiratory Care Practitioner as ECMO Specialist. Senate Bill 403 includes updated language that addresses monitoring and maintenance of ECMO in the critical care setting.

In several instances over the past few years, health care facilities reached out to the CTSRC directly or through the Connecticut Hospital Association (CHA) to ascertain whether RCPs can provide ECMO services. The CTSRC believes that this does fall within the scope of the RCP. In addition, it is the position of both the American Association of Respiratory Care and the Extracorporeal Life Support Organization (ELSO), that RCPs are qualified by their education to be trained as ECMO specialists. SB 403 addresses the specific qualifications and training that would be necessary for an RCP to become an ECMO specialist. Furthermore, there are at least 20 states across the United States that allow RCPs to perform this procedure including our neighboring states of Massachusetts and Rhode Island.

The expectation is that by expanding our current scope of practice, it provides flexibility and appropriate overlap among licensed health care practitioners that is needed in today's health care environment. The changes we are requesting are supportive and in no way should be construed as replacing our perfusionist colleagues from carrying out their customary duties and functions in the operating rooms throughout the state of CT.

Senate Bill 403 represents a sound update to the Respiratory Care Practitioners as ECMO Specialists and I urge your support for it. Thank you.