

# Legislative History for Connecticut Act

**PA 16-39**

SB67

Senate 1076-1080 5

Public Health 183-205, 328-340 36

House Transcripts have not been received. They are available on CGA website, but are not the Official copy. Contact House Clerk for assistance (860) 240-0400 **41**

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**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2016**

**VOL. 59  
PART 4  
1033 - 1367**

/as  
SENATE

April 26, 2016

Thank you. Will you remark further? Will you remark further? If not, Mr. Clerk, will you call for a Roll Call Vote. The machine will be open.

CLERK:

Immediate roll call has been ordered in the Senate.  
Immediate roll call, ordered in the Senate.

THE CHAIR:

All members have voted. All members have voted. The machine will be closed. Mr. Clerk, will you please call a tally.

CLERK:

On H. B. No. 5262	
Total number Voting	36
Necessary for Adoption	19
Those voting Yea	35
Those voting Nay	1
Those absent not Voting	0

THE CHAIR:

The Bill is passed. Mr. Clerk.

CLERK:

On page 8, calendar 306, substitute for S.B. No. 67  
-- AN ACT CONCERNING THE AUTHORITY AND  
RESPONSIBILITY OF -- RESPONSIBILITIES OF ADVANCED  
PRACTICE REGISTERED NURSES. There are amendments.

/as  
SENATE

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THE CHAIR:

Senator Tana -- Gerratana. Good afternoon, ma'am.

SENATOR GERRATANA (6TH):

Good afternoon, Madam President. Madam President, I move acceptance of the Joint Committee's favorable report and passage of the Bill.

THE CHAIR:

Motions on acceptance and passage. Will you remark?  
Ma'am.

SENATOR GERRATANA (6TH):

Yes, Madam President. The Clerk has in his possession LCO No. 4258. If he will call the amendment, I'll be allowed to summarize.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 4258, Senate A, offered by Senator Gerr --  
Gerratana.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6TH):

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Madam President, move adoption.

THE CHAIR:

Motions on adoption. Will you remark?

SENATOR GERRATANA (6TH):

Yes, Madam President. This amendment makes changes to the underlying Bill.

THE CHAIR:

Hold on a moment, ma'am. Ladies and gentlemen of the Chamber, can we keep our conversations at a lower level. It's very difficult to hear the Senator. I know a lot of people are cheering and happy, but this isn't the time. Please, Senator Gerratana.

SENATOR GERRATANA (6TH):

Thank you, Madam President. Madam President, this amendment makes changes to the underlying Bill. We found a couple of sections that needed to be deleted. There were areas where we inserted optometrists, which is appropriate, and also made other technical corrections.

THE CHAIR:

Will you remark on the amendment? Will you remark on the amendment? Seeing none, I'll try [indiscernible]. All those in favor, please say aye?

MEMBERS:

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Aye.

THE CHAIR:

Opposed? The amendment passes. Senator?

SENATOR GERRATANA (6TH):

Thank you, Madam President. The Bill allows APRN's to certify, sign and otherwise document medical information in several situations. It also allows them the authority or responsibility that currently applies only to physicians and notifications, and also in reporting requirements.

This Bill comes to us with scrutiny and work on behalf of the physicians and doctors, including the specialty units. Also, OPM and the Department of Public Health, and I urge my colleagues to support it.

THE CHAIR:

Will you remark further on the Bill? Senator Markley. Good afternoon, sir.

SENATOR MARKLEY (16TH):

Good afternoon, Madam President. I rise in support of the Bill, as Senator Gerratana has said, it had broad support -- really completes the process that began with the expansion of APRN authority last session, and I think that it -- it deserves the support of the circle. Thank you.

/as  
SENATE

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THE CHAIR:

Thank you. Will you remark further? Seeing not. Mr. Clerk, will you call for a roll call vote. The machine will be open.

CLERK:

Immediate roll call has been ordered in the Senate.  
Immediate roll call has been ordered in the Senate.

THE CHAIR:

If all members have voted -- all members have voted, the machine will be closed. Mr. Clerk, will you please call a tally.

CLERK:

S.B. No. 67,	
Total number Voting	36
Necessary for Adoption	19
Those voting yea	36
Those voting nay	0
Those absent and not Voting	0

THE CHAIR:

The Bill passes as amended. Good afternoon, Senator Duff, again.

SENATOR DUFF (25TH):

Thank you, Madam President. If we can start a consent calendar?

**JOINT  
STANDING  
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So, in some ways it can increase access to care, particularly in the FQHCs and the larger clinic areas where -- where you may not -- you may be able to -- to hire an EFDA versus another dentist. So, while you've got a dentist or two in a facility, you can bring in an EFDA or two and run a couple of chairs at a time, and do that a little bit more -- more quickly and -- and expeditiously.

REP. DEMICCO (21ST): Thank you.

REP. RITTER (1ST): All set? Thank you very much for your testimony.

CAROLYN MALON: You're welcome.

REP. RITTER (1ST): SB67, Dr. Steve Wolfson.

DR. STEVE WOLFSON: Good afternoon. I'm Steve Wolfson, the chair of the Council of the State Medical Society. Senator Gerratana, Representative Ritter and Members of the Public Health Committee, on behalf of the physicians of the Connecticut State Medical Society, thank you for the opportunity today to present this testimony on SB67, AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES.

This 94-page legislation contains 79 sections in which Connecticut General Statutes granting physicians signatory or certification authority is extended to APRNs.

CSMS agrees that most of this bill is a natural progression of the independence of APRNs. But we must oppose introducing such broad legislation that had such a dramatic impact on care delivery, without a thorough review of the implications of each of

these statutory changes. In most situations these changes may be appropriate based on practice situation and the level of independence of the APRN.

However, prior to simply passing this legislation, we feel that there should be an opportunity to review each section individually and discuss as professionals what requirements should be included. There are far too many potential issues to enumerate and review in the time allotted to this 94-page bill, let alone to discuss today in the time allotted to me.

