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Senate

Wednesday, May 19, 1999

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate.

Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be locked. Clerk, please announce the tally.

THE CLERK:

Motion is on adoption of SB1056 as amended.

Total Number Voting 35

Those voting Yea 30

Those voting Nay 5

Those absent and not voting 1

THE CHAIR:

The bill is passed. Senator Jepsen.

SEN. JEPSEN:

Thank you, Madam President. Before we vote the Consent Calendar, since we seem to be on a roll, I thought we could do a few more bills. I would ask that the Clerk call at this time from page 3, Calendar 316, Substitute for SB333.

THE CLERK:

Calendar page 3, Calendar No. 316, File No. 424, Substitute for SB333, AN ACT CONCERNING ADVANCED

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PRACTICE NURSING. Favorable report of the Committee on Public Health. Clerk is in possession of amendments.

THE CHAIR:

Senator Harp.

SEN. HARP:

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

THE CHAIR:

Question is on passage. Will you remark?

SEN. HARP:

Thank you, Madam President. There is an amendment that I'd like to call at this particular time. It is LCO-9101.

THE CLERK:

LCO-9101, which will be designated Senate Amendment Schedule A. It is offered by Senator Harp of the 10th District, et al.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President. I move adoption.

THE CHAIR:

Question is on adoption, please proceed.

SEN. HARP:

Thank you. This amendment makes a technical correction to the definition of collaboration between an advanced practice registered nurse and a physician. And the language also ties the overall language of the bill to current regulations. I urge your adoption.

THE CHAIR:

Question is on adoption of Senate Amendment A.
Will you remark? Senator Gunther.

SEN. GUNTHER:

Madam President, I rise to support the amendment. And while we're at it, you might as well withdraw 8309, which I think is identical to this. This is one of the deficiencies that's in this bill, which will be corrected by passage of this.

And that is, it requires the indemnity, the malpractice insurance to be carried by the advanced practice nurses. It shall not be less than \$500,000 for one person per occurrence, with an aggregate of not less than \$1,500,000 per group there.

Actually, this is one of the areas that was not covered in the underlying bill. And is one of the things that we should be correcting. So I strongly approve this, and hope with the next amendments that are coming up, we can get the same type of support.

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Thank you, Senator Gunther. Will you remark further on Senate Amendment A? Senator Harp.

SEN. HARP:

Thank you, Madam President. I believe that Senator Gunther was speaking on Amendment LCO-8440, not 9110. I just wanted to make that comment. But I would urge everyone's support of this legislation.

And I would say that this language has been three years in coming. And I'm really pleased that we're able to move on this amendment which technically corrects collaboration.

THE CHAIR:

Thank you, Senator. Will you remark further on Senate Amendment A? Senator Peters.

SEN. PETERS:

Thank you, Madam President. I rise in support of Senate Amendment A. And want to take the opportunity to express to the Circle, my colleagues, that this is an initiative that, as we know has been going on for about three years.

And I think that we should express our gratitude to the nurses and the doctors that have worked diligently for many, many hours on this. And to thank Senator Harp, and Representative Eberle for allowing this to come forward.

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This truly is legislation that everybody agrees to which allows for the central concept of compromise that establishes a collaborative relationship. And that will be required between the physicians and the PRN's. And I would also like to reiterate in this amendment that it's a mutually agreed upon relationship that is done for the benefit of quality health care and access going forward.

And I appreciate, once again do appreciate the work of the parties involved.

THE CHAIR:

Thank you, Senator.

SEN. PETERS:

And urge it's support.

THE CHAIR:

Senator Gunther.

SEN. GUNTHER:

Madam President, I did have the wrong amendment, and I'm sorry. I do not support this amendment. If this is 9101, this again opens up this business of us not having the control, and having the work done.

This opens up the advance practice nursing with no overview practically whatsoever, except for this business of setting up these protocols, and to have this collaboration. I know that there's been an agreement made between the organization of the medical doctors in

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the state, and the nurses, and the advance practice nurses.

But very frankly, I find that there's a big void there with the average doctor in the State of Connecticut, when he's taking a look at this particular bill in it's draft that's in the file, and this particular amendment doesn't improve it.

I think you'll find out that many of them are opposed to this. And, in fact, if you ever had it polled, and had the doctors in the state polled as to their acceptance of this, I think you'd find out there'd be a big group of people here that would be opposed to this.

So as I said, I would like to oppose this particular amendment. I'm sorry I made the error, cause I did not have the other amendment before me. And being that the case, I think we need a roll call.

THE CHAIR:

A roll call vote will be ordered, sir. Senator Peters.

SEN. PETERS:

Thank you, Madam President. Through you, I would like to comment on Senator Gunther's comments. I personally have received not one single call from the medical community in opposition to this with the

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legislation that's being proposed, particularly the amendment.

There has been countless hours of endeavor opportunity to gather comments from the community that doctor Senator Gunther speaks of. And they have been expressed through their representatives and their associations in these negotiations.

And to my knowledge, and I would also say Representative Lenny Winkler, who has worked very hard on this, to our knowledge, we have addressed the concerns as they've come forward. And I would oppose this -- well, I'm sorry. I would continue to support this amendment.

THE CHAIR:

Thank you, Senator. Will you remark further?
Senator Freedman.

SEN. FREEDMAN:

Yes, Madam President, a question through you to the proponent.

THE CHAIR:

Please proceed.

SEN. FREEDMAN:

It's been my understanding, and I think it was stated here earlier that all the parties that would be involved with this have sat down, discussed it, and this

is the outcome of that discussion, and that they are all on board? Through you, Madam President.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President, through you. I would like to say that you are in fact correct, that this is the culmination of many weeks of negotiation during this particular session of the legislature.

But it's a negotiation that has gone back for two, possibly three years. And I think if you'll think back to last year when this bill was before us, and you remember when the doctors and other providers were against it. And remember the level of phone calls that you got. You haven't received any phone calls this year. It's because there has been an agreement that has been reached.

THE CHAIR:

Senator Freedman.

SEN. FREEDMAN:

Yes, thank you, Madam President. I was with our, some of our medical people yesterday, and this did not come up as a topic as something that they were opposed to. So, on that assumption I will support the amendment. Thank you.

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THE CHAIR:

Thank you, Senator. Will you remark further? Will you remark further? If not, would the Clerk please announce a roll call vote, the machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be locked. Clerk, please announce the tally.

THE CLERK:

Motion is on adoption of Senate Amendment Schedule A, LCO-9101.

Total Number Voting	35
Those voting Yea	34
Those voting Nay	1
Those absent and not voting	1

THE CHAIR:

The amendment is adopted. Will you remark further on the bill as amended? Senator Harp.

SEN. HARP:

Thank you, Madam President. There is another

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amendment. It is LCO-8440.

THE CLERK:

LCO-8440, which will be designated Senate Amendment Schedule B. It is offered by Senator Harp of the 10th District, et al.

THE CHAIR:

Senator Harp.

SEN. HARP:

Thank you, Madam President. I move adoption of the amendment.

THE CHAIR:

Question is on adoption. Will you remark?

SEN. HARP:

Yes, thank you. This amendment requires advanced practice registered nurses to maintain professional liability insurance, or other indemnity against liability for professional malpractice.

The Commissioner of the Department of Public Health will provide a record of each advanced practice registered nurse malpractice insurance status. I urge your adoption of the amendment.

THE CHAIR:

Question is on adoption of Senate Amendment B. Will you remark? Senator Gunther.

SEN. GUNTHER:

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Madam President, this is the amendment that I thought was on the previous amendment that was brought out. And I want to withdraw 8309, which was identical.

I think this is one of the deficiencies in this bill that should be corrected. And I strongly support it.

THE CHAIR:

Thank you, sir. Will you remark further? Will you remark further? If not, all those in favor indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The aye's have it. Senate B is adopted. Will you remark further on the bill as amended? Senator Harp.

SEN. HARP:

Thank you, Madam President. I just wanted to withdraw any other amendments in my name, and to summarize the bill. This bill requires advanced practice registered nurses to work in collaborative relationships with physicians instead of under their direction.

The collaborative agreement with respect to prescriptive authority must be in writing. And collaboration means for this purpose, the purposes of

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this bill, a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained, or has relevant experience that is related to the work of such advanced practice registered nurse.

I think this is very important, and I urge your adoption. And I want to say finally that I want to commend Senator Peters and Representative Winkler for the work that they've done in this session of bringing together all of the various entities that had an issue on this particular bill.

I believe it's an important one. It required their leadership and they gave it. And it was many hours. And I urge all of you to validate their very hard, tough fought work by passing this bill.

THE CHAIR:

Will you remark further? Senator Gunther.

SEN. GUNTHER:

Madam President, there are several other amendments that has not been withdrawn. I know Senator Harp was talking on the bill as it now stands. I'd like to call LCO-8214.

THE CLERK:

LCO-8214, which will be designated Senate Amendment Schedule C. It is offered by Senator Gunther of the

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21st District.

THE CHAIR:

Senator Gunther.

SEN. GUNTHER:

Madam President, I move adoption of the amendment, leave the reading, I'll explain it.

THE CHAIR:

Question is on adoption, please proceed.

SEN. GUNTHER:

This is a very simple amendment, and it is a, in my book a very large deficiency that's in this bill. And in fact, I don't think there was any consideration given it. What this amendment will do, it will limit it to not more than two APRN's for each collaborating doctor.

Now as the bill stands in this file right now, you could have any number of APRN's under a single doctor. In other words, you might have an entire institution. You could have a complete nursing home with only one MD, and maybe dozens of APRN's.

And I don't think it was ever the intention that we leave them totally unrestricted. And I don't know how we could collaborate, how one doctor could collaborate with any numbers of the APRN's.

I understand there is a group right now that's organized, that there could as many as a dozen APRN's

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who could hire one doctor and have him be the particular collaborator for them. Now, when you stop and realize that, you know, here we are taking the restriction of working under the MD's, and this is giving them almost direct access for the practice of APRN's.

And you're taking a group of people who, in my book, do not have the full background necessary for direct access to the general public. You know, we hear an awful lot of complaints about the quality of health care.

And, this is one of those things that, are we going to have more and better quality, if we're going to eliminate the doctors and have APRN's? What's the next move? You're going to have physicians assistants are going to be coming in here.

We had the physiotherapists, they wanted direct access. You have practically any number of health care people that are going to want to come under this umbrella with a head in the tent, as my good friend Dell Eads said before.

This is another tent that they're going to have some camels crawling into. And I say, you're starting a precedent here that could be very bad. Now this amendment would limit it at least two, so that you cannot get into that area where you could have two

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dozen, or possibly the entire administration in a particular hospital or health care facility.

That could have one doctor in charge of all the collaborative advanced practice nurses. I think this is a very important amendment. And, you know, I'd almost tempt to ask for a roll call, if I may?

THE CHAIR:

You may certainly ask for a roll call, sir.

Senator Peters.

SEN. PETERS:

Thank you, Madam President. I rise to respectfully oppose the amendment. And I do it for very concrete reasons. Just inherent to the word collaborative, or collaboration, and particular with respect to the bill before us, takes into account very seriously the professionalism of the individuals entering into that contract, or collaboration.

And it allows for in that collaboration and in fact requires that there be disclosure to the patient about that relationship. It also requires that a consultation and referral plan be developed.

And it also allows for, or requires, that that plan be reviewed for patient outcomes. And so I think all the pieces are in place with respect to this contract, or collaborative agreement that the professionals enter

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in to. And I would be the last person in this Circle, I suppose, that would be standing up here advocating for poor quality care, and poor access.

I think this, in all due respect Doc's amendment, Senator Gunther's amendment, limits what we're trying to achieve. And I would ask the members of this Circle to respectfully reject his amendment.

THE CHAIR:

Will you remark further on Senate Amendment C? Will you remark further? If not, would the Clerk please announce a roll call vote, the machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate.

Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be locked. Clerk, please announce the tally.

THE CLERK:

Motion is on adoption of Senate Amendment Schedule C, LCO-8214.

Total Number Voting	35
Those voting Yea	13

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Those voting Nay 22

Those absent and not voting 1

THE CHAIR:

The amendment fails. Will you remark further?

Senator Gunther.

SEN. GUNTHER:

Madam President, I'd like to call LCO-3813.

THE CLERK:

LCO-3813, which will be designated Senate Amendment
Schedule D. It is offered by Senator Gunther of the
21st District.

THE CHAIR:

Senator Gunther.

