Legislative History for Connecticut Act

PA 19-98

SB921

Transcripts from the Joint Standing Committee Public Hearing(s)
and/or Senate and House of Representatives Proceedings

Connecticut State Library
Compiled 2019

Connecticut

Gen.Assembly

House

Proceedings

2019

Vol. 62

Part 11

8848-9664

minds. All those in favor please signify by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY (110TH):

Opposed, nay. The aye's have it, the Amendment is adopted [Gavel]. Representative Fox.

REP. FOX (148TH):

With no objection I ask to move to Consent Calendar.

DEPUTY SPEAKER GODFREY (110TH):

Is there objection to putting this on the Consent Calendar? Hearing none, 469 Mr. Clerk.

CLERK:

On Page 29, Consent Calendar 469, Substitute Senate Bill No. 921, AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES. Favorable Report of the Joint Standing Committee on Public Health.

DEPUTY SPEAKER GODFREY (110TH):

Representative Steinberg.

REP. STEINBERG (136TH):

Mr. Speaker, I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill in concurrence with the Senate.

DEPUTY SPEAKER GODFREY (110TH):

Question is on passage.

REP. STEINBERG (136TH):

It's about nurses, good Bill, ought to pass.

DEPUTY SPEAKER GODFREY (110TH):

Will you remark further? If not, Representative Steinberg.

REP. STEINBERG (136TH):

If there is no objection, I move to move to the Consent Calendar.

DEPUTY SPEAKER GODFREY (110TH):

Is there objection? If not, this item is placed on the Consent Calendar.

SPEAKER ARESIMOWICZ (30TH):

Will the Clerk please call Calendar 505.

CLERK:

On Page 31, Consent Calendar 505, Substitute

Good Bill, ought to pass.

SPEAKER ARESIMOWICZ (30TH):

Thank you very much, madam. Representative Stafstrom.

REP. STAFSTROM (129TH):

Mr. Speaker move to Consent.

SPEAKER ARESIMOWICZ (30TH):

Question before the Chamber is adding item to the Consent Calendar. Is there objection? Seeing none, so ordered.

Will the Clerk please call Consent Calendar 458.

CLERK:

Consent Calendar 458, Senate Bill 265, Senate Bill 857, Senate Bill 916 amended by Senate "A", Senate Bill 921, Senate Bill 832 amended by Senate "A", Senate Bill 1108 amended by Senate "A", Senate Bill 1020, Senate Bill 1048, Senate Bill 359, Senate Bill 804 amended by Senate "A", Senate Bill 1103 amended by Senate "A", Senate Bill 886, Senate Bill 1091 amended by Senate "A", Senate Bill 1029 amended

by Senate "A" and Senate Bill 833.

SPEAKER ARESIMOWICZ (30TH):

Representative Ritter of the 1st District.

REP. RITTER (1ST):

Mr. Speaker I move adoption the Consent Calendar.

SPEAKER ARESIMOWICZ (30TH):

The Question before the Chamber is adoption of the Consent Calendar. Will you remark?

If not will the Staff and guests to the Well of the House. Members take your seats, the machine will be open. [Ringing]

CLERK:

The House of Representatives is voting by roll, Members to the Chamber. The House of Representatives is voting by roll, Members to the Chamber.

SPEAKER ARESIMOWICZ (30TH):

Have all members voted? If all the members please check the board to ensure your vote has been properly cast. The machine will be locked and the

Clerk will take a tally.

The Clerk will announce the tally.

CLERK:

Consent Calendar No. 1 in concurrence with the Senate.

Total Number Voting	150
Necessary for Passage	76
Those voting Yea	150
Those voting Nay	0
Absent not voting	1

SPEAKER ARESIMOWICZ (30TH):

Consent Calendar passes [Gavel].

Representative Ritter of the 1st District, you have the floor.

REP. RITTER (1ST):

Mr. Speaker with 50 minutes to go, less than that, 49 the machine is going to close so rapidly that if you leave you will miss the vote. So just understand that, we have a lot to do, it will be very, very quick and if you leave you will miss the boat. Thank you, Mr. Speaker.

S-718

Connecticut

Gen.Assembly

Senate

Proceedings

2019

Vol. 62

Part 1

1-792

Index

would ask that all of my colleagues join me in voting affirmatively.

THE CHAIR:

Thank you, Senator Winfield. Will you remark? Will you remark? Senator Winfield.

SENATOR WINFIELD (10TH):

Yes, thank you, Madam President. If there is no objection, I'd ask that this also be placed on the Consent Calendar.

THE CHAIR:

Seeing no objection. So ordered. Mr. Clerk.

CLERK:

Page 45, Calendar No. 300, substitute for the Senate Bill Number 921, AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.

THE CHAIR:

Senator Abrams.

