CONNECTICUT SOCIETY FOR RESPIRATORY CARE

Statement of Jason Wright
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 Jason Wright, I am a Respiratory Care Practitioner working at the Veterans Administration hospital in West Haven and also serve as the president of the Connecticut Society for Respiratory Care (CTSRC).

Respiratory Care Practitioners (RCPs) are specialized health care practitioners who most often work in the acute care hospital setting and spend much of their time within these facilities in the critical care and emergency areas. They are also members of rapid response, resuscitation and trauma teams within these facilities. In addition to the acute care setting, RCPs also work in outpatient clinics, physicians' offices, rehabilitation and long-term care facilities and in the home-health setting. RCPs work with patients of all ages from the premature newborn to the older adult. There are close to 1,800 licensed RCPs in the state of Connecticut (CT).

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 The reason for this request is because a significant portion of the language in the current practice act is outdated and in relation to the current trends in health care, is vague and as such is restricting the practice of Respiratory Care in our state.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 practice of Respiratory Care has evolved since the current practice act was first written back in the early-mid 1990s. Over the ensuing years only minor changes in technical language were made. The lack of clarity in the scope has, at times, presented barriers to flexible, efficient and better quality health care.

Senate Bill 403 would provide the updated procedures in statute that reflect our current practice. These items include:

- Arterial Line Insertion. This is a common procedure in various critical care settings. Intra-arterial blood pressure (BP) measurement is more accurate than measurement of BP by noninvasive means, especially in the critically ill. Overall, arterial line placement is considered a safe procedure, with a rate of major complications that is below one percent.

- Extracorporeal Membrane Oxygenation (ECMO). This is a treatment that uses a pump to circulate blood pressure through an artificial lung back into the bloodstream of a very ill patient. This system provides heart-lung bypass support outside of the body. It may help support a patient who is awaiting a heart or lung transplant.

- Intravenous/Interosseous Therapy. This includes the infusion of liquid substances directly into a vein. Intravenous (IV) means "with vein". Intravenous infusions are commonly referred to as drips. Interosseous infusion (IO) is the process of injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system. This technique is used to provide fluids and medication when intravenous access is not available or not feasible.

- Insertion, injections of medications and vaccines. Injection is the act of putting a liquid, especially a drug, into a person's body using a needle and a syringe. We reference medications that are explicit to the cardiopulmonary system, pneumonia vaccine, influenza vaccine, and other pulmonary related medications.

We believe that RCPs in the state of Connecticut are not performing the full range of skills for which they have been educated and trained and we further believe that the education and training that Respiratory Care Practitioners receive provides the foundation necessary to perform the additional therapies and procedures that are included in Senate Bill 403.

Our practitioners are qualified to perform the new functions I outlined here. We are proposing that some of these procedures such as extracorporeal life support (ECLS)/ECMO and IV/IO insertions could be done by RCPs in appropriately identified settings and with the appropriate education and training and that RCPs demonstrate continuing competency in the performance of these procedures.

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 we can provide some of these services. The CTSRC believes that the additional responsibilities included in SB 403 do fall within the RCP's scope of practice however we do not have the legal authority to make such determinations. The CHA has shown a particular interest in advancing the role of RCPs as ECMO Specialists in the critical care settings.

As the committee knows, we did submit a scope of practice committee review proposal to the Department of Public Health last summer containing these changes. The proposal, unfortunately, was not selected for consideration. Please know that Respiratory Care Practitioners are part of the larger health care team and we work well with many other health professions. Our expectation is that by expanding our current scope of practice, this will only enhance our professional relationships with the other health care professionals and that it will provide flexibility and appropriate overlap 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 fellow health professionals from carrying out their customary duties and functions.

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