SEN. GUNTHER:

I'd like to move the adoption of the amendment,
waive the reading, I'll explain it.

THE CHAIR:

Question is on adoption, please proceed.

SEN. GUNTHER:

This is a no brainer. This is something that
really I don't know how anybody could take and vote
against a simple amendment like this. What this
amendment will do, it will call for the Department of
Public Health, no later than January 1st of the year
2000, to adopt regulations under Chapter 54 that would

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set up a, requiring personnel in acute care hospitals to wear color coded identification badges or insignias that identify them by their name, and by their profession or occupation.

Now, I'm going to tell you, there isn't a person in this facility, both in the House and the Senate, that ever walks into a hospital, a nursing home, and that, that hasn't had a question in their mind, who are all these people?

Anybody that has a white coat on is going to be considered to be a doctor. Do you realize that in most of the hospitals and nursing homes and that, you've got the categories of an MD, a physician's assistant, an RN, an APRN, could be a podiatrist, ophthalmologist, a physical therapist, a licensed practical nurse.

You've got lab technicians. You've got kitchen personnel. You don't know who they are in many instances, and what they're doing. Now, the least that we can do is set up a process whereby the Health Department would identify and require identification badges or insignias. Madam Chairman, Madam President rather, I just got back from being in Johns Hopkins Hospital in Baltimore.

And I'm going to tell you, down there they have identification. Either it's embroidered on their

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uniforms or they're wearing buttons, or pins and badges.

And everyone in that hospital you can identify, whether they're a clerk, a secretary, an admittance person, an MD, or whatever category they're in.

And there's no reason that we can't have that type of identification in our acute care places, and also in the nursing homes. So I think it's about time we did something, and did it on an organized basis so that we know the people that are working in these facilities, whether they're qualified to be doing what they're doing even.

And incidentally, those badges should be big enough that even elderly people can see, sometimes without their glasses if necessary. And incidentally, Hopkins had them. They're a good inch, inch-and-a-half high. And it did have their category that they were in down there. So, I think this is a simple amendment. And I think in light of that, a nice voice vote would probably do.

THE CHAIR:

Thank you, sir. Will you remark further? Senator Harp.

SEN. HARP:

Thank you, Madam President. I rise to speak against this amendment. And I speak against the

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amendment because most, all of the hospitals in Connecticut are certified by Jayco. And Jayco requires an identification with the name on it.

So when you go to most hospitals, you will see a picture and the name of the person and their role in that hospital, or the job in which they perform. So that that is already in place.

In most of our hospitals, they're not color coded, but they are at least two inches. Most of them are rectangular and can be read by those people who are in the hospital. And it's a security device. So I believe we don't need it. And I would urge you to defeat this amendment.

THE CHAIR:

Thank you, Senator. Will you remark further? Will you remark further? If not, I will try your minds. All those in favor indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay.

SENATORS:

Nay.

THE CHAIR:

The nay's have it. The amendment is defeated.

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Will you remark further on the bill as amended? Will you remark further? Senator Gunther.

SEN. GUNTHER:

Madam President, I do want to oppose the bill. I am very concerned over the, this particular act, now opening up the gates of people who, in my estimation, should not be in direct access to patients coming into our healing arts.

If you'll take a look at this, I think there leaves some room for interpretation in this, because in reading the bill itself it says, advanced level nursing practice activities. It says, a little phrase in there, a nurse's scope of practice.

We will get into several notifications in there that this is a nurses scope of practice. Now, Madam President, about twenty years or so ago, we passed the Nurses Practice Act in the State of Connecticut.

During that period we had a lot of debate. We had a lot of opposition to that. And one of the main reasons for that was in the Nurses Practice Act, it says about nurses diagnosis, and nursing diagnosis. There's a lot of difference between the scope and background of the ability that a nurse has, and the diagnostic side of the public health.

Doctors go through extensive training in anatomy,

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physiology, pathology, diagnosis. In other words, we're into a much broader study of all the healing arts and that. In addition to that, we have clinical and physical diagnosis. And even differential diagnosis. And spend inordinate amount of time in those particular areas.

It all intertwines. I don't think advanced practice nurses have sufficient background in diagnosis, and even the question that they only have thirty hours of training in pharmacopoeia, and that. That I wonder if that's sufficient to have them out there prescribing without the direct coverage of a medical physician over them in this practice.

Now you can collaborate all you want, but when you're being left out there with a lot of latitude on being able to change without getting back to the doctor directly on both in the entry of that patient coming in, and also the type of treatment that they're going to be getting, that I think that we should be watching our step in this. Again, I'm only cautioning that this is going to open the door. And I know darn right well that we're going to have the other groups that are going to come in here and say, look I want direct access.

The bottom line in all of this, and I think everybody knows, is the God almighty buck. It's the

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idea that I'm not reflecting on them that they aren't competent and that, but they want to get direct payment.

We have all of our insurances and that, that right now must go through the protocols that exist, and the supervision of the doctors themselves over these different areas. Now you're taking that leash off of that.

And I'm afraid that you're going to find out that some of these HMO's and the insurance companies are going to be in there trying to bypass the doctors, and get into the business of the PA's, the PT's, the advanced practice nurses, and that.

So that in my book, I think this is a dangerous precedent we're starting with. And it's only going to open up the flood gates. Because people are coming in here year after year. And they're going to say, look you gave it to them, now I want it. And I think this is the case that we're going to see with this particular bill.

THE CHAIR:

Thank you, Senator. Will you remark further?

Senator Peters.

SEN. PETERS:

Thank you, Madam President. I rise in support of the bill, and to comment just briefly on some of Senator

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Gunther's remarks. This bill does not extend the APRN's scope of practice passed what it already has in regulations.

It allows for collaboration. And I spoke previously on how that collaboration must be. It also ties the current regs to the proposal that APRN's have, that they're already practicing under.

For legislative intent, I would like to just add a couple of more comments. The central concept of this compromise is that a collaborative relationship will be required between physicians and APRN's.

When the prescriptive privileges are also determined to be part of the APRN's role, this collaborative relationship must be in writing. The legislation does not affect nurse midwives, and nurse anesthetists who will continue to practice under the same statutory relationship that currently exists in state law. The entire compromise relies on the fact that will the individual, that the collaboration will be a mutually agreed upon, a mutually agreed upon relationship between a physician and an APRN that will be individually structured to adequately address and provide for the quality patient care that we are achieving in this.

This collaborative relationship could allow for

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direction by the physician. The APRN's prescribing ability is expanded to include schedule two and three drugs, under this collaboration. And this must be specified in the written collaborative agreement. I would once again urge the adoption of the proposal.

THE CHAIR:

Thank you, Senator. Will you remark further? Will you remark further? If not, would the Clerk please announce a roll call vote, the machine will be open.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? If all members have voted, the machine will be locked. Clerk, please announce the tally.

THE CLERK:

Motion is on passage of SB333 as amended.

Total Number Voting 35

Those voting Yea 34

Those voting Nay 1

Those absent and not voting 1

THE CHAIR:

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Wednesday, May 19, 1999

The bill is passed. Senator Jepsen.

SEN. JEPSEN:

Thank you, Madam President. It is our intention to do at least one more bill before -- if the Chamber could stand at ease.

THE CHAIR:

Senator Jepsen.

SEN. JEPSEN:

At this time I would ask that one item be removed from the Consent Calendar. Page 9, Calendar 422. And before voting Consent Calendar, I would ask that this body take up a bill that it's seen not more than thirty or forty times, from page 23, Calendar 94. I'm sorry.

THE CHAIR:

Senator Jepsen, excuse me. The item from the Consent Calendar you made no motion, that's simply a Go?

SEN. JEPSEN:

Yes, please have it marked PR.

THE CHAIR:

Calendar page 9?

SEN. JEPSEN:

Page 9, Calendar 422. And mark it PR. And if Clerk at this time could call from page 23, Calendar -- page 23, Calendar 98, SB996.

THE CLERK:

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1999, the Department by which the Department of Public Health must license acupuncturists who pass certain tests.

The bill extends dates and changes some criteria by which applicants for substance abuse counselor licensure or certification can be grandfathered in based upon prior certification, education, or work experience.

The bill also allows the Department of Public Health to renew, basically, that's it, Madam President, and I urge your adoption of the bill as passed in the Senate.

THE CHAIR:

The question is on passage. Will you remark further? Will you remark further? Senator Harp.

SEN. HARP:

Thank you, Madam President. If there is no objection, I move this matter to the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

THE CLERK:

Calendar Page 15, Calendar 316, Files 424 and 779, Substitute for SB333 An Act Concerning Advanced Practice Nursing as amended by Senate Amendment Schedules "A" and "B" and House Amendment Schedule "A". Favorable Report of the Committee on Public Health and Insurance and Real

Estate.

THE CHAIR:

Senator Harp.

SEN. HARP:

Than you, Madam President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the House.

THE CHAIR:

The question is on passage in concurrence with the House. Will you remark?

SEN. HARP:

Thank you, Madam President. Basically, this bill enters into statute, the collaborative relationships with physicians. The House Amendment was just a technical amendment and cleaned up the liability language that needed to be cleaned up from our work in the Senate. I urge your adoption of this bill.

THE CHAIR:

The question is on passage. Will you remark further? Senator Gunther.

SEN. GUNTHER:

Madam President, I rise to oppose the bill. Not too often do we get a chance to take a second shot at something we disagree with in the first introduction.

I'll say that the amendments have improved the bill

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Thursday, June 3, 1999

and in fact they might point something out to you. One of the major improvements was the passage of the amendment that requires malpractice insurance.

You're now going to, this is an acknowledgment in this circle that there's a bigger risk to the practice of the advanced practice RN than there was prior to the passage of this bill. And I subscribe to that. I think there is a greater risk. I think there's going to be a shared risk in this that the APRN, the advanced practice nurses are going to have.

I'll say this. I don't think this is going to help the quality of health care in the State of Connecticut at all. If you were at the hearings, you'd find out that most of the advanced practice nurses said look, we're doing this now, give us the direct access, of course the bottom line being, let us get our payments and that sort of thing. That's what we're talking about. We're not talking about any great improvement in the quality.

In fact, I think the risk here is getting less quality than what we've been getting because you're going to find out that this can be a tool to the HMO and the managed care program, and God knows, we have enough of that going already. Because right now people go to an institution they don't know who's handling them.

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Thursday, June 3, 1999

They don't know whether it's the physician's assistant, the doctor, and now we're adding this other direct access through the APRN.

We should not be establishing a scope of practice of the different health providers in the State of Connecticut by this Legislature. We practice too darned much medicine up here now and this isn't going to cure anything for us as far as I'm concerned, in the care of the patients of the State of Connecticut.

I think this is a bad move. I think that we're going to find out within the next session, I dare say the physician's assistants are going to come in here and say, now lookit, you gave that authority to the advanced practice nurse. I've been wanting to get into that line. I want to have direct payment and that sort of thing, and why can't I have a collaborative type relationship with a doctor and set this up?

The next thing you're going to have and of course the physical therapists wanted this several years ago and they seemed to calm down a bit. I think you're going to find out they're going to be back in here and saying, hey lookit, you just advanced this practice now. Why not me?

So, I think that we're getting into dangerous territory. I think there is more medicine practiced up

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here in the circle than what there's practiced in the average doctor's office. And I think we'll continue to hear some of the complaints we have and it's not going to take and improve. I say it will get worse if we keep doing this.

So I'm opposed to this bill. I think we ought to think twice and incidentally, a lot of the practicing physicians have had a chance to read this bill and are very concerned. I brought out the concern the first time we heard this bill that there's no limitation in this bill on the collaborative relationship between the APRN and the doctor, which means that there is no limit in numbers.

If I was in a position with the advanced practice nurse, I might have a dozen, I might two dozen. And have only one doctor being the collaborator. It could conceivably have one doctor in the entire institution whether it be a nursing home or a hospital, what have you, and have one doctor as a collaborator for dozens of advanced practice nurses.

I don't think this is a good move. I think it's something we're going to regret if we pass it and may I have a roll call please.

THE CHAIR:

A roll call vote will be ordered, Sir. Senator

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Peters.

SEN. PETERS:

Thank you, Madam President. I rise to support this proposal before us once again. We have had, I believe, the privilege of voting on this in the past and it's now before us because there's been a technical change from the lower Chamber.

I would just like to say, you know, in years past, there has been a number of telephone calls opposing what it is that we've tried to achieve in this bill and there haven't been any calls, at least from my perspective and I know a number of my colleagues would say the same because in fact, this is language that everybody, all the stakeholders have agreed to, have worked diligently on to address all the concerns.