SENATOR ABRAMS (13TH):

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

THE CHAIR:

Thank you. Will you remark further?

SENATOR ABRAMS (13TH):

Yes, this bill gives advanced practice registered nurses, or APRNs, it adds them to various statutes that currently only reference physician or other healthcare providers. It gives APRNs the specific authority to perform certain actions that under current law are generally reserved for physicians, such as entering into collaborative drug therapy management agreements with pharmacists, and other topics such as matters related to insurance, workmen compensation, and behavioral health. And the behavioral health area APRNs, that relates to APRNs who are certified in psychiatric -- as psychiatric mental health providers. The bill also makes some technical and conforming changes. It was unanimously approved by the public health committee and -- thank you.

THE CHAIR:

Thank you, Senator Abrams. Will you remark further? Will you remark further? Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you, Madam President. I just have a quick question for the proponent of the bill, through you, if I could?

THE CHAIR:

Please proceed. Senator Abrams.

SENATOR SAMPSON (16TH):

I just wanted to clarify for the record. It was stated that this bill adds APRNs to a number of state statutes. I just wanna confirm that those are conforming changes, and that there's no additional scope of practice that's being provided or given to APRNs. Through you, Madam President.

THE CHAIR:

Thank you, Senator Sampson. Senator Abrams.

SENATOR ABRAMS (13TH):

It is my understanding, through you, Madam President, that this -- that any of these changes are within the scope and practice of the APRNs.

THE CHAIR:

Thank you, Senator Abrams. Senator Sampson.

SENATOR SAMPSON (16TH):

Thank you, Madam President, and thank -- thank you for the kind lady for that -- that answer. With that said, I will support the bill. I just wanted to make sure that it was more technical in nature and it's not making any substantive policy change. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark further on the bill? Will you remark further? Senator Abrams.

SENATOR ABRAMS (13TH):

Madam President, if there's no further objections or questions, I would ask that the bill be placed on the Consent Calendar.

THE CHAIR:

Seeing none. So ordered. Mr. Clerk.

CLERK:

Page 19, Calendar No. 147, substitute for Senate Bill Number 812, AN ACT CONCERNING THE LEGISLATIVE COMMISSIONER'S RECOMMENDATION FOR TECHNICAL REVISIONS TO THE EDUCATION AND EARLY CHILDHOOD STATUTES.

THE CHAIR:

Senator McCrory.

SENATOR MCCRORY (2ND):

Thank you, Madam President, once again. Madam President, I move acceptance of the Joint Committee's favorable report and passage of the bill.

THE CHAIR:

Thank you. Will you remark?

SENATOR MCCRORY (2ND):

Absolutely. Madam President, this bill makes technical and conforming changes to the education and early education statutes, including replacing the obsolete reference to the Connecticut Law

THE CHAIR:

Seeing no objection. So ordered. Mr. Clerk. Ah, excuse me, Senator Duff.

SENATOR DUFF (25TH):
Thank you, Madam President. Madam President, that concludes the items on our go list. If the Clerk can now please call the items that have been marked on Consent for a vote on the Consent Calendar please?

THE CHAIR:

Mr. Clerk.

CLERK:

Page 3, Calendar No. 41, Senate Bill 829; page 11, Calendar No. 96, Senate Bill 81; page 15, Calendar No. 121, Senate Bill 750; page 16, Calendar No. 130, Senate Bill 922; page 19, Calendar 149, Senate Bill 932; page 19, Calendar No. 147, Senate Bill 812; page 20, Calendar 152, Senate Bill 956; page 25, Calendar No. 181, Senate Bill 1024; page 30, Calendar No. 209, Senate Bill 1039; page 34, Calendar No. 232, Senate Bill 265; page 34, Calendar No. 235, Senate Bill 1041; page 35, Calendar No. 240, Senate Bill 857; page 35, Calendar No. 242, Senate Bill 965; and page 45, Calendar No. 300, Senate Bill 921, Consent Calendar No. 2.

THE CHAIR:

The machine will be opened for a vote on the Consent Calendar.

CLERK:

An Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 2. An Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 2. Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 2.
[Crosstalk]

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be closed, and if the Clerk would announce the tally.

CLERK:

Consent Calendar No. 2

Total number voting	36
Total number voting Yea	36
Total voting Nay	0
Absent and not voting	0

THE CHAIR:

[Gavel] Bill passes. Thank you so much. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, that concludes our business for today. And a good note, there will be no session tomorrow, and so I just wanna wish everybody a Happy Passover and a Happy Easter. And I would just like to mention that there will be a 5 minute Democratic Caucus immediately

JOINT STANDING COMMITTEE HEARINGS

PUBLIC HEALTH

Part 5
3384-4071

2019

NATHAN TINKER: Chairman Abrams and Chairman Steinberg, Senator Somers and Representative Petit, and members of the committee, my name is Nathan Tinker. I'm the chief executive officer of the Connecticut Pharmacists Association which represents more than 1,000 pharmacists, technicians, and students across all sectors of the pharmacy industry in Connecticut. I am pleased to submit testimony in strong support of S.B. 921, but I'd also like to comment on S.B. 4 and H.B. 6543 as we go through. You have my written testimony so I'm just going to summarize a little bit. Regarding 921, a pharmacist's expertise can help unveil medication adherence problems, medication interactions, and in general, can increase patient satisfaction as their collaboration with providers help to tailor a patient's medication regimen to their individual goals and needs.