But as just one example, Section 46, Section 20-631 allows an APRN to enter into a collaborative drug therapy management arrangement with a pharmacist. These arrangements, heretofore between a physician and a pharmacist, could create a situation where an APRN in a collaborative arrangement with a physician, is secondarily collaborating with a pharmacist, creating a tenuous chain of command and the potential to do harm. Many pharmacies already employ in-house APRNs, a situation that could allow for unprecedented and inappropriate exploitation of the process by large corporate retail pharmaceutical entities.

We believe that it is imperative that we collectively agree that we are making the right decision in any situation in which statutes are changed to provide increased abilities to any profession. We believe it is imperative that our professions and this Committee work together to review this legislation in a more detailed manner to ensure that we all are acting in the best interest of our patients and those we serve.

We look forward to working with the Committee and

our APRN colleagues to accomplish this goal. Thank you.

REP. RITTER (1ST): Thank you, Doctor. And there might be questions from the Committee.

I would just ask one thing. I know you didn't have time today. You mentioned several of the sections seemed to be not controversial at all, but others are. If you guys could email us -- and I'm looking at the Medical Society folks -- the provisions that give you pause that you'd like to review, that would be helpful for us.

DR. STEVE WOLFSON: Absolutely.

REP. RITTER (1ST): So we could maybe avoid doing all 94 pages together, that might save time. That would be great.

DR. STEVE WOLFSON: Completely agree.

REP. RITTER (1ST): Thank you, Doctor. Any questions from the Committee? Representative Srinivasan.

REP. SRINIVASAN (31ST): Thank you, Mr. Chairman. Thank you, Dr. Wolfson for being here this afternoon. Good to see you again.

And I -- I mean the request that our Chairman has is exactly the request I was going to have for you as well. I mean it's a huge document. There are sections that obviously that are -- that you have no concerns with -- Society has no concerns with at all, and so those low-lying fruits, if you are able to look at and say hey, this can be passed; and the other areas where work needs to be done, so where we

need to sit and have a conversation so we can optimize and do the right thing by patients, then to me, that makes logical sense.

So, you give one example in your testimony due to limited time. But my assumption is there are other sections as well that are troubling to you and to everyone else, and those, if you could highlight to us and so that we could continue this conversation and see whether we include them in this particular bill, or hold them for another day for another discussion.

DR. STEVE WOLFSON: Absolutely. And we look forward frankly -- frankly to talking with the representation from the APRNs about this. So I think it's in all our interest to come up with a better bill.

REP. SRINIVASAN (31ST): Thank you, Dr. Wolfson. Thank you, Mr. Chair.

REP. RITTER (1ST): Sounds great and agreeable. Yes, Representative Sayers.

REP. SAYERS (60TH): Thank you, Doctor. And I will tell you that the APRNs are going to testify if they have problems with some section of the bill as well. And so it's -- it's not just your concerns.

But the fact of the collaborative practice -- so it's really interesting. We allow collaborative practice between physicians and doctors -- I mean pharmacists and doctors in a hospital setting, and in a couple of settings.

And a number of years back we did a pilot program that I don't know ever -- never ended, that would

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allow a collaborative practice in a pharmacy, and would allow for ten. Of the ten, it allowed for I think one pharmacy in the state actually did it. So, it's not something that's going to happen out there in a -- in a large way when there's only one -- and I don't even know if they're still doing it.

So, to that particular concern, it's not something that's really going to happen.

DR. STEVE WOLFSON: I think we're interested in the principles of establishing clear-cut guidelines for these collaborations. And we are really concerned about what the nationwide retail pharmacies will do and I think we need to anticipate some problems that will -- might arise from that.

REP. SAYERS (60TH): But right now we don't have any legislation that really allows it in those pharmacies.

DR. STEVE WOLFSON: Correct.

REP. SAYERS (60TH): So, it's -- you know, that part of it makes it -- but there are things in the bill that are important --

DR. STEVE WOLFSON: Yes.

REP. SAYERS (60TH): -- like allowing the APRN to write a do-not-resuscitate order.

DR. STEVE WOLFSON: Absolutely.

REP. SAYERS (60TH): Especially if they're following people in -- in our nursing homes. Many of our elderly, that it's important to them that their wishes be carried out in terms of end-of-life

decisions.

So, there are -- there are parts of this bill that really and truly we should be passing.

DR. STEVE WOLFSON: I think -- I think we're going to wind up agreeing about more than we disagree about.

REP. SAYERS (60TH): Right. So, thank you very much.

REP. RITTER (1ST): Any questions from the Committee? Seeing none, thank you, Doctor, for being here. Representative Scanlon sends his regards.

DR. STEVE WOLFSON: Thank you.

REP. RITTER (1ST): Mary Jane Williams followed by Christina Morrissey.

MARY JANE WILLIAMS: Good afternoon Senator Gerratana, Representative Ritter. Thank you for this opportunity to provide testimony on behalf of the Connecticut Nurses' Association to SB67, AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES.

I speak in strong support of SB67, AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES.

The proposed legislation provides the APRN with signature authority to authorize essential services across multiple areas related to benefits, exemptions and permission, related to treatments, prescriptions, disability services, insurance

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coverage, et cetera. The proposed legislation supports the full implementation of Public Act 14-12 calling for increased access to health care.

This is an opportunity to prevent a crisis in providing care across the continuum by allowing APRNs to have full signatory authority. In order to provide care for the citizens of Connecticut, we need to seize the moment and move forward in an organized fashion with seamless mechanisms for patient access and continuity.

As education and training experience and overall competence of health care practitioners have advanced over time, the distinction between many health care professions in terms of their abilities to perform particular health care procedures has lessened. Full signatory authority is essential to the provision of uninterrupted health care. It is ultimately an issue of patient safety. It allows us to provide for essential services without unnecessary interruption.