Just one area that my good friend Senator Gunther has raised with respect to no limitations. There in fact are imposed limitations with any collaborative contract that's set up. And that lies within the professionals themselves.

I would like to again thank Senator Harp and the Public Health Committee. I'd like to thank the nurses of Medax and people that sat around the table for hours reaching this agreement. This bill certainly does address the concerns of access and quality of care

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within our medical health arena or environment and I strongly urge its acceptance. Thank you.

THE CHAIR:

Will you remark further? Senator Harp.

SEN. HARP:

Thank you, Madam President. I just wanted to reiterate that this bill has been before us before and this is perhaps the third year that we've seen it. And we have, and I think thanks to Senator Peters and Representative Winkler, we had both the Connecticut Nurses Association and their representatives and the Connecticut State Medical Society sit down and negotiate point by point painstakingly for months, to get to this collaborative language.

It's something that both professional organizations can live with and it underscores the fact that nurses will not be working in the scope of practice of doctors but will in fact be working within their own scope of practice and that when they need the help and support of the next layer, the higher level professional, they will, through their collaboration, get that and they will eagerly seek it.

So I urge your support of this bill. It is something that has been worked on for many, many years and that both professional associations are very

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comfortable with and I think will improve access and I believe improve overall health care in the State of Connecticut.

THE CHAIR:

Will you remark further? Will you remark further?

If not, would the Clerk please announce a roll call vote. The machine will be opened.

THE CLERK:

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

An immediate roll call has been ordered in the Senate. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? Have all members voted?

If all members have voted, the machine will be locked. The Clerk please announce the tally.

THE CLERK:

Motion is on passage of SB333 in concurrence with the House.

Total number voting, 34; correction, 33; those voting yea, 32; those voting nay, 1. Those absent and not voting, 3.

THE CHAIR:

The bill is passed.

THE CLERK:

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Have all members voted? If all members have voted, please check the machine. Make sure your vote is properly recorded. The machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

CLERK:

Senate Bill 1056 as amended by Senate A, in concurrence with the Senate.

Total Number Voting	143
Necessary for Passage	72
Those voting Yea	117
Those voting Nay	26
Those absent and not voting	8

SPEAKER HYSLOP:

The bill as amended passes. Clerk, please call Calendar 559.

CLERK:

On page fifteen, Calendar 559, Substitute for Senate Bill Number 333, AN ACT CONCERNING ADVANCED PRACTICE NURSING. Favorable Report of the Committee on Public Health.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Thank you, Mr. Speaker. Mr. Speaker, I move

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acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

SPEAKER HYSLOP:

Question is on acceptance and passage in concurrence with the Senate. Will you remark?

REP. EBERLE: (15th)

Thank you, Mr. Speaker. This legislation removes the physician direction requirement from the existing statute on advanced practice nursing, that covers their prescriptive authority, and replaces it with a collaboration requirement.

It represents a compromise that has been worked out over two years of negotiations involving the medical society and the nursing coalition that has been worked on extensively by Representative Lenny Winkler and Senator Melodie Peters. And with your permission, Mr. Speaker, I would like to yield to Representative Winkler for further explanation.

SPEAKER HYSLOP:

Representative Winkler, do you accept the yield?

REP. WINKLER: (41st)

Yes, thank you, Mr. Speaker. I, too, rise in support of the legislation that's before us. As you heard Representative Eberle say that this is legislation that is pending before us that's a result of extensive

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negotiations.

It's been pending for probably about three years now. And I never supported the bill until this year. Senator Peters represented the nurses, and I represented the state medical society in the negotiations.

I'd like to first take this opportunity to thank Senator Peters for her work and leadership. Recognize and thank the Connecticut Nurses Association and the State Medical Society for the role that they played that resulted in the compromise that's before us.

I'd also like to thank Representative Eberle and Senator Harp for their support in bringing the bill forward. I would just like to get on the record for legislative intent, some comments that I'm sure will --
SPEAKER HYSLOP:

Excuse me, Representative Winkler. I would ask the Chamber to come to order. I cannot here Representative Winkler. A couple of times I thought she was through speaking and she wasn't. I'd ask that if you have conversation, you would take them outside of the Chamber. Representative Winkler.

REP. WINKLER: (41st)

Yes, thank you, Mr. Speaker. I would just like to get some comments on the record for legislative intent that I'm sure will address some of the concerns that

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some might have in the Chamber regarding this legislation.

The central concept of this compromise is that a collaborative relationship will be required between physicians and APRN's. When prescriptive privileges are also determined to be part of the APRN's role, this collaborative relationship must be in writing.

This legislation does not affect nurse midwives, and nurse anesthetist, who will continue to practice under the same statutory relationship that currently exists in state law. The entire compromise relies on the fact that collaboration will be a mutually agreed upon relationship between a physician and a APRN that will be individually structured to adequately address and provide for quality patient care.

This collaborative relationship could allow for direction by the physician, and if the APRN's prescribing ability is expanded to include schedule two and three drugs, and it must be specified in the individual's written collaborative agreement.

Finally, appropriate malpractice coverage for APRN's is also an essential component of this legislation, and will be incorporated in this bill by amendment. And at this time I'd like to yield back to Representative Eberle.

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SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Thank you, Mr. Speaker. There are two amendments that were put on in the Senate. The Clerk has LCO-9101.

If he could call and I be allowed to summarize, please?

SPEAKER HYSLOP:

Clerk, please call LCO-9101, designated Senate Amendment A, and the Representative has asked leave to summarize.

CLERK:

LCO-9101, Senate A, offered by Representatives Eberle, Winkler, et al.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Thank you, Mr. Speaker. This amendment makes some drafting changes at the beginning of the amendment and then makes it clear that the collaborating physician who works with the advanced practice nurse has to be able to provide collaboration related to the field of practice in which the nurse is operating. And I move its adoption.

SPEAKER HYSLOP:

Question on adoption of Senate A. Will you remark

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on Senate A? Will you remark on Senate A? If not,
Representative Dickman.

REP. DICKMAN: (132nd)

Thank you. Thank you, Mr. Speaker. Through you a
question to the proponent of the amendment.

SPEAKER HYSLOP:

Proceed.

REP. DICKMAN: (132nd)

Thank you. Would the learned chairman of the
Public Health Committee tell me, if this agreement has
to be in writing, that it be in the prescribed field
that the collaborating physician has?

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. There has to be a
collaborative agreement. The only time it has to be
written down in writing is when it authorizes
prescription practices. This amendment is a statutory
requirement that the doctor, the doctor be skilled in
the area in which the advanced practice nurse is
operating.

SPEAKER HYSLOP:

Representative Dickman.

REP. DICKMAN: (132nd)

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And they, through you Mr. Speaker, who makes the -- would the learned chairman tell me who makes the determination as to whether or not the physician has the expertise necessary?

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. I presume it would be the Public Health Department, or either the nurse or the medical examining board.

SPEAKER HYSLOP:

Representative Dickman.

REP. DICKMAN: (132nd)

And thank you. Through you, one more question on this area anyway, Mr. Speaker. When does this determination has to be done? Does the physician contact the medical society, I mean the health department and say, she wants to practice in this area with collaboration?

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. Representative Dickman, I'm not sure if I understand the question.

SPEAKER HYSLOP:

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Representative Dickman.

REP. DICKMAN: (132nd)

Thank you. Through you, Mr. Speaker. Let me rephrase it if I may, and try. When is this determination made as to whether or not the physician is in the same field of expertise as the APRN?

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. To a certain extent, initially at least, it will be made by the nurse and the physician. Ultimately it would be decided on by the department if a complaint were brought. But because if it's not, if the physician is not in the same area of practice, the nurse will be operating outside her scope of practice. I think they're going to be pretty concerned that they comply with this provision.

SPEAKER HYSLOP:

Representative Dickman.

REP. DICKMAN: (132nd)

Thank you, Mr. Speaker. Thank you, Madam Chairman.

SPEAKER HYSLOP:

Will you remark further on Senate A? Will you remark further on Senate A? If not, we'll try your minds. All those in favor signify by saying aye.

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REPRESENTATIVES:

Aye.

SPEAKER HYSLOP:

Those opposed, no? The aye's have it. Senate A is adopted. Will you remark further on the bill as amended? Representative Eberle.

REP. EBERLE: (15th)

Thank you, Mr. Speaker. The Clerk also has LCO-8440, previously designated Senate Amendment B. May he call and I be allowed to summarize?

SPEAKER HYSLOP:

Clerk, please call LCO-8440, designated Senate Amendment B, and the Representative has asked leave to summarize.

CLERK:

LCO-8440, Senate B, offered by Representatives Eberle, Winkler, et al.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Thank you, Mr. Speaker. This amendment puts a requirement on the advanced practice nurse who is providing direct services to carry her own malpractice insurance in an amount not less than \$500,000 per person, or \$1,500,000 per occurrence.

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And also requires insurance companies to notify the department, the Commissioner of Public Health, of cancellations and non-renewals of professional liability insurance for a variety of medical practitioners. And I move its adoption.

SPEAKER HYSLOP:

Question on adoption of Senate B. Will you remark on Senate B? Representative Winkler.

REP. WINKLER: (41st)

Yes, thank you, Mr. Speaker. I rise in support of the amendment. This is a very important part of the bill, and I would urge the Chamber's support.

SPEAKER HYSLOP:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you, Mr. Speaker. Mr. Speaker, through you a question to the distinguished chairman of Public Health Committee.

SPEAKER HYSLOP:

Proceed.

REP. PRELLI: (63rd)

Representative Eberle, can you explain to me, why if we're doing all these changes and requiring advanced practice nurses to carry malpractice insurance, why that Section B of this doesn't require the companies to also

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report them, if their policy is cancelled? Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. Since this amendment was put on in the Senate, no I can't explain why that's not directly addressed. But my understanding is that this bill may well be going to Insurance after this amendment's adopted. And we expect to rectify that there. Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you, Mr. Speaker. I thank the lady for her answer. I just wanted to put it on the record of the floor that there was that problem so somebody would look at it. Through you, Mr. Speaker, one more question to the distinguished chairman.

Representative Eberle, is there any place currently in practice that we ask for, other than auto insurance being cancelled for uninsured motorists purposes, is there any other of these licensed insurance contracts, or insurance policies that we currently require the insurance companies to notify the department when

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they're cancelled? Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. Representative Prelli, as Chair of the Public Health Committee, I really don't know whether there are other areas in the insurance laws that require other types of cancellation to be given. I don't know the answer to that.

SPEAKER HYSLOP:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you, Mr. Speaker. And I didn't ask that question very well. So let me try to rephrase it, through you. Are there any other public health licenses that currently require insurance, including doctors now that if their policy is cancelled we require the insurance companies to notify the Insurance Department?

Through you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. I do not know the answer to that. Since this is a new section of the statutes, my guess would be, no. But I don't know for a fact.

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SPEAKER HYSLOP:

Representative Prelli.

REP. PRELLI: (63rd)

Thank you, Mr. Speaker. Mr. Speaker, I'm going to rise to be opposed to this because of Section B. I know that we're probably going to pass this and send it, but I think we're creating a tremendous burden on the insurance company and the Insurance Department to do every single cancellation, every time somebody has a renewal policy to send that out to the Insurance Department. I'm hoping that the, once this goes to the Insurance Committee and they look at it, that all of Section B gets stripped off. Thank you, Mr. Speaker.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. A question also for Representative Eberle.

SPEAKER HYSLOP:

Proceed.

REP. SAWYER: (55th)

Thank you, Mr. Speaker. In looking at Senate Amendment B, and knowing its origins came from the other Chamber, I would like to ask though, in Section A where we have listed a specific dollar amount.

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Would you happen to know if that is something we usually do as common practice to set a dollar amount? In this case it says, in aggregate of not less than \$1,500,000.

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. This language was part of the original agreement among the parties and is written to reflect that.

REP. SAWYER: (55th)

Thank you, Mr. Speaker, if I may continue?

SPEAKER HYSLOP:

Continue.

REP. SAWYER: (55th)

Do you know that we, if in the statute we required doctors to have a specified amount of malpractice insurance?

SPEAKER HYSLOP:

Representative Eberle.

REP. EBERLE: (15th)

Through you, Mr. Speaker. I believe we do.

SPEAKER HYSLOP:

Representative Sawyer.