This has already shown to be successful in collaborative practice agreements between physicians and pharmacists. Here in Connecticut, we have some 41 health professional shortage areas, or HPSAs, where primary care needs are not being met, yet we have over 2,800 highly trained pharmacists ready to provide advanced healthcare services to our citizens. Allowing APRNs and pharmacists to work together through collaborative practice agreements presents a huge opportunity to address this crisis.

Regarding S.B. 4, pharmacists are squarely at the interface of drug cost and patient access. We encourage you to move forward aggressively to study, understand, and respond to this challenge and as I said in my written testimony, if you want to have real insight into how consumer drug costs work, how

patients respond and potential strategies to fix it, ask a pharmacist.

And finally regarding H.B. 6543, pharmacists understand that cigarette smoking impacts the health of their patients, but community pharmacists have something else to worry about. Cigarette smoking has been shown to affect drug therapy by both pharmacokinetic and pharmacodynamic mechanisms. Quitting smoking is difficult, but tobacco cessations aids paired with counseling can help research -- can help, I'm sorry. Research shows that patients who use a tobacco cessation medication are much more likely to quit. Recognizing the safety and efficacy of varenicline (Chantix) and bupropion (Zyban), the FDA removed their black box warning labels in 2016, something that had never been done before. Pharmacists are a great solution for increasing access to tobacco cessation services and tobacco cessation products and medications and concerns related to the side effects or other rare, unlikely safety concerns pale in comparison to the fact that for every three people who continue to smoke, two of them will die of a smoking-related illness. No matter what statistics are reviewed, helping people quit smoking will always be the best outcome from a public health perspective. Thank you.

REP. STEINBERG (136TH): Thank you for your testimony. With regard to Senate Bill 921, I'm not sure I'm clear as to your testimony about the collaborative relationship between nurses and pharmacists. Could you please explain a little further what you were referring to?

NATHAN TINKER: So collaborative practice permits, right now in Connecticut, permits doctors and pharmacists to work together in certain collaborative arrangements and agreements that allows them to work as a -- basically as a team; 921 would extend that same capability to APRNs and pharmacists, which right now they cannot do. So basically it's taking the statute that's already been applied to doctors and applying APRNs into that as well so that pharmacists and APRNs can work collaboratively.

REP. STEINBERG (136TH): Could you give me an example of how that is currently done between MDs and pharmacists?

NATHAN TINKER: Well, one might be that they'll work on a particular -- work together on a particular patient. The pharmacist will follow the pharmacovigilance, designing, assessing, and understanding how the medication process and here as its taking place while the physician is working on other aspects of that relationship, so the pharmacist actually takes over a certain part of the patient responsibility, takes off the doctor's hands, and focuses on specific parts that the pharmacist has specialty in.

REP. STEINBERG (136TH): And just to clarify further, then the pharmacist would be responsibility for subsequent interactions with the patient and also advising the doctor --

NATHAN TINKER: They can be, yes.

REP. STEINBERG (136TH): Thank you for that. Are there other questions or comments? Yes, Representative Michel.

CSHP CONNECTICUT SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Connecticut Society of Health-System Pharmacists
c/o The Association Advantage LLC
591 North Avenue, Suite 3-2 Wakefield, MA 01880-1617
888/506-3784 (506-drug) fax: 781/245-6487
office@cshponline.org www.cshponline.org

Testimony to the Public Health Committee – March 4, 2019
Raised Bill No. ***921***: ***An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses (focus on Section 28)***
Thomas Buckley, R.Ph, MPH, FNAP
Associate Clinical Professor, University of Connecticut School of Pharmacy
Legislative Chair, Connecticut Society of Health-Systems Pharmacists

Thank you for the opportunity to submit testimony about Raised Bill 921, Section 28, an act concerning the scope of practice of advanced practice registered nurses. My name is Thomas Buckley; I am an Associate Clinical Professor at the UConn School of Pharmacy and currently serve as the legislative chair for the Connecticut Society of Health-Systems Pharmacists.