I urge you to support SB67. Advanced practice nurses need full signatory authority. Thank you.

REP. RITTER (1ST): Thank you. And again, we're going to get some comments back and I look forward to getting everybody together with Senator Gerratana as well, and we'll work through this together, so.

MARY JANE WILLIAMS: Okay, thank you.

REP. RITTER (1ST): Any questions from the Committee? Seeing none, thank you. Christina Morrissey followed by Beth Esstman.

CHRISTINA MORRISSEY: Good afternoon Senator

Gerratana and Representative Ritter and Members of the Public Health Committee. My name is Christina Morrissey and I am here representing the Connecticut APRN Society.

I am a family nurse practitioner and a primary care provider working with underserved communities right here in the Hartford area. I support SB67 because I believe that it will improve care for my patients.

Throughout my career I have worked with low-income and underserved populations in office and home care settings. I have seen that getting access to primary care is a great struggle for many patients. This is due to difficulty in getting to health care appointments, as well as a limited number -- number of health care providers.

My aim is to alleviate some of that shortage as a primary care provider. However, statutes requiring a physician signature on health care forms impede my ability to meet that need, posing a problem for myself and for my patients.

Connecticut has numerous statutes that require a physician signature only because the physicians were the health care providers when the statute was written. These forms address many issues, ranging from occupational forms to disability requirements to do-not-resuscitate orders.

What this means on a day-to-day basis is that I cannot sign forms for which I am qualified to do so. Forms are delayed because I must wait for a physician to sign them. This poses a problem for patients and providers by causing delays, or also by putting my physician colleagues in the position of signing forms for patients whom they have not seen.



What is required at other times is that patients must come back for a second appointment if that physician has not previously seen the patient. This is an unnecessary health care expense and a meaningless burden on my patients, for many of whom getting to appointments is a major taxing event.

Connecticut has recognized the quality of care provided by APRNs by passing independent practice. Under the current system, we are recognized as independent health care providers, capable of opening up a practice and taking full responsibility for the treatment of our patients. However, we do not have the legal authority to sign forms addressing those same issues.

Allowing APRNs to sign these forms will increase efficiency, decrease costs and prevent patient harm due to unnecessary delays. Thank you.

REP. RITTER (1ST): Thank you very much for your testimony. Any questions from the Committee? Seeing none, thank you very much for being here.

Beth Esstman followed by Dan Mussen.

BETH ESSTMAN: Good afternoon Senator Gerratana, Representative Ritter and Members of the Committee. Thanks for raising this bill and advocating for improved health care for the citizens of our state.

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I am Beth Esstman, an advanced practice registered nurse. I'm a graduate of the Yale University School of Nursing, and I am certified as a gerontological nurse practitioner. I've been practicing at Hebrew Healthcare in West Hartford, Connecticut for over 14 years. I am representing the Gerontological

Advanced Practice Nurses Association here today, and I'm here to speak specifically about Section 23 of this bill.

Currently in Connecticut, a do not resuscitate or DNR order to withhold CPR must be written by a physician. This restricts APRNs from documenting a patient's desired plan of care at the end of life, which results in obstruction of care to many, including some of our most vulnerable citizens, older adults.

In Connecticut, APRNs are typically the only providers present in a skilled nursing facility on a daily basis. Currently, if a patient in a nursing facility wishes to change their code status to DNR, they have to wait until a physician is available to discuss this change with them, even if an APRN has been managing their care and is present at their bedside.

Examples of how the currently worded statute interferes with quality of care are numerous. For example, one APRN in Connecticut was the only provider in a skilled nursing facility when an 89-year-old patient developed a cardiac arrhythmia at 3 a.m. in the morning. The patient was begging staff not to transfer her to the hospital, but did not have a DNR order documented. A physician was not available to come into the facility to change the patient's advanced directives at 3 a.m., and the patient had to be transferred to the hospital against her wishes.

Another APRN working in a nursing facility is haunted by a memory of a patient admitted with a new diagnosis of metastatic cancer that was too advanced for chemotherapy or radiation. The patient desired

palliative care, but had not been -- yet been seen by a physician, so did not have a DNR order documented. The patient developed acute respiratory distress due to fluid in her lungs from the cancer. Although the patient and her son, who was an out of state physician, were -- were clear that they did not want aggressive care, the patient had to be sent back to the hospital against her wishes because there was not a physician present to change this order, and there was no time to wait for one to arrive.

Not only was this woman, who had verbalized a desire to die peacefully, transferred to the hospital in an ambulance, but she was also tortured with aggressive medical intervention during that transfer, including insertion of IV lines and ventilation; all because the APRN involved in her care was unable to write the DNR order. Thank you.

REP. RITTER (1ST): Thank you very much. Any questions from Members of the Committee? Representative Srinivasan.

REP. SRINIVASAN (31ST): Thank you, Mr. Chair. Thank you for coming here this afternoon and your testimony.

So as we've heard from the speakers before you, and hearing from you now, is that -- are there sections of this bill that you are comfortable with, and sections that you want to work with as we move on? Because you just mentioned one section of the bill -

BETH ESSTMAN: Yes.

REP. SRINIVASAN (31ST): -- that obviously you had

concerns. We've heard about that before in terms of the signatory authority, you know, for the DNR. We get -- we get that.

But it seems to me from what I'm hearing from others, that there are other parts of the bill -- other sections, other sections of the bill which may be something that we need to work -- work with as we move forward. Is that -- is that how you feel about --

BETH ESSTMAN: That is correct.

REP. SRINIVASAN (31ST): -- the total bill? In total; not just that one section?

BETH ESSTMAN: You will hear from a colleague of mine shortly about two sections that nurse practitioners are concerned with.

REP. SRINIVASAN (31ST): Okay.

BETH ESSTMAN: But this is one we are very passionate about.