REP. SAWYER: (55th)

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Thank you, sir. You know, I guess I have a concern as the legislature, when we get down to that fine line of putting in a specified amount knowing that in five years, or ten years, knowing the way the health care costs are going, that it's not going to be enough.

And it's, we're going to have to come back and we're going to have to constantly revisit this on a repetitive basis. Instead of saying you need a quantity sufficient to cover an average of malpractice suits. You know, something more broadly crafted. And I would just like to leave that with you knowing that you perhaps will see this in another committee. Through you, Mr. Chairman.

SPEAKER HYSLOP:

Will you remark further on Senate B? Will you remark further on Senate B? If not, we'll try your minds. All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER HYSLOP:

Those opposed? The aye's have it. Senate B is adopted. Will you remark further on the bill as amended? Representative Godfrey.

REP. GODFREY: (110th)

Thank you, Mr. Speaker. With the adoption of that

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last amendment dealing with insurance, I would move that this item be referred to the Committee on Insurance and Real Estate.

SPEAKER HYSLOP:

Seeing no objection, it's referred to Insurance.

Clerk, please call Calendar 92.

CLERK:

On page seventeen. Calendar 92, Substitute for House Bill Number 5332, AN ACT CONCERNING REVISION OF STATE PURCHASING STATUTES AND PROCEDURES. Favorable Report of the Committee on Legislative Management.

SPEAKER HYSLOP:

Representative Knopp.

REP. KNOPP: (137th)

Thank you, Mr. Speaker. I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

SPEAKER HYSLOP:

Question on acceptance and passage. Will you remark?

REP. KNOPP: (137th)

Thank you. Mr. Speaker, the purpose of this legislation which was reported early by the GAE Committee, and has been through a number of other committees, is to make some revisions in the state

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Those voting Nay	0
Those absent and not Voting	26

SPEAKER LYONS:

The bill, as amended passes.

Would the Clerk please call Calendar 559?

CLERK:

On page 34, Calendar 559, Substitute for Senate Bill Number 333, AN ACT CONCERNING ADVANCED PRACTICE NURSING. Favorable Report of the Committee on Insurance.

SPEAKER LYONS:

Representative Mary Eberle.

REP. EBERLE: (15TH)

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

SPEAKER LYONS:

The question before the Chamber is on acceptance and passage. Will you remark?

REP. EBERLE: (15TH)

Thank you, Madam Speaker. This bill was before us previously and we adopted Senate "A" and Senate "B". The Clerk has another amendment, LCO 8953. If he could call and I be allowed to summarize.

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The Clerk has in his possession LCO 8953 which will be designated House "A". Would the Clerk please call and the lady has asked leave to summarize.

CLERK:

LCO Number 8953, House "A" offered by
Representatives Winkler and Eberle.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Thank you, Madam Speaker. This essentially is a technical correction, a technical fix of an omission in Senate "B" which we previously adopted. It adds advanced practice registered nurses to section 38a-393 dealing with professional liability insurance requirements and then in line 13 adds a reference to that sub (10) in a section of this bill which requires advance practice nurses to carry malpractice insurance.

And I move its adoption.

SPEAKER LYONS:

The question before the Chamber is on adoption. Will you remark? Will you remark on the amendment that is before us? Representative Winkler.

REP. WINKLER: (41ST)

Thank you, Madam Speaker. I rise in support of the amendment. This is a major component of the bill and

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for those members that were concerned on the reporting to the insurance company of problems of claims, this mirrors the other statutes for the other professionals and I would urge adoption.

Thank you, Madam Speaker.

SPEAKER LYONS:

Will you remark further on the amendment that is before us? Will you remark further on the amendment that is before us?

If not, I will try your minds. All those in favor, please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER LYONS:

Those opposed, nay. The ayes have it. The amendment is adopted.

Will you remark further on the bill, as amended?
Will you remark further on the bill, as amended?

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you, Madam Speaker. Through you, Madam Speaker, I have a couple of questions to the Chairman of the Public Health Committee.

SPEAKER LYONS:

Please frame your question, sir.

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REP. DICKMAN: (132ND)

Thank you, Madam Chairman. Madam Speaker, I'm sorry.

Would the distinguished Chairman tell me what's the difference between this bill, what the scope of practice is before the bill is passed and after the bill is passed?

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. Current law allows advanced practice registered nurses to practice under the direction of a physician. This would allow them to practice in collaboration with the physician and to have advanced written agreements regarding the prescription of medications and allows them to operate a little bit more independently, but still with the doctor with which they collaborate, who reviews their files and sets the parameters of their prescription authority.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you, Madam Speaker. Through you again to the lady. Currently they are required written protocols. Am I correct in saying that, Madam Chairman? Through you,

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Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. We will be requiring written protocols for any prescription authority.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. Through you, Madam Speaker. But currently there are written protocols for any procedure, diagnosis or treatment being given other than medication. Is that not correct, Madam Chairman?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. Right now they operate under the direction of a physician and I'm not sure whether that has to be in writing or not because they're under the immediate direction and supervision of a physician.

Through you, Madam Speaker.

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Representative Dickman.

REP. DICKMAN: (132ND)

Thank you, Madam Speaker. Then, through you, Madam Speaker, then the Chairman would not know why the written protocols were taken out with this -- for this bill.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. My understanding is that they are still in place for any prescription authority, but it was felt that within their scope of practice for other procedures, it did not need to be in writing.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. Madam Speaker, if I may, could I ask a question of Representative Winkler because I think she may know the answer and I'd like to have it.

So, through you, may I have a question to Representative Winkler?

SPEAKER LYONS:

Yes, you may, sir. You do have the floor.

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REP. DICKMAN: (132ND)

Thank you. Through you, Madam Speaker, would Representative Winkler tell me if it is required that the written protocols be in effect of other than just prescription writing at the present time?

SPEAKER LYONS:

Representative Winkler.

REP. WINKLER: (41ST)

Thank you, Madam Speaker. Through you, the nurse acts under her scope of practice. And she will continue to operate under her scope of practice. The collaborative agreement that is in place as we said, is a mutually agreed upon relationship between the APRN and the physician.

If she is going to act in -- if she is going to act more independently and avail herself of the prescriptive authority, that particular collaborative agreement will be in writing.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. And again, through you, Madam Speaker, to Representative Winkler, I apologize for not having the line of the bill, but in Section 1b about the sixth

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line down, is brackets taking out "and in accordance with written protocols."

SPEAKER LYONS:

Representative Dickman, if you perhaps could clarify a little bit for Representative Winkler the question.

REP. DICKMAN: (132ND)

In the bill, as before us, Madam Speaker, through you to Representative Winkler. Representative Winkler, in the bill that is before us and I don't have the line number, I don't have the numbered page, it's -- you bracket out, "in accordance with written protocols" which means that written protocols are coming out.

SPEAKER LYONS:

Representative Winkler.

REP. WINKLER: (41ST)

Through you, Madam Speaker. Yes, that is correct, but they are operating under a scope of practice which is a set of rules that they operate under.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Alright. Thank you, Madam Speaker. May I go back to the Chairman of the Public Health Committee now?

SPEAKER LYONS:

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You may indeed frame your question, sir, for Representative Eberle. Please proceed, sir.

REP. DICKMAN: (132ND)

Representative Eberle, would you tell me, please, why a nurse anesthetist was taken out of this, why they aren't included?

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. Because we were uncomfortable in the committee with some of things that were going to be -- were being proposed with the nurse anesthetists and they withdrew themselves voluntarily from the scope of this bill.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you and through you, Madam Speaker, in defining "collaboration" with a physician, does she has to be in the premises to do the collaboration?

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. No, she does not or he

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does not. They currently are not required to be in the same premises.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

And through you, Madam Speaker, is it a fact that they don't even have to be in the same state, Madam Chairman? Through you, Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. That's not my understanding.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

And through you, Madam Speaker, if I may. Is there any limit to the number of APRNs that a physician may collaborate with?

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. There is not a limit in the bill. I think that because both the physician and the nurse would be on the hook for both their scope of

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practice and their malpractice insurance, there is a practical limit that we feel they will impose on themselves.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. Through you, Madam Speaker, again to the Chairman. But it is possible that all 1,700 APRNs in Connecticut could be under the protocol with one physician? Possible.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. While I suppose theoretically possible, I think it's highly unlikely, sir.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. A couple more questions, if I may, Madam Speaker.

SPEAKER LYONS:

Please proceed, sir.

REP. DICKMAN: (132ND)

I don't usually do this much. Through you, Madam Speaker to the distinguished Chairman of the Public Health Committee. Would you tell me how many APRNs in the State are grandfathered in that don't have a Masters Degree?

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. I would have to refer to the Department for those statistics. I don't keep those in my office.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. I guess the last thing is, Madam Speaker, through you, how are the physicians going to be paid, how are both the nurses and the physicians going to be paid under this program?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

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Through you, Madam Speaker. That will be up to the physician and the nurse to decide upon. This bill does not mandate any particular contract terms.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you. Through you, to follow up, Madam Speaker. Then the physician could go to the nurses and be paid by them. Is that correct?

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Eberle.

REP. EBERLE: (15TH)

Through you, Madam Speaker. I assume that there will be some form of compensation for the duties that they physician has to perform as I believe there currently are now for APRNs who are practicing under the direction of physicians.

Through you, Madam Speaker.

SPEAKER LYONS:

Representative Dickman.

REP. DICKMAN: (132ND)

Thank you, Madam Speaker. And I thank the learned chairman for her answers.

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If I may, I would just like to speak briefly to the bill.

SPEAKER LYONS:

Please proceed, sir.

REP. DICKMAN: (132ND)

Madam Speaker, I think once we start down the slippery road, I've heard that term many times in the past, that we're on the road to real disaster. I think this bill eventually is going to have all the family practice physicians replaced on the panels of the HMOs by APRNs and we're all going to have to go to them which is fine, except that their training in pharmacology and other parts of medicine are no where near those that are required for a physician.

I asked about APRNs that don't have a Masters Degree. There are over 700 who have no Masters Degree. Their only training was a three year course in a hospital which I think the best nurses. They're far better than the nurses that who have a Bachelors Degree, but I think their pharmacology is limited and I'm not sure that I want any of them prescribing, even with a written protocol, to my family, your family, or our grandchildren.

In addition, I think it's possible for some HMOs to hire a physician licensed in Connecticut who is sitting

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out in California to be able to do the protocols with the APRNs here in Connecticut. The supervision is going to be horrible and I just think the camel's nose is in the tent, a total independent practice by APNs down the road and they're going to be practicing medicine rather than nursing.

SPEAKER LYONS:

Will you remark further on the bill, as amended?
Representative Winkler.

REP. WINKLER: (41ST)

Yes. Thank you, Madam Speaker. I would like to respond to some of the comments of Representative Dickman. First of all, the nurse, -- first of all, let me say that the Connecticut State Medical Society which represents all of the physicians in the State met and worked out a compromise with the APRNs. So the physicians are on board this.

Second of all, I would like to say that we wouldn't be in the position we are in if the physicians hadn't relinquished their authority to the APRNs back over the past few years. That's why the APRNs who have been given the authority to practice in the manner that they have and are looking to continue -- basically all we're doing is codifying what they have been doing over the last number of years.

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The nurse must find a physician to agree to this collaborative relationship or she can't practice in that manner.

APRNs have -- that will be practicing in more of a primary care designation are required to have Master Degrees. They also, in the field of nursing, or in a related field recognized for certification as either a nurse practitioner, a clinical specialist, or a nurse anesthetist.

They must hold, maintain certification from a national certifying body which certifies nurses in advance practice and they must also complete 30 hours of education in pharmacology for APRNs and that is in addition to the pharmacology that they had throughout their nursing career in nursing school.

So I am comfortable with the compromise that we have before us and feel that they are not going to undermine the physicians. The physicians have already set the stage and all we're doing is allowing them to continue to practice at the level that they have been practicing and for some that have the background to practice at a higher level with the expansion of the prescriptive authority which that contract must be in writing.

And there has been concern and I would like to just

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put that out. I've given you, basically, the qualifications for the APRN. Some people have asked about the physician assistant, what is the difference? The physician assistant must hold a Bachelors Degree from a Department of Health approved school. A graduate of a PA pre-approved program by the AMA, pass their national commission on certification, a physician assistant certifying examination and they also have 30 hours of pharmacology education for physician assistants.

So I don't question that the APRN is well educated and can practice at the level that this legislation will allow. And I would urge the Chamber's support.

Thank you, Madam Speaker.

SPEAKER LYONS:

Thank you, Madam.

Representative Cleary.