The goal of this legislation is to allow APRNs and pharmacists to collaborate on drug therapy protocols that would improve the quality, efficiency, and cost-effectiveness of medical care, and reduce the frequency of avoidable drug-related problems associated with the vast array of medical options available today. This bill simply adds APRNs to the current law authorizing physicians and pharmacists to collaborate on drug therapy protocols. The law was originally passed in 2006 and has been extremely successful in allowing pharmacists to efficiently manage drug therapy. Over 25 different types of protocols, spanning various types of therapies, have been established in Connecticut. These have been implemented in every health care setting, such as hospitals, nursing homes, ambulatory clinics, and community pharmacies. These voluntary arrangements between prescribers and pharmacists gives the pharmacist delegated, dependent authority by the prescriber to manage drug therapy utilizing protocol agreements for specific patients after a specific diagnosis by the prescriber.

Collaborative practice protocols permit the pharmacist to initiate, modify or discontinue therapy, order associated lab tests, and administer medication as outlined in the protocol. Collaborative practice agreements (CPAs) have demonstrated improved clinical and behavioral health outcomes, and cost savings. CPAs utilize pharmacist compliance with clinical guidelines; increasing patient knowledge and adherence to medication regimens. CPAs optimize pharmacists' accessibility, allowing for more frequent patient encounters.

Expanding CPAs to pharmacists and APRNs permits more opportunities to provide care to underserved populations serviced by APRNs, thereby bridging a health disparities gap in these communities. An APRN can delegate complex, difficult patients to the pharmacist to manage drug therapy with a CPA. This frees up the APRN to focus on other underserved patients, enabling the APRN/pharmacist team to provide a higher quality of care.

CPAs are built upon a foundation of trust between pharmacists and prescribers and serve as a useful mechanism for increasing efficiencies of team-based care. This allows each member of the health care team to complement the skills and knowledge of the other members and more effectively facilitate patient care, resulting in improved patient outcomes. The goals of reaching populations at risk and reducing health disparities are key reasons why the development and implementation of CPAs between pharmacists and APRNs should occur in Connecticut.

Because pharmacists often work directly with the public in community settings, they are often considered the public's most accessible health care providers. CPAs can authorize pharmacists to make changes to a patient's medication or dosage, which can reduce the number of visits a patient has to make, thereby lowering costs, while also making it easier for patients to adhere to their medications.

In 2011, the U.S. Public Health Service authored a report, titled *Improving Patient and Health System Outcomes Through Advanced Pharmacy Practice*, to the U.S. surgeon general. This report highlighted the efficacy of pharmacists in advanced practice roles and advocated for intensified utilization of pharmacists in alleviating our nation's imminent primary care provider crisis. The findings of the report were promptly endorsed and supported by the 18th surgeon general, Vice Admiral Dr. Regina Benjamin, who recommended that health leadership and policy makers optimize the pharmacist's role. Vice Admiral Benjamin recommended that this be done through implementation of collaborative practice models.

CPAs offer a unique opportunity for pharmacists and prescribers to collaborate in a formal way. Such collaboration increases the efficiency of team-based care in the treatment and management of chronic conditions. Expanding the current highly successful law to include APRNs and pharmacists to collaborate on protocol-based care will greatly increase access to underserved populations in Connecticut. We urge your support of this bill as a means of providing better health care for the patients of Connecticut by improving their medical outcomes, reducing medical costs, and reducing the burden of preventable adverse drug reactions.

Testimony of Carol Erickson, APRN of Connecticut Children's Medical Center
to the Public Health Committee
Regarding SB 921, An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses
March 4, 2019

Senator Abrams, Representative Steinberg, members of the Public Health Committee, thank you for the opportunity to share my thoughts about SB 921, An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses.

My name is Carol Erickson, APRN and I am the lead of the Advance Practice Providers in the Connecticut Children's Medical Center Emergency Department. I am submitting this testimony in support of this proposed legislation's change of scope related to behavioral health treatment because it expands the capacity of our providers to give promptly attention to children suffering from such issues.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are a nationally recognized, 187-bed not-for-profit children's hospital driving innovation in pediatrics. With over 2,600 employees and over 1,100 on our medical staff, we are the only hospital in the State dedicated exclusively to the care of children. Through our partnerships with adult hospitals and primary care providers across Connecticut, we are able to offer a continuum of care for children, from primary prevention to complex disease management, closer to their home. Last year alone, Connecticut Children's directly cared for more than 15% of all kids in Connecticut covered by Medicaid and spent over $90 million in free and uncompensated care. We are also 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 and the primary pediatric research partner of Jackson Laboratories.

According to current State statute, a Physician Emergency Certificate (PEC) is defined as a document that allows a physician who concludes that a patient has "psychiatric disabilities and is dangerous to himself or others or gravely disabled, and is in need of immediate care and treatment in a hospital for psychiatric disabilities, may be continued in such hospital, either public or private, under an emergency certificate as hereinafter provided for not more than 15 days without order of any court.