REP. SRINIVASAN (31ST): Great, okay. Thank you, appreciate that.

REP. RITTER (1ST): Any other questions from the Committee? Seeing none, thank you for being here.

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Dan Mussen followed by -- it's B. Lynch (phonetic) is the best I can do. And that -- then we'll move on to the next bill. Thanks.

DAN MUSSEN: Good afternoon, I'm Dan Mussen, a PA, and I am in clinical practice in Glastonbury, but I'm also the co-chair of the legislative committee

for the Connecticut Academy of Physician Assistants. And good afternoon Senator Gerratana, Representative Ritter and other Members of the Public Health Committee.

The Connecticut Academy of Physician Assistants, which is ConnAPA, the professional society representing over 900 physician assistants in Connecticut, submits this testimony recommending the inclusion of the title physician assistant in most instances where the title advanced practiced registered nurse is also added to raised SB67.

By excluding PAs by title, SB67 will negatively impact current PA practice in Connecticut, and Connecticut's residents' access to health care by PAs. Connecticut PAs practice medicine with nearly identical clinical roles and responsibilities as APRNs, and often with APRNs as colleagues in the same clinic, hospital or other health care facility.

Along with our physician colleagues, PAs and APRNs practice authority and responsibilities are exercised not only in primary care settings, but also in many other settings, including urgent care, emergency care, specialty care clinics from orthopedics to oncology, hospital-based medicine units, intensive care units and specialty intensive care units.

Very simply, if SB67 is approved as it is currently proposed, the exclusion of PAs will create significant confusion regarding existing PA scope of practice, subsequently undermine current PA authority as care providers, and ultimately decrease access to care by Connecticut residents.

Connecticut PAs and patients have experienced this unfortunate fallout of exclusionary statutory

language due to exact interpretations of statute by health care facilities or institutions that employ PAs.

To that end, ConnAPA respectfully seeks the most precise -- precise and accurate language that includes physician assistants within SB67. That place -- the places requested for inclusion do not change current PA scope of practice as ConnAPA does not seek authorization to certify the use of medical marijuana. ConnAPA's goal is merely to more formally synchronize Connecticut statute with current PA practice, and avoid creating more confusion that may unnecessarily prohibit PAs from providing the highest quality of health care to Connecticut residents.

Thank you for your time and consideration.

REP. RITTER (1ST): Thank you. And did you submit your testimony electronically?

DAN MUSSEN: No, I think we have it --

REP. RITTER (1ST): Okay. Just please give it to staff so we can get it there. Thank you very much. Any questions from the Committee? Seeing none, thank you very -- oh, I'm sorry, Representative Srinivasan.

REP. SRINIVASAN (31ST): Thank you, Mr. Chair. Good afternoon Dan, good to see you here. Good to see you again.

DAN MUSSEN: Thank you -- thank you very much.

REP. SRINIVASAN (31ST): And thank you for coming here this afternoon.

So I get this clear. So in this bill, 67 that we're talking about; SB67, where we are giving authorities similar to an M.D. to the APRNs. And obviously we're going to go section by section as we have heard this conversation already, and then decide what -- and what all we can agree upon and what is up for discussion.

So if I understand you clearly, without impacting scope of practice, because you didn't mention that but the thought crossed my mind right off the bat. But you're saying by the including the physician's assistants in this conversation and this dialogue, will have no impact as far as the scope of practice is concerned as to what a physician assistant does?

DAN MUSSEN: That's right. In -- in every state, including Connecticut, physicians are permitted, you know, within that health care team to delegate responsibilities to PAs. And -- and in this situation, there's only one thing I can think of statutorily that physicians may not delegate, and that's the -- the certifying of medical marijuana by PAs. I believe that's excluded from the ability for physicians within that health care team to delegate.

So, PAs and ConnAPA are not seeking to change that role. In this -- in this situation, by including PAs, it's preventing confusion, because as of right now, there are three types and groups on health care providers within the state of Connecticut. If we write language in the statutes that say a physician -- a APRN may do something, and you exclude PAs in that language, it will be interpreted, and has been interpreted in the past, by -- by those that are creating groups or -- in health care facilities, thinking that your intent is to exclude PAs from

that role, from that function.

As of right now, PAs are providing these functions that are being asked for in this bill. By not including PAs, it will look as though your intent is to exclude PAs from providing the role which we are providing right now within that health care team.

REP. SRINIVASAN (31ST): Thank you for that explanation. But the -- but the difference in the two situations between the PA and the APRN is APRNs now have the independent practices if they choose to do so, and PAs cannot.

And so given the fact that there's a difference between -- yes, you're absolutely right. Many, many practices have, in that practice, an APRN and a PA, including mine. Now -- so I -- I see that. But even -- given the fact that the PAs cannot practice independently, you still feel that they need to be included in this conversation and in this piece of legislation?

DAN MUSSEN: We do. We feel that if it's not included, it looks like there is an exclusion. My sense is that if we include PAs, it does not -- it will not increase that scope, because PAs will still be working within the health care team. APRNs may work within that health care team, or they may not.

And so what's being stated in this inclusion of APRNs, is that they can provide this service, they can provide that particular function, and does not have to be provided within that health care team. PAs, we're not looking to remove that inclusion within the health care team however. But it still will be looking like we cannot provide that service, if PAs are not included in this language.



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REP. SRINIVASAN (31ST): Thank you, Dan. Thank you, Mr. Chair.

REP. RITTER (1ST): All set from the Committee? Thank you very much. The last person on this bill is B. Lynch. Again, I can't read the first name; I apologize.

UNIDENTIFIED SPEAKER: He's not here.

REP. RITTER (1ST): Not here? Okay.

We're going to 51 --

UNIDENTIFIED SPEAKER: With the Chair's indulgence, we had an error in sign up. So, if you could have one more APRN; she signed up -- we signed her up on the wrong bill, but she's here to testify on this one.