REP. CLEARY: (80TH)

Thank you, Madam Speaker. I would like to speak in favor of this bill, as amended. And to specifically thank the Co-chairs of the Public Health Committee as well as Representative Winkler and Senator Peters who spent three months negotiating with all the parties on this bill.

This bill has been four years in the making and I

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believe its time has come.

Thank you.

SPEAKER LYONS:

Thank you, sir.

Will you remark further on the bill that is before us? Representative Fleischmann.

REP. FLEISCHMANN: (18TH)

Thank you, Madam Speaker. I rise to speak briefly also in favor of this bill before us.

This has been an extremely thorny issue. For anyone who has served on the Public Health or Insurance Committees over the last four years, they know what a bitter battle this has been.

And I want to give special thanks to Representative Winkler and Senator Peters who spent hours in the room with the various players working out what is a complex and sensible compromise.

I was talking to a former colleague, someone who served in this Chamber for ten years who said they have never seen any piece of legislation which had a more protracted or difficult negotiation than this one and Representative Winkler and Senator Peters stayed in the room and didn't come out with doctors and nurses until there was an agreement.

We have that agreement in this bill, as amended

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before us today. It's a good one and I hope the Chamber will join me in supporting it.

SPEAKER LYONS:

Thank you, sir.

Will you remark further on the bill that is before us? Will you remark further?

If not, would staff and guests please come to the Well? Will members take their seats? The machine will be opened.

CLERK:

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

SPEAKER LYONS:

Have all the members voted? Would the members please check the board to make sure that your vote is accurately recorded? If all the members have voted, the machine will be locked. And the Clerk will take a tally.

The Clerk will please announce the tally.

CLERK:

Senate Bill Number 333, as amended by Senate Amendment Schedules "A" and "B" and House Amendment Schedule "A"

Total Number Voting

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Necessary for Passage	67
Those voting Yea	132
Those voting Nay	1
Those absent and not Voting	18

SPEAKER LYONS:

The bill, as amended passes.

Are there announcements or points of personal privilege? Representative Flaherty of the 68th. You have the floor, sir.

REP. FLAHERTY: (68TH)

Thank you, Madam Speaker. Madam Speaker, I rise for a point of personal privilege for an introduction, please.

SPEAKER LYONS:

Please proceed, sir.

REP. FLAHERTY: (68TH)

Thank you, Madam Speaker. Madam Speaker, members of the House, today out of all the days of session is my absolute favorite day. Maybe for some of you it's a good day because it's Friday. Maybe because it's before a holiday weekend. But today is Baldwin School Day at the Capitol. Yes, Baldwin School is located in the Town of Watertown. It is my alma mater. I went there just a couple of years ago and this year the school is celebrating its 90th birthday and the town and the

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waiting list or taking federal money that's come in through DMR programs and used it elsewhere in the budget have made somewhere a conscious decision to do that and I'm not necessarily saying they did it right --

SEN. COOK: Right.

REP. CLEARY: -- but I don't think we can hold just the Department responsible either. I would think we have a piece of that. Thank you.

SEN. COOK: We do. And we do have an oversight responsibility.

REP. EBERLE: Thank you.

Are there other questions?

Thank you Senator --

SEN. COOK: Thank you very much.

REP. EBERLE: -- very much.

SEN. COOK: I'd be happy to work with you.

REP. EBERLE: Okay. Nancy Bafundo from the Board of Nursing and I apologize if I mispronounce anyone's names wrong. Sometimes I just don't know and sometimes it's hard to read.

NANCY BAFUNDO: No, you did that very well.

REP. EBERLE: Okay.

NANCY BAFUNDO: Good morning, members of the Committee. It's -- I can't believe it's been a year, you probably can't believe it either. It seems like we didn't meet too long ago.

The bill that I'm testifying in support of is Committee Bill No. 333. It's An Act Concerning the Advanced Practice Nursing.

I represent the Board of Nursing which is a Governor appointed board. It is not and does not

receive funding from the Department of Health, although it receives a lot of administrative support in the rules and the responsibility to protect the public of the State of Connecticut. And we're very grateful for that.

My testimony to you is in relationship to the regulatory issues that we face daily, weekly, monthly, in concern to consumer protection of the public.

This bill has three bullets or three points that -- and I've mentioned them in past years, although I'm much happier coming today understanding that the Nursing Association and the Medical Society have been working together. And I know with a lot of your assistance and support in doing it, it makes it a lot easier for us to come and speak about the regulatory perspectives.

But the three points that need to be -- to be kept in mind and hopefully supported by you is the fact that the revisions to this bill enforces the fact that the APRN has to maintain a current RN license in the State of Connecticut and that doesn't occur right now.

The language says that they can qualify for a license and they need that for certification. But seems to be a loophole that often times is not addressed and is very confusing and confusing to the public.

The second point is the certifying bodies. There are four -- currently listed four certifying bodies that are recognized by statute that would allow an individual to become licensed with other requirements.

One of those four doesn't even exist anymore. And the language that's being proposed would allow the Board the opportunity to be able to review and over the past year, the Board has been very active in the APRN issue looking at certifying bodies and trying to identify what it is that actually maintains an individual's competence and skill to practice.

As you know, to be a nurse in the State of Connecticut you need not write a -- you need not do more than just write a check once a year and you get your license renewed. There's no hour requirements, there's no mandatory CE.

Competency and certification in maintaining that does address the issue of competence in a way that we don't have for our other licenses and agencies.

So it is something that from a regulatory perspective we're very supportive of.

The third piece and I guess it's the crux again, we come back to supervision versus collaboration. There's a big difference between having written protocols and having a collaborative written agreement.

Having the collaborative written agreement would afford the Board of Nursing to hold the APRNs accountable to what the practice is, that practice based by the nurse, by the physician to serve the patient, not necessarily prescriptive in giving a list of things they can or can't do. I think that best serves the public.

As far as a discipline issue and public safety and knowing who's providing care, for the last year as I've testified in the past, we haven't had any scope of practice issues against APRNs exceeding or not providing the level of care that they've been licensed to do.

The issues that we've had with APRNs unfortunately are more in relationship to substance abuse and we did actually have a couple cases of individuals practicing without a license, which we get in all -- all our -- or unfortunately many of our professional groups.

But it's not the scope of practice issues that we're hearing and seeing. And it's not the scope of practice issues that my peers in other states are hearing as well.

So for that reason, the fact that we are able to

identify on national discipline data banks, if you will, and are moving ahead to refine that process further, we can support the bill from the Nursing Board perspective. Not as nurses and not as members of the Connecticut Nursing Association, but as the regulators that the Governor and you have appointed to serve the public, we don't have any problem with this bill.

Hopefully, the language will be refined in relationship to what that collaborative agreement will include and it's my hope and my understanding that that will occur and so I'm very happy today to come before you and to support the bill and entertain any questions that you may have.

REP. EBERLE: Thank you very much. It is refreshing to hear from you.

NANCY BAFUNDO: Thank you. It's nice to come under these conditions.

REP. EBERLE: Yes. Yes.

Could you elaborate a little more on the second issue you raised about the certifying body --

NANCY BAFUNDO: Uh-huh.

REP. EBERLE: -- and how you see your ability to insure continuing competency. I wasn't clear on --

NANCY BAFUNDO: Okay.

REP. EBERLE: -- what you were saying there.

NANCY BAFUNDO: Unlike a nurse, the advanced practice nurse has to maintain certification. Right now it's by one of those four bodies listed in statute. There are other entities out there, unfortunately, that we don't recognize that do an excellent job of insuring, for example, the oncology group, that individuals maintain a certain number of hours of clinical practice, they have mandatory CE, they have other mandatory expectations that they've been able to deliver care to the provider.

That, in addition to writing the check, would then qualify them to maintain that licensure with that agreement from the physician that they're working with. That's a big plus.

I serve on a national committee right now to look at competence in nursing. And one of the things that we've noticed or learned from our sister states is that Colorado recently repealed mandatory CE. They studied, they did research and found that mandated continuing education does not improve competence and that they were spending an awful lot of money to do that.

But the combination of what an individual has to do annually or even more frequently to determine what the needs of the patients are that they're providing care to and what skills, what technology, what level of practice do they need to maintain to do that, that's the piece, that having that in place affords the Board to be able to hold that individual accountable.

When they renew their licensure and they validate that yes, indeed, they've maintained certification, they've maintained that competency component, if there should be a problem, we can hold that individual to the fact that they knew that was an expectation for licensure and practice.

REP. EBERLE: And how do these boards evaluate whether the individuals maintain their competencies?

NANCY BAFUNDO: We recent -- well, having looked at -- because part of what the Board of Nursing does is approve schools of nursing, but it's restricted to entry level, we had reservations with the advanced practice piece, in that we have advanced practice programs, practitioner programs to be example, kinda cropping up.

We looked into what the requirements are for accreditation by those certifying bodies and they are very stringent.

REP. EBERLE: Okay.

NANCY BAFUNDO: Types of level of education, content material, testing criteria that, indeed, the tests and the certifying tests do meet baseline competency for an entry level practitioner. It satisfied, not just our needs, but the national studies that were done as well.

REP. EBERLE: All right. So the certifying bodies, first of all they accredit the educational programs?

NANCY BAFUNDO: Right.

REP. EBERLE: And then what do they do with the practicing APRN?

NANCY BAFUNDO: Graduates of those programs, they provide the test for entry into -- that would qualify them to apply for licensure.

And then -- and then depending on the certifying body, whether it's every three to five years, they need to provide documentation that they'd have the required hours, education, pharmacology courses, whatever that certifying body requires for that specialty.

REP. EBERLE: Okay. So they have ongoing educational requirements --

NANCY BAFUNDO: And it is (inaudible - coughing)

REP. EBERLE: -- to keep -- to keep certification up.

NANCY BAFUNDO: That's right.

REP. EBERLE: Okay. You mentioned that there were other bodies that we don't list in the statute. Do they -- are they bodies that would be involved with any of the categories of APRN we're looking at --

NANCY BAFUNDO: Yes.

REP. EBERLE: -- at approving?

NANCY BAFUNDO: Yes.

REP. EBERLE: If you could get those to us, that would be helpful.

NANCY BAFUNDO: Sure. The language was developed at a time where there were -- only were those four. And so by listing them, it became very prescriptive as new ones were evolved and one left, it didn't allow for any of that to accomplish.

REP. EBERLE: All right. If there's some better language that we could use rather than specifying, if we could describe or whatever, if you could get that to us.

Your concern about the collaboration agreement, could you -- could you expand on that a little bit, because I think that that's probably the key to us allowing this to go forward.

NANCY BAFUNDO: My understanding with the hold-up, it's a very technical piece, in that there's discussion about how and if and who those collaborative agreements should be provided to.

Right now, because of -- because of the data bank, the discipline data bank and the licensing process, from the Board's perspective, it isn't a concern of ours to have to know who's practicing and who they're practicing with, if you will.

It's the accountability of the APRN to practice in guidelines with what the statute calls for. If there's agreements, an arrangement with the physician, a collaborative written agreement I guess is the language they're using and something should happen to the public and it comes to us, we're gonna have that, because that's an expectation for their licensure. And that should have been developed from the physician and the nurse.

I don't have a problem with it at all.

REP. EBERLE: Okay.

NANCY BAFUNDO: I think the reason it isn't before us today is there's some language that needs to be

worked out as to if and how and who it gets reported to.

REP. EBERLE: Uh-huh.

NANCY BAFUNDO: From our perspective, if it didn't go to anyone, it wouldn't matter, as long as the nurse, when they licensed, acknowledged the fact that it was in place, that they were accountable for it. And if that's so, then we should have no problem with the regulatory aspect, should it have to kick in.

REP. EBERLE: All right. So you don't have a -- you don't feel that you need to know ahead of time that they need to register with you that they're involved in this kind of practice.

NANCY BAFUNDO: With whoever.

REP. EBERLE: Okay. You don't -- you don't feel you need the ability to identify certain people who have been on the disciplinary list and say they shouldn't be allowed to do it?

NANCY BAFUNDO: No. If they're licensed --

REP. EBERLE: That you'll deal with it after --

NANCY BAFUNDO: -- they're not going to be licensed if there's disciplinary action.

REP. EBERLE: Okay.

NANCY BAFUNDO: And if there is a problem, if it's a requirement of the individual for licensure to have that agreement and they don't have it, well then that's a big problem from the start.

REP. EBERLE: Uh-huh.

NANCY BAFUNDO: Then they shouldn't be practicing.

