



**Public Health Committee**

**March 20, 2018**

**Testimony: RAISED BILL NO.403 AN ACT CONCERNING RESPIRATORY CARE PRACTITIONERS**

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

I want to thank-you for the opportunity to provide testimony on **RAISED BILL NO.403 AN ACT CONCERNING RESPIRATORY CARE PRACTITIONERS** on behalf of the Connecticut Nurses' Association (CNA). I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association.

I speak in opposition to **RAISED BILL NO.403 AN ACT CONCERNING RESPIRATORY CARE PRACTITIONERS.**

It is essential that the process specifically established to examine the research evidence to expand Scope of Practice be addressed through a formal Scope of Practice Review, conducted by the Department of Public Health. The Scope of Practice Review was legislated by the Public Health Committee to explicitly bring forward an objective review of the profession requesting the expansion of Scope in order to make a decision for or against expansion based on "Evidenced Based Research" that supports the request and assures safe, competent practice.

This request for expansion of "Scope of Practice" does not demonstrate the educational competence and essential experience to support an expansion. It allows for the Respiratory provider with a variety of educational entry levels, who is certified, to write orders, preform critically invasive procedure's

above educational and demonstrated technical ability. The minimum education required for this role is certification and/or an Associate's Degree. These programs of study do not prepare the respiratory therapist for the advanced procedure's they are requesting. Not only do they not have the underlying physiology, pathophysiology, pharmacology etc. they do not have adequate supervision by qualified providers to perform these advanced skills. The insertion of percutaneous catheter, maintenance of arterial lines, administration of medications insertion of Intravenous and intraosseous catheters to name a few.

I believe it is essential that the evidence to support this request be presented and discussed prior to increasing the Scope of Practice for Respiratory Therapists. We need a standard of education and clinical supervision before we allow a certified Respiratory Therapist the ability to expand as requested in Section B, Section E, Section F, Section G, and Section H. I find Section I insufficient practice to allow the expansion. Questions related to who, where, when and how this clinical experience will be implemented and assessed. The period of time and the specific theoretical education competencies and clinical competencies that will guide the change in practice and guide the development of regulations.

Therefore, I ask you as a committee representing the public we serve, in order to assure public safety that this specific request be recommended for a "Full Scope of Practice Review" in 2019. I am fully aware that a Scope request was submitted to DPH. I strongly recommend that the application be considered for review next year and that all involved allow the process to support and/or refute the request dependent on literature and the evidence based research. Our goal is to protect the public, the process of Scope Review will allow all involved to make an educated decision related to the safety of this specific request.

**Therefore, I speak in strong opposition to RAISED BILL NO.403 AN ACT CONCERNING RESPIRATORY CARE PRACTITIONERS.**

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