UNIDENTIFIED SPEAKER: Yeah, that's okay.

REP. RITTER (1ST): Yep, that's fine. A little unusual, but we'll allow it. No problem.

LYNN RAPSILBER: I appreciate you allowing me to submit my testimony now, thank you.

SB67

Senator Gerratana, Representative Ritter and Members of the Public Health Committee, thank you for raising this bill on addressing patient care issues affected by outdated statutes.

My name is Lynn Rapsilber and I'm a nurse practitioner. I work in gastroenterology. And I am here today testifying on behalf of the Connecticut Coalition of Advanced Practice Nurses.

Since 1999, when the Advanced Practice Registered Nurse Practice Act changed, APRNs became solely responsible for their patients. The signing of certain forms that are required of providers have been problematic.

Connecticut statutory language is obsolete in frequently naming on a physician to sign certain forms. This is understandable since that profession was the only primary care provider when these statutes were written. Consequently, signing of these forms, such as physicals, that could be part of the practice of any provider who serves these patients, is actually illegal for nurse practitioners and advanced practice registered nurses. Statutory housekeeping to update statutes to meet current practice is needed, and even in some cases, lack of such is threatening patient care.

The bill before you today addresses many of these issues such as basic evaluations affecting individuals involved with evictions, health clubs, motor vehicle operations, fishing, attending schools, jury duty as well as some more serious things like end-of-life decisions by patients, and for treatment of serious illnesses. All of these are measures that primary care providers face every day. APRNs will be well served by this bill.

There are, however, three sections of the bill that are not appropriate for APRN issues and should be deleted. Section 18, which refers to directors of emergency medical departments; Section 29, which includes APRNs in border states, since APRN practice acts vary, this is inappropriate at this time; and then Section 75 which refers to A.I.D., it is not a procedure performed by APRNs.

On the other hand, the DNR and living will, there are related statutes referencing forms and liability that we ask for your consideration to be amended and added for continuity and conformity. And I've listed those in my testimony.

APRN patients have been tremendously inconvenienced waiting for form signatures. Delays have created real hardships and added costs to care. There will be other testimony -- actually you already heard from her, about her DNR experience.

But I can't stress enough the importance of this bill and the significant daily impact it has on patient care and access. Thank you.

REP. RITTER (1ST): Thank you very much for your testimony. Any questions from the Committee? Representative Cook.

REP. COOK (65TH): Thank you, Mr. Chairman. And hi Lynn, how are you?

LYNN RAPSILBER: Fine.

REP. COOK (65TH): You talk about the impact of care if we don't make significant changes, and then you talk about certain quality of life things.

What's the average time of wait that you all are waiting for, for a signature on a piece of paper; whether it be simple or complicated? Could you kind of give us an example of that?

LYNN RAPSILBER: Well, it can be a matter of a few hours to a few days to a few weeks, depending on accessibility to the physician who may need to sign

that form.

Most of the times when patients come to see me, I want to be able to sign that form right then and there, while they're there. Otherwise it means making the patient come back for another visit, which adds cost to care, or a delay in them getting the care that they need, such as disability, by waiting that extra time to get that signature.

REP. COOK (65TH): And do we know if there's been any unforeseen tragedies or poor -- poor outcomes through the delay of these signatures?

LYNN RAPSILBER: What I've heard from my colleagues in the past has been delays in getting home oxygen therapy, nebulizer treatments and things like that.

Some of the laws are federal, and we're working on a federal bill to address some of those. But even the disability, when you're talking about getting somebody's livelihood by getting opportunity to have some funds to sustain their life, I mean you can make a difference between weeks and months; that can be huge for a patient.

REP. COOK (65TH): Thank you, Lynn. Thank you, Mr. Chairman.

REP. RITTER (1ST): Representative Srinivasan.

REP. SRINIVASAN (31ST): Thank you, Mr. Chair. Thank you very much for your testimony and good to see you again here.

LYNN RAPSILBER: Thank you.

REP. SRINIVASAN (31ST): But you had talked -- you

mentioned a few sections; three sections, you know, 18, 29 and 75, that you -- you can't -- you do not agree with and we need to work with it as we move forward.

LYNN RAPSILBER: Yes.

REP. SRINIVASAN (31ST): Would you also comment on the section that Dr. Wolfson just commented upon, and would like to see what your thoughts are as far as APRNs, pharmacies, and that -- and that relationship.

LYNN RAPSILBER: When it comes to pharmacies, we are more than willing to collaborate with any pharmacist on any issue regarding any patient care. We prescribe under our prescriptive authority for the state, so there shouldn't be any issues between us and pharmacists in any form of collaboration.

REP. SRINIVASAN (31ST): So the concern that Dr. Wolfson had, you feel is -- is not a concern that you would have or -- or are you concerned about the same thing as far as that particular section is concerned?

LYNN RAPSILBER: I don't see that it is an issue, because we do collaborate with pharmacists all the time regarding patient medications.

REP. SRINIVASAN (31ST): Thank you. Thank you for the clarification. Thank you, Mr. Chair.

REP. RITTER (1ST): Any more questions?  
Representative Conroy.

REP. CONROY (105TH): Thank you, Mr. Chairman. And thank you Lynn for coming to testify.

So I just want to clarify. If you're my primary care provider now, and I want to be DNR --

LYNN RAPSILBER: M-hum.

REP. CONROY (105TH): -- you wouldn't be able to write that for me?

LYNN RAPSILBER: No, I would not.

REP. CONROY (105TH): So you'd have to refer me out to someone that I might not even know to have that done?

LYNN RAPSILBER: Correct.

REP. CONROY (105TH): Okay. So, we're not streamlining our care then by any means.