In April 2014, Connecticut permitted APRNs to practice independently and codified this decision in Connecticut General Statutes Section 20-87a, commonly referred to as "The Nurse Practice Act". Yet through the omission of the term "APRN" from Section 17a-502, restrictive, archaic language permeates the associated regulations and prevents APRNs from practicing

independently and from allowing them to sign paperwork known as the Physician Emergency Certificate (PEC). A PEC allows a patient in danger or at risk of hurting himself or others to be transferred to a facility with a higher level of care. This omission is in direct conflict with the intent of the Nurse Practice Act.

As this restrictive language conflicts with the spirit of the legislation, it seem that the exclusion of APRNs in the current regulations is outdated and an unintentional oversight. When section 19a-502 is amended to included language that states "physician or APRN" wherever "physician" is used in regards to PEC orders, it would correct this apparent oversight and allow APRNs to better serve their patient's needs as the enabling legislation intended. As the current iteration of the regulations now dictate, a patient that is known to and followed by an APRN must have a physician engaged for the sole purpose of signing the PEC. Allowing APRNs to sign the PEC would allow a smooth transition for the patient under the auspices of the care team that is known to the patient.

Connecticut granted APRNs the ability to practice independently, however the omittance of APRNS from S17a-502 does not allow APRNs to practice to their full potential under the existing law. The current regulations impeded APRNs from effectively serving their patients, especially pediatric and adolescent patients with mental health or behavioral concerns.

The Emergency Department Attending Physicians are not licensed psychiatrists. The mental health patients are usually medically cleared upon admission to the emergency department and followed by APRNs during daily rounds. Restricting APRNs from signing a PEC prohibits the smooth transition of a patient from the emergency room setting to a psychiatric facility. It also requires engaging the patient with a new provider, namely a pediatric emergency medicine physician for the sole purpose of signage of the PEC. Emergency Department APRNs are qualified and competent health care providers who are able to coordinate transfer of care with their psychiatric clinicians and providers within the Emergency Department.

A patient with a mental health issue as their chief complaint upon entering the Emergency Department for care requires a medical screening before a psychiatric evaluation can be completed. This medical screening exam is usually performed by the ED APRN on staff on the day of the patient's admission. Other members of the health tem, including Pediatric Emergency Medical Attending's and Physician Assistant's will partner with the APRNs as needed for timely completion of the medical screening. The APRN staff routinely round daily on all behavioral health patients. This gives the APRN privilege of knowing the patient, the family and being a team member with the psychiatric clinicians located within the Emergency Department. When the time for disposition arrives, the APRN has thorough knowledge of the patient and his/her needs. Allowing APRN's to sign the PEC to allow a patient to transfer to a higher level of psychiatric care at a psychiatric institution allows for more timely and thoughtful care. Having to engage a physician at the time of disposition requires that the APRN review the history, which is often lengthy and discuss results of the psychiatric evaluation and consultations before the PEC is signed. For the patient, this often means meeting a new member of the provider staff and having to recant the history another time. Many of these patients are fragile and their care limited to those providers who need only be involved in their care. Not allowing APRNs to sign

the PEC delays care for the patient and also undermines the qualification of the APRN to perform this task.

Physicians, who are currently the only providers in the State of Connecticut able to sign a PEC would be relieved of the responsibility of signing a document for a patient that they may not be the primary provider of. This would allow physicians to share this responsibility with other licensed independent health care providers. Physicians would still have the relationships they have with their patients today and the ability to discuss the physician emergency certificate and other health care issues with the patients as they do now. APRNs would be allowed to practice as their education and certification prepares them and to discuss physician emergency certificate issues with the patients, family and guardians and to follow through to assure their patients and families wishes are respected and upheld with the dignity they 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.

Public Health Committee Testimony – March 4, 2019

RB291: An Act Concerning Scope of Practice of Advance Practice Registered Nurses

Good afternoon Senator Lesser and the Public Health Committee. My name is Stephanie Luon, and I am a licensed pharmacist practicing in the ambulatory care clinic setting within a health system in the state of Connecticut and a member of the Connecticut Society of Health-Systems Pharmacists. I am submitting written testimony on behalf of myself in strong support of RB 921: An Act Concerning the Scope of Practice of Advance Practice Registered Nurses.

This bill amends the current law of collaborative practice authority agreements between physicians and pharmacists (Section 20-631 of the General Statutes) and adds that pharmacists can enter into these agreements with advanced practice registered nurses licensed under chapter 378. This law was originally passed in 2008 and has allowed pharmacists to successfully establish collaborative practice agreements with physicians for numerous chronic conditions. Collaborative practice agreements permit pharmacists to initiate, modify, or discontinue therapy, administer medication, and order associated lab tests in accordance with the protocol.

Advance practice registered nurses now often have their own patient panels and are not practicing under a licensed physician. Currently, pharmacists are unable to provide care to patients referred from an advance practice registered nurse as the law solely permits collaboration between a physician and pharmacist.