REP. EBERLE: All right.

NANCY BAFUNDO: And that will be a very easy decision for the Board to make.

REP. EBERLE: All right. You think you can deal with it after the fact, if issues arise, you'll ask for the agreement --

NANCY BAFUNDO: Sure.

REP. EBERLE: -- and you'll see whether they operated within it?

NANCY BAFUNDO: I mean, even if the consumer asked the nurse who the collaborating physician was, if they weren't able to get that answer, that would then -- with the complaint that would come through the Department come to us and if they can't tell them because there isn't one, then that's a problem, 'cause there has to be one in order for them to be working.

REP. EBERLE: Uh-huh.

NANCY BAFUNDO: I think there's -- it's closed enough that we wouldn't have a problem with it. But I understand we want to make sure that everything -- everyone's comfortable with it --

REP. EBERLE: Uh-huh.

NANCY BAFUNDO: -- we're comfortable with it.

REP. EBERLE: Okay. Thank you.

Are there other questions from the Committee?
Representative Dickman.

REP. DICKMAN: Thank you Madam Chairman.

Good morning.

NANCY BAFUNDO: Good morning.

REP. DICKMAN: Earlier at one of our Public Hearings the school nurses were here.

NANCY BAFUNDO: Yes.

REP. DICKMAN: And indicated that -- that APRNs are not

qualified to be school nurses. Do you recall that -- are you familiar with that?

NANCY BAFUNDO: I wasn't here at that hearing. I've been involved with the school nurse issue, because we --

REP. DICKMAN: But you are away that an APR -- aware that an APRN, per se, cannot be a school nurse, is that correct?

NANCY BAFUNDO: I can't --

REP. DICKMAN: Well, all right --

NANCY BAFUNDO: -- I couldn't answer that.

REP. DICKMAN: -- if that is -- if that is true and let's take it as a given, because they testified to it. If that is true, why do you think they can practice medicine?

NANCY BAFUNDO: I -- I'm not -- I don't see this as practicing medicine. This is practicing nursing. So I'm having trouble answering your question, because I don't understand why the individual would have said that they weren't qualified to be a school nurse.

I'm not sure which discussion or which bill you're referring to, 'cause I -- I understand there's different definitions for qualified school nurse.

Maybe you could restate --

REP. DICKMAN: Thank you -- thank you, ma'am. Thank you.

NANCY BAFUNDO: Okay.

REP. EBERLE: All right. Any other questions from the Committee? Representative Winkler.

REP. WINKLER: Thank you Madam Chairman.

Hi, Nancy.

NANCY BAFUNDO: Hi, Lenny.

REP. WINKLER: Do you have a copy of your testimony at all?

NANCY BAFUNDO: No, but I'll get it to you.

REP. WINKLER: Okay. That would be good, so that we could deal with the certifying bodies --

NANCY BAFUNDO: Yeah.

REP. WINKLER: -- you were talking about.

Also, you mentioned about APRNs that are in collaborative agreements --

NANCY BAFUNDO: Right.

REP. WINKLER: -- that they register, is that what you said? I --

NANCY BAFUNDO: When they license. When they renew their license, their -- there's a qualification that in order to license that that be in place. That's more of a rules and regs, not as a statute.

Like now, when you renew your license, you have to fill in the information on the card.

REP. WINKLER: Right.

NANCY BAFUNDO: That would be one of the items that they would have to agree to.

REP. WINKLER: So this is what you were referring to.

NANCY BAFUNDO: Yeah.

REP. WINKLER: You weren't referring to registering with some entity that they have a collaborative relationship?

NANCY BAFUNDO: No.

REP. WINKLER: That's not what you --

NANCY BAFUNDO: We're not, no.

REP. WINKLER: -- were saying.

NANCY BAFUNDO: No, we're not.

REP. WINKLER: Okay. Thank you.

REP. EBERLE: All right. Other questions?

Thank you very much.

NANCY BAFUNDO: Thank you.

REP. EBERLE: That completes the legislators, agency and municipal officials list.

We will move to the public portion of the hearing now. First bill is SB 1379 and the first speaker is Bart Price, to be followed by Jan Spegele.

Good morning.

BART PRICE: Good morning.

Good morning Senator Harp, Representative Eberle and members of the Public Health Committee. My name is Bart Price, the Senior Vice President of Finance at Yale-New Haven Hospital. And with me today is John McNeff, the Director of Corporate Financial Services.

We're here to ask for your support to endorse SB 1379, An Act Creating a Statewide Graduate Medical Education Pool.

I've submitted my written testimony with several technical suggestions for the pool. But I would like to, instead of reading my testimony to you, just generally discuss the need for the legislation and what it means to my hospital, but more importantly to the state and the people of south central Connecticut.

Today hospitals are struggling all over the country to maintain the level and quality of medical services that its constituents expect. You will al

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isn't any fly-by-night operation. There are computers, there are games, children have crafts, there are scheduled activities.

As a matter of fact, the children ask their parents to go to the stores that have these facilities. They're all completely glass so you can see in and it's really turned out to be quite an acceptable thing in the store and people wait in line just to get into the care.

So I don't know whether anybody has any questions?

SEN. HARP: Well, I don't know. Let's find out.

Are there questions?

Well, it doesn't look like there are any questions. We'd just like to say that -- that you did keep your word, it's a top grade program and we've heard excellent reviews. So, congratulations.

GRACE NOME: Thank you very much.

SEN. HARP: Okay.

GRACE NOME: Thank you.

SEN. HARP: You're welcome.

Okay. We're now moving on to Bill No. 333 and we have a panel; Kathy A. Burness, Inge Johananson-Schultz and Mary Jane Williams.

MARY JANE WILLIAMS: Good afternoon, Committee Co-Chairpersons Senator Harp and Representative Eberle and members of the Public Health Committee.

Thank you for the opportunity to address you today. My name is Mary Jane Williams. I am a professor at nursing at Central Connecticut State University and President of the Connecticut Nurses Association.

I am also proud to say that I am a UConn alum.

(Applause)

MARY JANE WILLIAMS: I have been in practice for 35 years and teaching nursing for 23 years. I have taught many registered nurses who have gone on to become advanced practice nurses and are currently practice in Connecticut.

I am here today on behalf of the Connecticut Nurses Association to express its support for the amendment to the Nurse Practice Act as set forth in SB No. 333.

I urge you to enthusiastically support this important legislation. This bill, which has been initiated by the Connecticut Nurse Association, the Connecticut Nurse Practitioner Group, the Connecticut Society of Nurse Psychotherapists and the Connecticut Association of Nurse Anesthesia is a testament to the unified effort of these nursing groups for three years, the devotion of Senator Peters and Representative Winkler, to the issue and the willingness and good faith negotiations by the Connecticut Medical Society to accomplish a legislative change which will benefit Connecticut's health care consumers.

This legislation removes the physician direction requirement from the existing statute governing APRN prescriptive authority. In doing so, it addresses what I believe is really a professional practice issue. Nurses are and will be regulated by their own profession, via the State Board of Nursing Examiners.

Currently, APRNs must have a bachelors degree and masters degree. They have met rigorous education certification and continuing education requirements, including completion of advanced level courses, such as advanced physical assessment, clinical pharmacology and pathophysiology.

The cognitive and technical skills developed by the APRN are the result of this post basic specialized education and experience provides the APRN with a rich foundation which will allow them to provide access to safe, high quality, competent, cost

effective care.

Patient safety will be enhanced. This bill will insure that APRNs who exercise prescriptive authority will continue to consult and collaborate with physicians and refer patients to physicians when required by the patient's condition.

The Board of Examiners for Nursing and the Department of Public Health has confirmed that the quality of APRN care has never been an issue. Oversight of APRN practice by the Board of Examiners of Nursing will continue to insure patient safety.

APRNs will remain accountable for the care they provide and patient safety will be enhanced, as is evidenced in the research literature.

Numerous studies have demonstrated that increasing amounts of primary health care delivered by the APRN which focuses on education and prevention has increased access and reduced health care cost.

This legislation will improve productivity by enabling APRNs to concentrate on providing care related to prevention, education, monitoring and maintenance. It will also increase consultation and referral for patients who to date have not had a mechanism to access the health care system.

This legislation ultimately will enhance the delivery of health care to patients by eliminating barriers for consumers providing meaningful and direct access to safe, high quality, cost effective health care delivered by the APRN.

Patients will win, because they will receive this care. The State of Connecticut has an opportunity to continue strengthening its national leadership role on health care issues by encouraging more productive use of health care personnel.

Passage of SB No. 333 will give this state the opportunity to demonstrate how APRNs can increase access, control costs without sacrificing quality through collaboration.

Thank you.

(Applause)

REP. EBERLE: Did you want to go on? Are the three of you presenting or just one?

MARY JANE WILLIAMS: I'm presenting and Kathy has a statement and Inge will answer any questions.

REP. EBERLE: Why don't all three of you go forward and then we'll have questions.

MARY JANE WILLIAMS: Okay.

KATHY BURNNESS: Good afternoon Senator Harp, Representative Eberle and members of the Public Health Committee. My name is Kathy Burness. I'm the past president of the Connecticut Nurse Practitioner Group and here to urge your support of SB 333.

Nurse practitioners or advanced practice registered nurses with post basic specialized educational preparations who conduct indepth assessments, order and interpret laboratory and other diagnostic tests, prescribe medications and other therapeutics with an emphasis on disease prevention and health promotion.

Nurse practitioners have a 30-year history of providing research documented, high quality, cost effective health care services. Nurse practitioners have provided comprehensive services to a variety of clients in diverse settings, despite statutory restrictions on our ability to practice our profession.

The intent of the compromise language in SB 333 is to facilitate collaboration between and among two groups of health care professionals.

The compromise language is a result of many hours of hard work between the Connecticut Nurse Practitioner Group, the Connecticut Nurses Association, the Connecticut Society of Nurse

Psychotherapists and the Connecticut State Medical Society.

We would like to express our thanks and appreciation to Senator Peters and Representative Winkler for their time and dedication to this issue.

Thank you.

INGE JOHANANSSON-SCHULTZ: I'm Inge Johanansson-Schultz, I'm the President of the Connecticut Society for Nurse Psychotherapists.

Our membership is comprised primarily of APRNs, as well as (inaudible) specialists.

I just wanted to briefly say that in the clinical settings where we have worked in psychiatry, we have always worked collaboratively with other disciplines, social work, physicians, psychology.

In most of the situations in psychiatry, nurses are on the front line and we have always had to make quick and independent decisions in patient care, both for safety and the efficacy of treatment.

Because of our extensive experience and rigorous academic work, we are well qualified to collaborate with other professionals.

I would just like to ask you to support our bill and collaboration. Thanks.

REP. EBERLE: Okay. Thank you.

Are there questions from the Committee?

REP. DICKMAN: Madam Chairman?

REP. EBERLE: Representative Dickman.

REP. DICKMAN: Thank you, Madam Chairman.

Tell me what's the difference between this bill and the one you had last year, ma'am.

MARY JANE WILLIAMS: This bill is the result of many, many hours of negotiations with the Connecticut Medical Society, where all of the groups came together and came forward with language that is agreeable to both groups that will allow for collaboration between the advanced practice registered nurse and the physician who will be collaborating with them.

REP. DICKMAN: That's a very nice statement, but what's the difference between this bill and the last bill?

Never mind, never mind. I don't want to put on the spot.

Can I -- if I may, Madam Chairman? It seems this is day for APRNs not answering questions.

How many -- how many APRNs are there who are grandfathered in at the present time?

MARY JANE WILLIAMS: I do not have that data right now. I know there are 1,700 APRNs licensed in the State of Connecticut and there are probably, I would say approximately, a hundred of those who are grandfathered in many years ago. There are no longer any programs which prepare the advanced practice registered nurse unless they have an RN, a BSN and an MSN.

REP. DICKMAN: But there are people who have an --

MARY JANE WILLIAMS: A minority, a very small minority of older practicing nurses.

REP. DICKMAN: But there are some (inaudible - microphone not on)

MARY JANE WILLIAMS: Yes.

REP. DICKMAN: And there are some who have just been (inaudible - microphone not on) were hospital graduated RNs, which I think is great by the way --

MARY JANE WILLIAMS: Right.

REP. DICKMAN: But there are some of those (inaudible -

microphone not on)

MARY JANE WILLIAMS: Yes, a small minority.