LYNN RAPSILBER: Not at all, and when you're talking about a DNR, you're talking about a significant change in expectations of care. And it is a conversation that I would have with my patients, and then not to be able to sign for that is really -- it's disheartening for me because I've taken it as far as I can legally, and then to have a physician have to sign the form; they don't know the patient, they don't know the circumstances, and they may even question my ability in determining that the patient should be a DNR, and actually negate that. That could happen.

REP. CONROY (105TH): Thank you. And just -- the previous testifier about physician's assistants. Do you see any problems with having that being added into this bill?

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11:00 A.M.

LYNN RAPSILBER: As far as I know, the physician assistants work under delegation agreements with physicians. So I know that they are different rules for them than they are for APRNs. So, a lot of the statutes probably wouldn't apply to them. There are some that might. But for the purpose of this bill, all of the things that are in here would support having APRN authority, other than the ones that I had alluded to.

REP. CONROY (105TH): All right, thank you. Thank you, Mr. Chair.

REP. RITTER (1ST): Yep. Any more questions? Seeing none, thank you very much.

LYNN RAPSILBER: Thank you.

REP. RITTER (1ST): Okay. So we're now onto HB5129. There are a lot of speakers on this bill. And then we do have about 15 after that. So we still have a pretty long list; I just wanted the Committee to be aware of that please.

First up is Donna Morande followed by I believe Dr. Carbonari, who has been substituted in. Thank you.

DONNA MORANDE: Good afternoon Senator Gerratana and Representative Ritter and Members of the Public Health Committee. I am Donna Morande, president of the University Health Professionals, UHP, AFT Local 3837, representing 2,600 professional non-faculty employees at the University of Connecticut Health Center, including certified medical assistants.

I am here to testify in opposition to HB5129. This bill would allow medical assistants to administer

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SENATOR GERRATANA (6TH): Thank you.

DR. BRIAN LYNCH: Sorry.

REP. RITTER (1ST): That's okay.

DR. BRIAN LYNCH: Thank you for giving me the opportunity to address the Committee. My name is Dr. Brian Lynch and I'm a private practicing optometrist in Branford, Connecticut, and I represent the views of the Connecticut Association of Optometrists.

The Connecticut Association would like to offer comment on SB67; AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF APRNs. We would request that you include optometric doctors in four specific sections of the bill.

SENATOR GERRATANA (6TH): Oh.

DR. BRIAN LYNCH: Section 3 -- you have my testimony -- and so we'll go through these quickly. But Section 3 pertains to the ability -- ABLE accounts and the certification of an individual who is blind. I can see that APRNs would do this, but optometrists should also be included in that list of providers who can declare somebody as legally blind. We currently do it, but it's nowhere in the statutes that we can do that, so we thought it appropriate to put ourselves there.

Section 64 and Section 69 pertain to individual and group health insurance plan coverage of prescription eye drops. Well, as optometrists, we prescribe eye drops so we thought that we should be included in that list also.



Section 76 relates to a hold on the eviction of a tenant who is blind. Since we again are the ones who would declare somebody as legally blind, we thought we should be included as a provider in that section too.

And we appreciate -- we appreciate the Committee's review of these additions and look forward to working with you on SB67 as the session proceeds.

SENATOR GERRATANA (6TH): Thank you so much for your testimony. Did you submit it electronically or --

DR. BRIAN LYNCH: Yes, I have.

SENATOR GERRATANA (6TH): You did? Okay. We'll look for it then online. Thank you.

DR. BRIAN LYNCH: Okay.

SENATOR GERRATANA (6TH): Is that -- wait a minute. Representative Srinivasan has a question for you.

REP. SRINIVASAN (31ST): Thank you, Madam Chair. Thank you very much for your testimony this evening.

So, in these sections that you mentioned, you would -- you are requesting that optometrists also be given the authority to sign off on -- in these various sections?

DR. BRIAN LYNCH: That's correct, because we currently do that in our practice, as we do now; we would just like to be included and recognized in those sections.

REP. SRINIVASAN (31ST): I'm sorry, could you elaborate --

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DR. BRIAN LYNCH: Well we heard --

REP. SRINIVASAN (31ST): -- what you said. You currently do -- I don't -- I didn't get that.

DR. BRIAN LYNCH: Well, currently when somebody is legally blind, we will register them with the state's -- the board of ed services for the legally blind. And it is the forms through them say optometrist or ophthalmologist.

So, we're currently doing that, we just thought that it would be -- for it to be grammatically correct in the statute, that optometrists would be included, as well as physicians, as well as APRNs, in doing that.

With regard to the eye drops or declaring that somebody is legally blind for the purposes of tenancy, we thought optometrists to make the legislation appropriate and address all the providers who are currently doing those things, that optometrists should be listed in them.

REP. SRINIVASAN (31ST): So if I understand you clearly, optometrists are doing this as it is, as we speak?

DR. BRIAN LYNCH: Correct.

REP. SRINIVASAN (31ST): Correct. And --

DR. BRIAN LYNCH: It's not a matter of statute, more is a matter of regulation, sir.

REP. SRINIVASAN (31ST): Great. Thank you. Thank you for the clarification.

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DR. BRIAN LYNCH: Okay.

REP. SRINIVASAN (31ST): Thank you. Thank you,  
Madam Chair.

SENATOR GERRATANA (6TH): Certainly. Are there any  
more questions? Well, if not, thank you so much for  
coming and giving testimony. You're the last one I  
think, unless there is anyone else here who has not  
given testimony and would like to do so.

DR. BRIAN LYNCH: Thank you very much.

SENATOR GERRATANA (6TH): Thank you.

DR. BRIAN LYNCH: Have a good evening.

SENATOR GERRATANA (6TH): Thank you, Dr. Lynch.

If not, then I will close this hearing. Thank you  
all for coming. Have a good evening.