Due to the shortage of primary care physicians, advance practice registered nurses and pharmacists are frequently filling in gaps of care. Working pursuant to collaborative practice agreements, pharmacists have demonstrated improved outcomes in quality measures such as better controlled diabetes, reduced blood pressure, medication adherence, and decreased asthma exacerbations requiring emergency department utilization. Pharmacists are highly educated and graduate with a Doctor of Pharmacy Degree. They then often participate in one or two years of additional residency training and sometimes fellowship training before settling into clinical roles.

Pharmacists have the ability to work closely with patients and check in frequently if necessary to assist, where they may only be able to see their primary care provider every several months. Improvement in these quality measures contribute to cost savings and help our patients to live healthier and happier lives. Expansion of the collaborative practice agreements to include collaboration between advance practice registered nurses and pharmacists increases access to care, which can help provide additional care to underserved populations cared for by advanced practice registered nurses. This allows pharmacists to help close the gap in healthcare disparities in our communities.

For these reasons, I support the addition of advance practice registered nurses to the list of health care providers who can engage in collaborative practice agreements with pharmacists to improve access to care to patients in the state of Connecticut.

SB No. 921 AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

PUBLIC HEALTH COMMITTEE

Public Hearing: March 4, 2019

Testimony **IN SUPPORT**

Representative Mary Daugherty Abrams, Senator Heather Somers, Representative Jonathan Steinberg, Representative William Petit, and Honorable Members of the Committee:

I am Danielle Morgan, MSN, CNS, Family PMHNP, a Family Psychiatric Nurse Practitioner, and I have provided psychotherapeutic and psychopharmacologic services for persons with mental illness in Connecticut since completing my nurse practitioner training at Yale University in 2000. I have a private practice with offices in Hamden and Guilford where I treat approximately 1000 patients and I am currently a member of the medical staff at a FQHC where we treat a whole range of substance use and psychiatric disorders in the East Hartford area.

Thank you for the opportunity to provide feedback on this bill, on behalf of the over 2000 psychiatric APRNs providing care to the citizens of CT.

Having had the honor and privilege of serving on the Scope of Practice Review Committee that ultimately moved in favor of evolving our scope from a collaborative practice to an Independent Practice in 2015 with SB 36, it has been challenging to cohesively update the various aspects of the statutory language to reflect this change in our practice authority. This translates into great barriers to care for our patients in our daily clinical practice. SB 921 is the first comprehensive approach to managing many of the changes we need to make to get the current statutory language to reflect our actual current scope of practice.

Psychiatric APRNs are practicing independently in all settings where psychiatric patients seek care – EDs, community based clinics, FQHCs, private practices, substance abuse treatment facilities, residential care facilities – and we manage a whole range of severely medically and psychiatrically compromised patients, many in very dangerous situations. Yet we are often left to seek the signature of a police officer or an MD for a patient that

needs transport to a higher level of care for evaluation, when we are fully licensed and capable of said skilled evaluation for emergency transport. This causes delays in access to treatment, putting patients, staff, and communities at greater risk for violence. This Bill would change this unnecessary and dangerous delay.

This Bill will authorize Psychiatric APRNs to participate and be compensated as providers of workman's compensation care for police officers and fire fighters – work we routinely do with these great men and women when they seek our services through their private health insurance. Psychiatric APRNs receive extensive training in both psychotherapeutic and psychopharmacologic treatment of PTSD – this is well within our scope of practice.

Psychiatric APRNs continue to stand side by side with our psychiatrist colleagues in the delivery of care for CT's most vulnerable population. The shortage of psychiatric providers remains large and the need for services is great. Psychiatric APRNs did well to demonstrate in our Scope of Practice Review that Independent Practice made sense in meeting the health care needs of the citizens of CT. As we amend the language in statute, change at the service delivery level can then take place, barriers can be removed, and patients can feel relief.

I look forward to this shift in mental health care delivery. Please do not hesitate to contact me if you have any questions or concerns.

Respectfully submitted,
Danielle Morgan, MSN, CNS, Family PMHNP, APRN-BC
Chair, Psychiatric Subcommittee
CT APRN Society
danielle.morgan@aya.yale.edu

3633

March 4, 2019

To Senator Abrams, Senator Steinberg, and members of the Public Health Committee,

I am writing to you asking for your support of Senate Bill 921, An Act Concerning the Scope of Advanced Practice Registered Nurses.

I am an APRN in primary care at InterCommunity Healthcare in East Hartford and Hartford Connecticut. We provide primary care services to a patient population mostly focused on behavioral health and addiction medicine. It is a very medically and socially complex population with high needs. We are a nurse-led office of 7 full time APRNs and 4 part time physicians. Each APRN is the head of a primary care team providing services to our patients.