REP. DICKMAN: (inaudible - microphone not on)
pharmacology or the other --

MARY JANE WILLIAMS: Oh, no, they have the pharmacology.
They are required to have the pharmacology course,
even though they are grandfathered in. And they
are required to meet the certifying standards each
year for relicensure.

INGE JOHANANSSON-SCHULTZ: You know, if I could address
that? I'm a diploma school -- a hospital school
graduate. Then I went on to --

REP. DICKMAN: (inaudible - microphone not on) by the
way --

INGE JOHANANSSON-SCHULTZ: Thank you.

REP. DICKMAN: -- my era.

INGE JOHANANSSON-SCHULTZ: I went from there. Then I
got my bachelors and then I got my masters and then
I went on and got my APRN licensure. And I've been
practicing for over 30 years and I've been in
private practice in psychotherapy for 20 years.

So I'm one of those diploma school people who kept
on going. And that's what most of us have done.

REP. DICKMAN: But conversely there are (inaudible -
microphone not on) the last question, conversely
there are people with an associates degree in
something like sociology and a masters degree in
nursing who are APRNs at the present time, is that
correct?

MARY JANE WILLIAMS: There is only one program in the
State of Connecticut that prepares that type of
practitioner and they come through a three-year
masters program. The first year they receive an
RN, the second year they go on for a masters
education. And that's Yale University School of
Nursing.

REP. DICKMAN: Thank you.

MARY JANE WILLIAMS: You're welcome.

REP. EBERLE: Senator Peters.

SEN. PETERS: Thank you, Madam Chair.

Just to not confuse this particular proposal and we do not have the amendment before us because it's still being finalized to adapt to the state statutes, but will be ready for screening this week.

This bill shouldn't be confused with the school nurse bill that we've had before us in previous weeks.

I'd like to just take the opportunity, first of all, to clarify that there has been an agreement and there's been three years negotiating on this -- on this proposal.

We reached an agreement on a definition for collaboration. And we've tied that to existing statutory language and existing regulations in a way that brings all stakeholders or parties to the table in consensus and approves this going forward.

I would like to say that it was indeed a pleasure for me to work with the nurses and to work with the medical community in -- and Representative Winkler in coming to this agreement.

And it's wonderful, after three years and I know the Committee was hesitant to deal with this issue again, because for the past two years we've had testimony that just butted heads. And it was -- it was chaos here on APRN day, as you well know in the legislature the last couple of years.

So this, indeed is a pleasure and I want to thank you for letting me work with you as well. You're a credit to your profession and -- and you certainly deserve everything that you achieve through this.

MARY JANE WILLIAMS: Thank you.

(Applause)

REP. EBERLE: Thank you.

Are there other questions? Representative Winkler.

REP. WINKLER: Yes, thank you, Madam Chairman.

I would just like to speak after Senator Peters and elaborate from what she has said. I personally would like to thank the Connecticut Nurses Association, the Connecticut Medical Society and the leadership of Senator Peters in drafting the compromise that we will have before us, which we currently don't have. But we know what's in the bill.

That does reflect the current practice of the APRNs based on their scope of practice. I think it's a real plus and it's a win/win situation for everyone and I'm very pleased to have been part of it and it's a good bill and it oughta pass.

Thank you.

(Applause)

REP. EBERLE: Representative Cleary. Could I ask you please, you indicated your support. We need to move the day along, if you could please restrain yourselves from your -- thank you.

Representative Cleary.

REP. CLEARY: I think after three years, I understand there's language that has been confirmed by everybody. I hope we don't come back next year and try to fix it.

REP. EBERLE: Any other questions?

Thank you, ladies, very much.

MARY JANE WILLIAMS: Thank you.

REP. EBERLE: Dr. Park and Mag Morelli.

DR. DAVID PARK: Senator Harp, Representative Eberle, members of the Public Health Committee, my name is David Park and it is my pleasure to be here today on behalf of the Connecticut State Medical Society to speak in support of negotiated compromise to be drafted into substitute language for SB 333, An Act Concerning Advanced Practice Registered Nurses.

I will also comment briefly on HB 5469, An Act Concerning the Definition of Surgery.

Representatives of the Connecticut State Medical Society have been meeting for weeks with representatives of the Connecticut Nurses Association to work on compromise language that is reflective of the collaborative nature that exemplifies the practices of the two professions in the best interest of the patients.

We would like to thank Senator Melodie Peters and Representative Lenny Winkler, who together led these negotiations and guided us toward a compromise.

We would also like to thank the state's family of physicians, pediatricians, psychiatrists and internists who work closely with us and who join us in support of the negotiated compromise.

We had anticipated having substitute language for you today, but unfortunately as Senator Peters alluded to, there was a delay in drafting due to some minor unresolved issues which I believe are very close to resolution.

The central concept of the compromise that there will be required collaboration between physicians and advanced practice registered nurses, but not including nurse midwives and nurse anesthetists.

The entire compromise relies on the fact that collaboration will be a mutually agreed upon relationship between the APRNs and the physicians. It will be the responsibility of the physician and the APRN to structure the relationship

appropriately and to adequately address and provide for quality patient care.

This proposed statute will rely on the professionalism of both the physician and the APRN, both of whom will be regulated by the Department of Public Health, Department of Consumer Protection and their respective examining boards.

We stress our desire to strengthen the accountability of physicians who enter into collaborative relationship with APRNs and we will pursue this goal as a medical -- in -- as a medical society upon passage of this bill.

We have also agreed to expanding the prescriptive authority for APRNs to schedule two and three drugs, but the degree of that extension must be specified in the individual's written collaborative agreement.

Appropriate pain management in the hospice care of terminally ill people was a motivating force in our agreeing to this expansion. This substitute language is currently being drafted and we are committed to working with the Connecticut Nurses Association until the final language is drafted.

In particular, we are waiting for word -- awaiting word from the Attorney General's office regarding whether the intent of the compromise is appropriately addressed and in the language of whether we need to further clarify it.

In conclusion, I would like to thank the Connecticut Nurses Association and in particular their president, Mary Jane Williams for working with us and enabling us to come before you today in agreement.

Regarding HB 5469, An Act Concerning the Definition of Surgery, we support the passage of this bill. Medical and surgical technology is advancing rapidly. While the scalpel was once considered the quintessential surgical tool, modern surgical techniques utilize both light and other energy forms, as well as mechanical tools.

This evolution in surgical technology is not reflected in the current statutes regarding the practice of medicine and surgery. This became apparent last year when the Medical Examining Board was asked by a third party to rule on the use of lasers and whether their use fell within the definition of the practice of medicine and surgery.

The Medical Examining Board did rule that the use of lasers falls within the scope of the practice of medicine and surgery and so this bill as proposed to codify the decision of that stat -- in statute.

We support this new expanded definition, because regardless of the modality used, any procedure in which human tissue is cut or altered should be considered surgery.

Thank you. And we're here to answer any questions.

REP. EBERLE: Okay. Mag, were you gonna give a separate statement?

MAG MORELLI: No. I'm -- I'm here for the question and --

REP. EBERLE: Okay.

DR. DAVID PARK: She's my -- my right arm.

REP. EBERLE: Okay.

MAG MORELLI: Here for support.

REP. EBERLE: I don't know if you were here this morning when the representative from the Nursing Board testified, the Board of Nurses, and indicated that -- at least I understood her to say that we should be broader in the certifying bodies that will recognize -- that the four that we have listed in current statute, one of 'em doesn't exist and there are other certifying bodies that also do a very good job of evaluating the competence of their members.

And also that she didn't feel it was necessary for

the nurses to list or register that they were participating in this program or who their collaborating doctors was, that it would be enough to know that they had to have them and that if an issue arose, they could ask for a copy of the collaboration agreement and expect it to be there.

I don't know if you have any comment or feeling on that testimony.

MAG MORELLI: I wasn't -- I wasn't here for the Nursing Board's testimony. But I do understand, I think in previous drafts of the bill, there had been requests to clarify the accrediting bodies and I would assume that the Nursing Board would work with the Department of Public Health in making sure that those were the appropriate peer review accrediting bodies and that would be appropriate for the statute in licensing the APRN.

We have discussed with the APRNs the issue of the physicians registering in the collaborative agreements. One of the concerns was just accountability of the physician and information for the public if there was a problem.

But that's currently being discussed with the nurses, so it's -- you know, it's -- it is an issue on the table that we are concerned with, but nothing that's going to -- right.

REP. EBERLE: As far as you're concerned for the (inaudible - microphone not on) if the Board of Nursing and the Department agree that it's appropriate, it's all right with you?

MAG MORELLI: Yeah. I believe that the Board and the Department --

REP. EBERLE: Senator Peters.

SEN. PETERS: Thank you, Madam Chair.

Hi, Mag. Physicians registering with whom? Their own?

MAG MORELLI: We had offered -- we had thought probably

the Department of Health. And the issue arose and it was an issue of whether -- if there was a complaint in a collaborative agreement that was not written and would there -- anyone have knowledge of who that collaborating physician was with that APRN.

SEN. PETERS: My understanding is with respect to license renewal for the APRNs and I actually do this with my license every year, there's a portion of the card that I send back with my check that states, you know, where I work, what my relationships are and that from testimony this morning there -- that -- the collaborative agreement and with whom, would be registered in that -- that relicensing application by the APRN.

So I would hope that that would resolve any issue as far as -- as reporting and who's going to be doing the reporting.

But I'd like to just take 30 seconds. I know time is premium. But you guys were wonderful to negotiate with. It was a pleasure to work as a group, even though things got a little hairy. I have a happy face now since my vacation, so I wanted to thank you and you also are a credit to your professions.

Thank you.

MAG MORELLI: Thank you.

REP. EBERLE: Thank you.

Are there other questions? Representative Nardello.

REP. NARDELLO: Just as a point of information question. Are there other states that define surgery? Do you have any statistics on what other states do in respect to this?

MAG MORELLI: I believe that there are approximately 13 other states that define surgery, but I will check on that number for you, 'cause I don't have it in front of me.

REP. NARDELLO: Would you? And if so, would you provide us with that information, how they define it?

MAG MORELLI: Yes. Be --

REP. NARDELLO: Thank you.

MAG MORELLI: -- glad to.

REP. EBERLE: Representative Dickman.

REP. DICKMAN: Thank -- thank you, Madam Chairman.

Very quickly, doctor, I asked the nurses, maybe I could ask it in a different way of you. What's different in your mind this year from what was before us in the past years? And why -- what made you change your mind?

DR. DAVID PARK: I think because we have agreed to be together in this issue. I think that's the difference between last year and the year before that, when we really couldn't agree very well.

MAG MORELLI: I believe in the previous years, the bill has requested independent practice of the APRNs. And this bill requires collaboration. So I -- that -- I believe that's the major difference between --

REP. DICKMAN: Is there a difference between independent practice and collaboration?

MAG MORELLI: Yes.

DR. DAVID PARK: Very much so.

REP. DICKMAN: All right. Will this allow third party billing?

MAG MORELLI: I believe that third party -- you may want to ask the nurses this. I don't want -- I'm not the authority in this. I believe there's a statute on the books that permits third party billing for APRNs and so the intent is not to block that through this language and --

REP. DICKMAN: No --

MAG MORELLI: -- and possibly could permit it. I mean, I'm not -- I don't -- that was not at the driving force of this language.

REP. DICKMAN: Would the bill and I haven't seen it so -- and I'm only askin' some general questions, please. Would it allow HMOs to utilize the services of APRNs in the panels?

MAG MORELLI: I believe HMOs currently, if they chose to, could utilize APRNs in their panels. This does not require them to, but an APRN that they used on their panel would need to be in collaboration with a physician.

REP. DICKMAN: It would?

MAG MORELLI: Yes.

REP. DICKMAN: But they could have, for example, ten APRNs with one physician directing them, is that correct?

MAG MORELLI: If it was appropriate collaboration. If the ten to one was not appropriate and then that -- that would be a matter for the Nursing Board and possibly the Medical Board if that physician was inappropriately collaborating with the physicians.

REP. DICKMAN: Okay. And if I just switch to the other bill, would you give me an example or two if you could of surgery that may currently fall under -- be permitted and would not be permitted under the definition of surgery?

DR. DAVID PARK: Well, present -- some of the things that are not mechanical, such as using a scalpel. Laser surgery is not included specifically under the present definition of surgery.

REP. DICKMAN: Would this include removing hair by laser surgery, 'cause that's the understanding that I had of the original intent of the bill that I submitted.

MAG MORELLI: That's the -- that was what the Medical Board ruled on. That is the basis of the Medical Board ruling.