**AARP** Real Possibilities in

## Connecticut

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February 16, 2016

**RE: AARP Support of S.B. 67, *AAC the Authority and Responsibilities of APRNs AN ACT***

Dear Members of the Public Health Committee,

For AARP and approximately 600,000 AARP members in Connecticut, reliable access to quality health care is a top priority. That is why we continue to support efforts to modernize state nursing laws to increase access to Advanced Practice Registered Nurse (APRN) care.

SB 67 would improve outdated Connecticut health care rules law by allowing APRNs to sign documents including:

- disability forms,
- Do Not Resuscitate orders,
- certificates for Connecticut's Homecare Option Program for the Elderly,
- home health and hospice services coverage under individual health insurance and Medicare supplement policies,
- certification for medical leave of absence and family leave of absence, and
- nursing home transfer and discharge forms.

Additionally, the bill allows APRNs signature authority to authorize essential series such as respiratory care, occupational therapy, rehabilitation services, and paramedic orders, as well as determination of incapacity when relevant to living wills, health care proxies, and insurance coverage for disabled children.

We urge the Connecticut General Assembly to pass the bill into law.

AARP Connecticut supports this legislation because it will put people first, by increasing consumer access to health care and reduce unnecessary health care costs. By improving outdated Connecticut health care rules, residents will no longer face delays in care due to limitations on APRNs, who have the training and skills to sign these documents

AARP is fighting to break down the barriers that prevent APRNs from using all their training and skills to approve care for patients, especially older people who need to receive care

at home to continue living independently—and stay out of costly nursing homes. These barriers often delay care to consumers and extend hospital stays, especially in cases where signatory approved medical equipment or therapy is required for outpatient care. This problem is particularly acute especially in rural and urban undeserved areas where fewer physicians are available to sign off on a high volume of requests. Delays in care not only hurt the consumers, but place added stress on family caregivers, who are all too often overwhelmed with bearing the brunt of providing and overseeing the care of a loved one. It can also take precious time away from patient care by making physicians countersign forms completed by APRNs.

Further, AARP is calling on politicians to put people first, by supporting policies which improve care and continue to assure that Connecticut citizens can receive quality care whenever and wherever they need it. APRNs serve in a wide variety of settings, including community health centers, medical offices and at home. Increased signature authority gives APRNs the ability to quickly and effectively authorize care outside of the hospital setting, where they may not have immediate access to physicians. The vast majority of Connecticut residents want to live independently as they age, and need access to routine care in a variety of settings so they can remain at home.

AARP is closely following the issue of signature authority on the national- as well as state-level. We know Connecticut would benefit from this policy because we have watched consumers and family caregivers and other states benefit from the same policy. Likewise, we know the most commonly cited concerns on increased signature authority simply have not materialized in other states that have adopted it.

AARP and stakeholders that support full practice authority have advocated for patients to receive full and direct access to APRNs, including on the issue of signature authority. In light of the evidence, national recommendations, expert health policy and health care endorsements, and the patient and health system benefits, the only question left is: why not take every opportunity to put patients first and cut red tape that restricts access to care?

Sincerely,

Nora L. Duncan  
State Director, AARP Connecticut



Connecticut Psychiatric Society

*A District Branch of the  
American Psychiatric Association*

Statement opposing Senate Bill 67, An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.

The Connecticut Psychiatric Society, an organization of 800 psychiatrists practicing in the state, wishes to express its concerns about SB67, AAC.

While we support the bill's intent to expand access to health care, we agree with the Connecticut State Medical Society's testimony that changing statutes referring to physicians by simply adding advance practice registered nurses across the board needs more scrutiny.

We would like to point out that while APRNs have independent practice, it is the independent practice of nursing, not medicine. There are some parts of this omnibus bill where APRNs are being added to statutes involving situations in which the added training and medical expertise of a physician is crucial.

We are specifically concerned about Section 1, which allows two APRNs to determine who is incapacitated for the purpose of executing power of attorney, and Section 22, which allows an APRN to determine who is incapacitated for the purpose of enacting a living will. We do not understand why these actions would be in the scope of practice of APRNs. In both of these cases, an individual's right to make decisions about his own body is at stake, and he deserves to be evaluated by the most well-trained practitioner—a physician—before these rights are taken away. We would note that, in other matters involving decision-making capacity, such as applications to the probate court for conservatorship of person or estate, or the involuntary administration of psychiatric medication, the judgment of physicians is considered mandatory. We believe that the situations addressed in Sections 1 and 22 of this act similarly require medical training and judgment, because we do not think these matters are addressed in the curriculum of nursing training.

We are also concerned with the concepts in Sections 17 and 27, in which APRNs would be added to a list of practitioners who could perform evaluations of physicians who are being investigated by the Department of Public Health. As a matter of fundamental fairness, physicians in this situation should be evaluated by their peers who are qualified to make judgments about the adequacy or appropriateness of a physician's practice.

Because of these concerns and the large scope of this bill, we support reconsideration and study of all the sections addressed in this bill.

Thank you for your attention.

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PUBLIC HEALTH COMMITTEE

FEBRUARY 16, 2016 PUBLIC HEARING

Tracy Powell, FNP-BC IN SUPPORT OF RAISED BILL No. 67

AN ACT CONCERNING THE AUTHORITY AND RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES

Senator Gerratana, Representative Ritter and members of the Committee,

Thank you for Raising this bill, addressing patient care issues. This bill will help delineate the role of advanced practice registered nurses in caring for patients, ensuring continuity of care.

I am Tracy Powell, FNP-BC.

*Tracy Powell, FNP-BC*

**Testimony: S.B. No.67 An Act Concerning the Authority and  
Responsibilities of Advanced Practice Registered Nurses.**

PUBLIC HEALTH COMMITTEE

February 16, 2016

Good Morning; Senator Gerratana, Representative Ritter and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) in respect to S.B. No.67 An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I speak in **STRONG support of: S.B. No.67 An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.**

This proposed legislation provides the APRN with signature authority to authorize essential services across multiple areas related to benefits, exemptions and permission, related to treatments, prescriptions, disability services, insurance coverage etc. Signatory authority will facilitate the continuum of care and keep clients safe.