Outdated statutes with physician-centric language provide obstacles to documentation and patient care on a daily basis. In addition to statutory barriers regarding signature authority, physician centric language also confuses our patients as we try to educate them on the training and role of Advanced Practice Registered Nurses. I have received repeated phone calls asking if I have transferred their care because their mammograms results were sent to the “physician” who would contact them.

SB 921 updates statutes and language to reflect current APRN practice. It does not expand the current scope of practice of APRNs but is a step toward removing day to day barriers to practice.

Thank you for your consideration and I urge you to support SB 921.

Christina Morrissey DNP APRN NP-C
281 Main Street
East Hartford CT 06118
ChristinaMorrissey@intercommunityct.org

Connecticut Academy of Physician Assistants

One Regency Drive • PO Box 30 • Bloomfield, CT 06002
860/243-3977 • Fax: 860/286-0787 • connapa@ssmgt.com • www.connapa.org

March 4, 2019

Esteemed members of the Public Health Committee,

The Connecticut Academy of PAs submits this testimony with concern for the raised S.B. 921, *An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses.*

Public Act 11-209, CGS 19a-15d-f requires a process for the review of scope of practice prior to statutory changes. While the APRNs underwent a scope of practice review in 2013, that request was to "...eliminate the requirement for the mandatory collaborative practice agreement with a physician." While the statement of purpose of Raised S.B. 921 is "To update the general statutes to reflect the current scope of practice of advanced practice registered nurses.," there is concern by ConnAPA that this bill actually expands scope in some cases, and as a result should follow the appropriate process as outlined in Connecticut General Statutes if scope expansion is the desired outcome.

Advanced practice registered nurses, after three years of collaborative practice, may register for independent practice, free of collaborative arrangements with a physician. Currently of the 5,577 licensed APRNs in Connecticut, only 587 have registered for independent practice. While APRNs have been updating statutes for several years for APRN inclusion, it is important to note that most have been updated in a very general sense to include all APRNs, whether collaborative or independent, and regardless of specialty or training.

While PA education is standardized nationwide, with education and experience across all major areas of medicine, APRN education varies greatly, with focus on a population. APRNs should then only practice within their area of expertise. Some of the statutes looking to include APRNs in this bill are very specialized, such as the areas of psychiatric treatment of a child. Pertinent areas include treating the child against the wishes of the parents and diagnosing autism, as well as removing an educational requirement currently necessary before mandating hospitalization of a psychiatrically ill child. While a psychiatric APRN may be very well educated and prepared to offer such abilities, other types of APRNs may not. If the section were modified to state, as elsewhere in this proposed bill, that the APRN is actually certified as a "psychiatric mental health provider" by the appropriate certification board, it may ensure more patient safety.

In the section regarding mammography reports, it is important that patients understand the instructions given to them. To make a passage about who the results will be going to more cumbersome by adding advanced practice registered nurse, it would make more sense to refer to an "ordering provider" instead of physician and advanced practice registered nurse.

In closing, as ConnAPA has discussed with this committee previously, further inclusion of APRNs in statutes, without including PAs, has the potential to further reduce the ability for PAs to provide care to the citizens of Connecticut. Though current language for the delegatory agreement that PAs have with physicians implies that all tasks can be delegated to PAs, that continues to not be the case in every day practice. Very often it is interpretation at local levels, that because a PA is not mentioned in statute, they therefore cannot provide a service. These continued statute adjustments that do not include PAs will continue to limit access to patients, and while PAs are broadly educated and are appropriate to provide such services, perhaps not all APRNs are based on the area they are educated in.

Thank you for your time and your service to the citizens of Connecticut.

Very respectfully,

Jason P. Prevelige, MHS, PA-C
Past President/Director at Large
Chair, Legislative Affairs Committee

SB No. 921 AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES PUBLIC HEALTH COMMITTEE

Public Hearing: March 4, 2019

To Esteemed Members of the Public Health Committee: Representative Mary Daugherty Abrams, Senator Heather Somers, Representative Jonathan Steinberg, Representative William Petit, my name is Lynn Rapsilber DNP APRN ANP-BC FAANP and I am a nurse practitioner and owner of NP Business Consultants and **I am writing in support of SB 921.**

I have been involved in the evolution of APRN statutory authority since 1999 and have participated in committee meetings, written and delivered testimony, led the scope of practice review for APRNs which allows the retiring of the written collaborative agreement with a physician after completing 2000 hours and three years (SB 36, PA 14-12) and sat on many scope of practice review processes. I have been a past President of the Connecticut Advanced Practice Registered Nurse Society, chaired the Coalition of Advanced Practice Nurses and am also the CT Representative for the American Association of Nurse Practitioners chairing their Health Policy Committee.