REP. DICKMAN: All right. Thank you. Thank you.

REP. EBERLE: Thank you.

Could you just tell me why, if the Medical Examining Board has already ruled the way you want it, that why we need to do legislation?

MAG MORELLI: There is some concern that the questions that were raised during the hearing of the Medical Examining Board that we needed statute to clarify that the ruling of the Board would remain -- would be become -- you know, would be clarified in statute, so that even though we have the ruling that was distributed to all physician, that we codify that in statute to clarify the statute.

It became apparent in the hearing that a lot of these questions that were coming up in the hearing in the testimony were things that weren't specifically addressed in the statute.

So it was the --

REP. EBERLE: Did -- did the --

MAG MORELLI: -- interpretation that was required of the Board.

REP. EBERLE: But did the Board's ruling address them?

MAG MORELLI: Yes, it did.

REP. EBERLE: And is that not dispositive until there's a different ruling?

MAG MORELLI: Yes, I believe it is.

REP. EBERLE: All right. All right. Thank you.

Are there other questions? Representative Winkler.

REP. WINKLER: Thank you, Madam Chairman.

Just briefly, I would -- in response to what Representative Dickman asked, this legislation did allow for reimbursement in some situations under the consultation referral area.

And I also would like to say thank you very much for the opportunity to have worked with you and the Medical Society, CNA and Senator Peters. I think it was a lot of time spent together, but it was -- it provided a very good outcome.

Thank you.

REP. EBERLE: Thank you very much.

MAG MORELLI: Thank you.

REP. EBERLE: On HB 7080, Donna Osach. I apologize for having skipped over you earlier.

DONNA OSACH: That's okay. Element of surprise.

REP. EBERLE: Better late than never, right?

DONNA OSACH: That's right. Thank you.

Good afternoon Representative Eberle and members of the Public Health Committee. My name is Donna Osach and I am the Director of the Child Care and Early Education Division at the Connecticut Association for Human Services.

I'm here today in support of Raised Bill 7080, An Act Concerning Day Care Inspections. I'd like to start off by saying that I'm happy to be in Connecticut this morning or today, the Huskies win last night and also because our child care licensing regulations as they are written is really a model across the country.

The rest of -- the rest of the country looks at our regulations as good.

However, the way they're implemented currently is of concern to us, which is why we support this bill. This bill would require the Department of

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March 30, 1999

To: Members of the Public Health Committee
From: Kathy A. Burness, MSN, APRN; Chair, CNPGI Government Relations Committee

The Connecticut Nurse Practitioner Group urges your support of **SB 333, An Act Concerning Advanced Practice Registered Nurses.**

Nurse Practitioners are advanced practice registered nurses (APRNs) with post-basic educational preparation who conduct in-depth assessments, order and interpret laboratory and other diagnostic tests, and prescribe medications and other therapeutics with an emphasis on disease prevention and health promotion.

Nurse Practitioners (NPs) have a 30 year history of providing research documented high quality, cost effective health care services. NPs have provided comprehensive services to a variety of clients in diverse settings despite unnecessary statutory restrictions on our ability to practice our profession.

SB 333 will more accurately reflect the reality of current APRN practice in the State of Connecticut and will allow APRNs to fully contribute to the development of high quality, cost effective, accessible health care delivery systems.

We urge your support of this bill. Thank you.



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Testimony of the Connecticut State Medical Society

Regarding

Senate Bill 333, An Act Concerning Advanced Practice Registered Nurses

Presented by David Parke, M.D.

To the Public Health Committee

March 30, 1999

Senator Harp, Representative Eberle, and members of the Public Health Committee. my name is David Parke. It is my pleasure to be here today on behalf of the Connecticut State Medical Society to speak in support of a negotiated compromise to be drafted into substitute language for Senate Bill 333, An Act Concerning Advanced Practice Registered Nurses.

Representatives of the Connecticut State Medical Society have been meeting for weeks with representatives of the Connecticut Nurses' Association to work on compromise language that is reflective of the collaborative nature of the practice of the two professions. We would like to thank Senator Melodie Peters and Representative Lenny Winkler who together led these negotiations and guided us toward compromise. We also would like to thank the state's family physicians, pediatricians, psychiatrists and internists who worked closely with us and who join us in support of the negotiated compromise. We had anticipated having substitute language for you today, but unfortunately there was a delay in the drafting due to some minor, unresolved issues, which I believe are very close to resolution.

The central concept of the compromise is that there will be a required "collaboration" between physicians and advanced practice registered nurses, other than nurse-midwives and nurse-anesthetists. The entire compromise relies on the fact that collaboration will be a mutually agreed upon relationship between the APRN and the physician. It will be the responsibility of the physician and the APRN to structure the relationship appropriately and to adequately address and provide for quality patient care. This proposed statute will rely on the professionalism of both the physician and the APRN who will be regulated by the Department of Public Health, the Department of Consumer Protection, and their

respective Examining Boards. We have stressed our desire to strengthen the accountability of physicians who enter into collaborative relationships and we will pursue this goal as a medical society upon passage of this bill.

It has been agreed that the intent of the compromise is to continue to allow for direction by the physician. We have also agreed to expanding the prescriptive authority for APRNs to schedule II and III drugs, but that expansion must be specified in the individual's written collaborative agreement. Appropriate pain management in the hospice care of the terminally ill was a motivating force in our agreeing to this expansion.

This substitute language is currently being drafted and we are committed to working with the Connecticut Nurses' Association until the final language is drafted. In particular, we are awaiting word from the Attorney General's Office regarding whether the intent of the compromise is appropriately addressed in the language or whether we need to further clarify it.

In conclusion, I would like to thank the Connecticut Nurse's Association and in particular, their President, Mary Jane Williams, for working with us and enabling us to come before you today in agreement.

Thank you for consideration of this testimony and I would be happy to answer any questions.

CONNECTICUT SOCIETY OF NURSE PSYCHOTHERAPISTS

P.O. BOX 157, EAST LYME, CT 06333 • (800) 485-5556

CONNECTICUT SOCIETY OF NURSE PSYCHOTHERAPISTS**TESTIMONY RE: RAISED BILL NO. 333
AN ACT CONCERNING ADVANCED PRACTICE NURSING****PUBLIC HEALTH COMMITTEE HEARING
MARCH 30, 1999**

Good Afternoon Committee Chairperson Senator Harp, Representative Ederle and Members of the Public Health Committee.

Thank you for the opportunity to address you today. I am here today on behalf of the CSNP an organization of Advanced Practice Registered Nurses in Psychiatric-Mental Health Nursing.

I have been an RN for 35 years, have had a Masters degree in Nursing for 27 years and am in private practice for the past 20 years. I am typical of most of the APRNs in our organization as I have held leadership positions such as nursing supervisor and acting director of nursing in acute care psychiatric facilities. In addition, I have taught Psychiatric-Mental Nursing in several hospital and college nursing programs. The majority of our members have credentials similar to mine

In all the clinical settings where I have practiced nurses worked collaboratively with other disciplines: social work, psychology, psychiatry. In most situations the nurses are on the front-line and have to make quick, independent decisions in patient care both for safety and efficacy of treatment.

Advanced Practice Nurses have extensive clinical experience and rigorous academic work. All of us have at least a Masters' degree and many have Doctorates. Because of our unique role, we make complex, often urgent decisions about patient care using nursing judgement. We are as well trained as every other health care profession. We are the only Masters and Doctoral level

mental health practitioners who are required to have supervision by another profession. This is an anachronism.

Nursing is Nursing, it is not Medicine.. We do not aspire to be doctors. We do what we do well. We complement other professions including Medicine. Our education and professional standards prepare us to collaborate.

Patients benefit from our expertise. By removing supervision we can respond to our patients needs more fully and flexibly. Patients will gain even more.

I hope you will allow us to do what we are trained to do by supporting this Bill.

Respectfully Submitted

Ingc Johannsson-Schultz, APRN, MA, CS



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CONNECTICUT NURSES' ASSOCIATION

TESTIMONY RE: RAISED BILL NO.333
AN ACT CONCERNING ADVANCED PRACTICE NURSING

Public Health Committee Hearing
March 30, 1999

Good Morning Committee Co-Chairperson, Senator Harp and Representative Ederle and Members of the Public Health Committee.

Thank you for the opportunity to address you today. My name is Mary Jane Williams, Ph.D., R.N. Professor of Nursing at Central Connecticut State University and President of the Connecticut Nurses' Association. I have been in practice for 35 years and teaching nursing for 23 years. I have taught many registered nurses who have gone on to become advanced practice nurses and are currently practicing in Connecticut.

I am here today on behalf of the Connecticut Nurses' Association to express its support for the amendment to the Nurse Practice Act as set forth in S.B. Bill No. 333 and I urge you to enthusiastically support this important legislation. This bill, which has been initiated by the Connecticut Nurses' Association, the Connecticut Nurse Practitioner Group, the Connecticut Society of Nurse Psychotherapists and the Connecticut Association of Nurse Anesthetists is a testament to the unified efforts of these nursing

groups for three years, the devotion of Senator Peters and Representative Winkler to the issue, and the willingness and good faith negotiation by the Connecticut State Medical Society to accomplish a legislative change which will benefit Connecticut's health care consumers. This legislation seeks to improve patient access to quality health care services. This bill is also supported by the Connecticut League for Nursing, the Association of School Nurses of Connecticut and the association of Child and Adolescent Psychiatric Nurses of Connecticut.

This legislation removes the "physician direction" requirement from the existing statute governing APRN prescriptive authority. In doing so, it addresses what I believe really is a professional practice issue. Nurses are currently regulated by their own profession via the State Board of Examiners for Nursing. Therefore, APRN's will be regulated solely by their licensing board. The power to determine what is the appropriate scope of practice for APRNs will be maintained by nursing through the Board of Examiners for Nursing.

Patients will benefit by the amendment. Patients, particularly those in undeserved areas, will have greater direct access to cost-effective, high quality health care services provided by APRNs. APRNs have functioned collaboratively as primary health care providers in variety of settings.

Currently APRNs must have a bachelor degree and master's level of higher education. They have met rigorous education, certification and continuing education requirements, including completion of advanced level courses, such as advanced physical assessment, clinical pharmacology and pathophysiology. They also complete advanced level preparation in clinical settings. APRNs must renew their license on an annual basis and must demonstrate they have completed at least 15 hours of continuing education, 8 hours of which must be in pharmacology. All APRNs are required to achieve National Certification and Recertification on a five year basis in their specialty. APRNs complete 90 hours of pharmacology. The cognitive and technical skills developed by APRNs as a result of this postbasic specialized education and experience provides APRNs with a rich foundation which allows them to provide access to safe high quality competent cost-effective health care.

Patient safety will be enhanced. The bill will ensure the APRNs who exercise prescriptive authority (ordering diagnostic tests, medical therapeutics and writing prescriptions) will continue to "consult" or "collaborate" with physicians and refer patients to physicians when required by the patient's condition.

The Board of Examiners for Nursing and the Department of Public Health has confirmed that the quality of APRN care has never been an issue. Oversight of independent APRN practice by the Board of Examiners of Nursing will continue to

ensure patient safety. APRNs will remain accountable for the care they provide and patient safety will be enhanced as evidenced in the research literature.

This Legislation will decrease health care costs. By maximizing the use of the APRN in a variety of settings, across the life span access is improved and cost is decreased. Numerous studies have demonstrated that increasing the amount of primary health care delivered by the APRNs, which focuses on education and prevention has increased access and reduced health care costs. This legislation will improve productivity by enabling APRNs to concentrate on providing care related to prevention, education, monitoring and maintenance needs. It will also increase consultation and referral for patients who to date have not had a mechanism to access health care system. This legislation will enhance the delivery of health care to patients by eliminating barriers for consumers, providing meaningful and direct access to safe, high quality, cost-effective health care delivered by APRNs, patients will win because they will receive comprehensive, high quality, efficient, cost-effective health care.

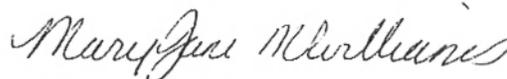
The State of Connecticut has the opportunity to continue strengthening its national leadership role on health care issues by encouraging more productive use of personnel. Passage of Senate Bill No. 333 will give this state the opportunity to demonstrate how APRNs can help increase access and control costs without sacrificing quality.

Raised Bill No.333

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CNA would be pleased to provide whatever assistance and additional information which might be helpful to you. I am happy to respond to any questions you may have.

Thank you



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President

The Connecticut Nurses Association