We again need to heed the recommendations of The Robert Wood Johnson Study on the Future of Nursing in collaboration with the Institute of Medicine that reported:

- Nurses should practice to the full extent of their education and training.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.



This is an opportunity to prevent a crisis in providing care across the continuum by allowing APRNs to have full Signatory Authority. In order to provide care for the citizens of Connecticut we need to seize the moment and move forward in an organized fashion as we create a seamless mechanism for patient access and continuity of quality, safe care that puts the client first.

As the education, training, experience, and overall competence of health care practitioners have advanced over time, the distinctions between many health care professions in terms of their abilities to perform particular health care procedures have lessened. "Full Signatory Authority" is essential to the provision of uninterrupted health care. It is ultimately an issue of patient safety, it allows for the provision of essential services and a safe continuum of care without unnecessary interruption of service.

I urge you to support S.B. No.67 An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses. This proposed legislation supports the Full Implementation of Public Act 14-12 calling for Increased Access to Health Care.

Thank you

Mary Jane M. Williams PhD., RN

Chair, Government Relation, Connecticut Nurses Association

Professor Emeritus Central Connecticut State University



## Connecticut Academy of Physician Assistants

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**TESTIMONY by the  
 Connecticut Academy of Physician Assistants (ConnAPA)  
 for the  
 Public Health Committee Public Hearing on  
 Re: S.B. No. 67 (RAISED) PUBLIC HEALTH. 'AN ACT CONCERNING THE AUTHORITY AND  
 RESPONSIBILITIES OF ADVANCED PRACTICE REGISTERED NURSES'**

February 13, 2016

The Honorable Terry B Gerratana  
 The Honorable Matthew Ritter  
 Co-Chairs, Public Health Committee

Senator Gerratana, Representative Ritter and members of the Public Health Committee:

The Connecticut Academy of Physician Assistants (ConnAPA), the professional society representing over 1900 physician assistants (PAs) in CT, submits this testimony recommending the inclusion of the title "physician assistant" in most instances where the title "advanced practiced registered nurse" is also added to raised S.B.67.

By excluding PAs by title, S.B.67 will negatively impact current CT PA practice and CT residents' access to health care by PAs. CT PAs practice medicine with nearly identical clinical roles and responsibilities as APRNs and often with APRNs as colleagues in the same clinic, hospital or other health care facility. Along with our physician colleagues, PAs and APRNS practice authority and responsibilities are exercised not only in primary care settings but also in many other settings including urgent care, emergency care, specialty care clinics from orthopedics to oncology, hospital based medicine units, intensive care units, and specialty intensive care units.

Very simply, if S.B.67 is approved as is currently proposed, the exclusion of Physician Assistants will create significant confusion regarding existing PA scope of practice, subsequently undermine current PA authority as care providers, and ultimately decrease access to care by CT residents who are served by PAs. In the past, CT PAs and patients have experienced this unfortunate fallout of exclusionary statutory language due to exact interpretations of statute by health care facilities or institutions that employ PAs.

To that end, ConnAPA respectfully seeks the most precise and accurate language that includes Physician Assistants within S.B.67 as indicated in attachments accompanying this testimony. The places requested for inclusion do not change current PA scope of practice as ConnAPA does not seek authorization to prescribe medicinal marijuana. ConnAPA's goal is merely to more fully synchronize CT statute with current PA practice in order to avoid creating more confusion that may unnecessarily prohibit PAs from providing the highest quality health care to CT residents.

Thank you for your time and consideration.

Sincerely,

Jonathan Weber, MA, PA-C  
 Dan Mussen, PA-C  
 Co-Chairs, Legislative Committee

Jason Prevelige, MHS, PA-C  
 President



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

February 16, 2016

Commissioner Raul Pino, MD, MPH  
860-509-7101

**Senate Bill #67 An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.**

The Department of Public Health provides the following information regarding Senate Bill 67.

The bill appears to seek to align Connecticut's statutes with the expanded authority and responsibilities granted to Advanced Practice Registered Nurses within PA 14-12, An Act Concerning the Governor's Recommendations to Improve Access to Health Care.

The Department supports the ability of APRNs to practice to the full extent of their education and training. However, due to the large number of proposed changes in this bill that will affect multiple agencies and state practices, the administration will be conducting a more comprehensive review and provide a response at a later date.

Thank you for your consideration of the Department's view of this proposal.

# Waterbury Medical Association

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## Statement concerning

**Senate Bill 67 – An Act Concerning the Authority and Responsibilities  
of Advanced Practice Registered Nurses**

and

**House Bill 5129 – An Act Concerning the Administration of Vaccines by Pharmacists and Medical  
Assistants and the Listing of Certified Medical Assistants**

**Public Health Committee  
February 16, 2016**

This statement is submitted on behalf of the Waterbury Medical Association concerning House Bill 5129 – An Act Concerning the Administration of Vaccines by Pharmacists and Medical Assistants and the Listing of Certified Medical Assistants and Senate Bill 67 – An Act Concerning the Authority and Responsibilities of Advanced Practice Registered Nurses.

Senate Bill 67 makes several changes to the scope of practice for APRNs. We were surprised at the introduction of this bill as it seems as if it should have gone through the scope of practice process pursuant to CGS Sec. 19a-16d. This procedure was established within the Department of Public Health in order to thoroughly scrutinize changes to scope of practice. This process gives all sides the opportunity to introduce impact statements and evidence. Given the massive amount of changes Senate Bill 67 attempts to make, we feel that it must go through the proper process so that we have the time to completely examine the changes that are being proposed. We respectfully urge this committee to reject this bill so that it can go through the proper process and the proposed changes can be fully evaluated.