This committee, through this bill, can help eliminate statuary authority barriers regarding APRN signature. Inefficiencies occur when APRNs are unable to "treat the paperwork" that reflects the care they have provided. This disconnect between the existing authority of an APRN to provide treatment and the recognition of an APRN's signature on a form verifying that care creates delays and increases health care costs. The APRNs have done their due diligence by identifying, researching, meeting with departments for vetting and presenting the request you see before you.

Though I wish this bill contained language to support a uniformed statutory authority signature bill, (since there are still hundreds more to change), I implore the committee to support this bill knowing it has gone through the rigors of vetting before its presentation to the committee and will reduce delays in access and care to the residents of Connecticut.

Thank you for your attention.

Lynn Rapsilber DNP APRN ANP-BC FAANP

NP Business Consultants, LLC

lrapsilber@optonline.net

CONNECTICUT PHARMACISTS ASSOCIATION

Testimony before the Public Health Committee
March 4, 2019

SB 921, AN ACT PERMITTING CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES

SUPPORT

Chairman Abrams and Chairman Steinberg; Senator Somers and Representative Petit, and members of the Committee:

My name is Nathan Tinker, and I am Chief Executive of the Connecticut Pharmacists Association which represents more than 1,000 pharmacists, technicians, and students across all sectors of the pharmacy industry in Connecticut. I am submitting testimony in strong support of SB 921, An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses, and particularly Section 28 which pertains to collaborative practice agreements (CPAs) between APRNs and pharmacists.

CPAs Have Been Successfully Utilized for Over 13 Years
Collaborative practice agreements create a formal practice relationship between pharmacists and other health care practitioners, whereby the pharmacist assumes responsibility for specific patient care functions that are otherwise beyond their typical "scope of practice," but aligned with their education and training, including initiation and modification of drug therapy. In Connecticut, such authority between pharmacists and doctors has been in place since 2006, and since then more than 25 different types of CPA protocols have been established: SB 921 simply and efficiently extends the CPA relationship to include Advanced Practice Registered Nurses (APRNs).

CPAs Can Make Healthcare More Efficient and Less Expensive
Pharmacists are the most visible, and local, healthcare professional that most people interact with—most people visit their pharmacist up to 30 times per year, as opposed to only 2-4 visits with their physician. This provides pharmacists with unique insight and connection to the patients they serve. Just as these agreements have done with doctors, CPAs with APRNs can free up APRNs for other work, expand drug therapy options, and enable higher service quality. They can also help to which reduce the number of visits a patient has to make—which has been shown to lower costs and to increase medication adherence.

"Pharmacists Are Ideal Professionals to Work With"
As APRNs become more and more central to patient care, especially in underserved areas, the opportunity for APRNs and pharmacists to work together is becoming ever more urgent. Last year, JPN, The Journal of Nurse Practitioners published a series of articles looking at collaborative agreements between pharmacists and APRNs in a variety of practice settings. Their conclusions showed there is a need for improved medication management, particularly in primary care, and that "pharmacists are ideal professionals to work with in this area."[1]

We couldn't agree more.

Nathan Tinker
CEO
Connecticut Pharmacists Association

---

[1] Kylee A. Funk, PharmD, BCPS, Alexandra Paffrath, PharmD, Jane K. Anderson, DNP, FNP, ANP. Pharmacist and Nurse Practitioner Collaboration in Nurse-managed Health Clinic. JNP. June 2017Volume 13, Issue 6, Pages e273–e276

CONNECTICUT NURSES ASSOCIATION

1224 Mill St., BLDG B, Suite 223
East Berlin, CT. 06023
203-238-1207
FAX (203) 238-3437
www.ctnurses.org

Public Health Committee Public Hearing

March 4th, 2019

Testimony: **S.B. 921 AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES**

Good Morning: Representative Steinberg, Senator Abrams, Ranking Member Petit, Ranking Member Somers and honorable members of the Public Health Committee, I want to thank-you for the opportunity to provide testimony on ***S.B. 921 An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses*** 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.

Advanced practice registered nurses (APRNs) must successfully complete thirty (30) hours of education in pharmacology for advanced nursing practice; hold a master's degree in nursing or related field recognized for certification as a nurse practitioner, clinical nurse specialist or nurse anesthetist, and pass a licensure exam. APRNs have prescriptive authority and are often primary care providers. A child in need of urgent care for a mental health disorder should not be delayed in receiving care as delays could have

serious consequences for the child's safety and wellbeing. Allowing the APRN to certify that a child in need of immediate care for a mental health disorder is appropriate and will help facilitate rapid access to care in an emergent situation.

The Connecticut Nurses Association strongly supports expanding the APRNs scope as outlined in S.B. 921.

Respectfully submitted,

Mary Jane M Williams RN, PhD., Chair of Government Relations,
CT Nurses Association
Professor Emeritus, Central Connecticut State University