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DEPUTY SPEAKER GODFREY:

The record will so note. Thank you, Representative O'Dell -- O'Dea.

Return to the call of the Calendar.

Mr. Clerk, please call Calendar Number 340.

THE CLERK:

On Page 37, Calendar Number 340, favorable report of the Joint Standing Committee on Judiciary, Substitute House Bill 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

DEPUTY SPEAKER GODFREY:

Distinguished Chairman -- Chairwoman of the Public Health Committee, Representative Susan Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker, and good evening.

Mr. Speaker, I move the the Joint Committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

Question is on passage of the -- acceptance of the Joint Committee's favorable report and passage of the bill. Could you explain the bill.

REP. JOHNSON (49th):

Mr. Speaker, the Clerk has in its possession LCO Number 5588. I would request that the Clerk

call that LCO Number and I be granted leave to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 5588 which will be designated House Amendment Schedule "A". Mr. Clerk.

THE CLERK:

House "A" LCO 5588, introduced by Representative Johnson, et al.

DEPUTY SPEAKER GODFREY:

The gentlewoman has asked leave of the Chamber to summarize.

Is there objection?

Hearing none, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker.

So I will summarize some of the -- some of these items in the technical revisions bill.

Section 1 is the outpatient surgical facility section. And that section resolves conflicts in the statute that are going to be now requiring medical -- the outpatient surgical facilities to all have certain reporting requirements, and thus, all these outpatient surgical facilities will be doing these kinds of reports. Before, there was a conflict in the statute. This particular section resolves it.

In Section 2 and 3 of the -- this technical revisions bill, these sections contain revisions that will extend the voluntary process of acknowledging paternity of a child, which the child has reached 18 years of age. Currently, there is no mechanism in place to establish paternity for a child that has reached the age of majority.

DPH is contacted by members of the public wanting to list a father on an adult child's birth certificate with seeming legitimate reasons for doing so. The bill establishes specific requirements for voluntary acknowledgment of paternity of an adult child 18 or older.

In addition to the current process, it requires the adult child to provide a notarized affidavit confirming consent instead of having to go to the court. So this is a -- a good change and it will save a lot of resources, both for the court system, and for people seeking those changes.

In Section 4, there's the school nurse access immunization registry. This section will give the school nurses and the director of health access to information about a child's immunization history.

This immunization history is needed by the school nurse and the director of public -- director of school nursing services to know whether or not a child is up to date on their vaccinations.

Going on to Office 5, the Office of Health Care Equity is simply a technical change that creates a situation where we've re-named the office. It used to be called the Office of Multicultural Health, and now it's going to be called the Office of Health Equity.

In Section 6, we have the burial depth in proximity to dwellings change. This was actually in the courts' statutes and was repealed when the Governor went through his repealing of all the -- all the sections that weren't being used very often.

However, we found that this should really be something that is in place for the -- for the Department of Public Health because, every so often, these kinds of situations come into play, and we need to make sure that limitations are followed on the burial of any type of body

Quality ratings for nursing facility management services, this is absolutely necessary. The underlying bill requires nursing facility management services to hold a certificate. And we needed to make sure that management services are including -- included when they have a problem that they can -- they can actually resolve those issues and have the information processed through a hearing.

In Section 8, we have a removal of Section 8. And the current law requires primary care providers

to provide pediatric care. They would require the emergency departments to screen children for lead at designated times. The bill specifically requires testing rather than screening. It also requires these providers with testing to occur to provide parents or a guardian with educational materials or anticipatory guidance information regarding lead poisoning.

In Section 10, this is electronic signatures for medical records in nursing homes. The bill allows chronic convalescent nursing homes and rest homes with nursing supervision to use electronic signatures for patient medical records. This is all part of updating things electronically, and will make reporting much, much better.

Inspection of emergency medical services vehicles, this section pretty much allows emergency medical services vehicles and other rescue-type vehicles that are registered through the Department of Motor Vehicles, as part of their process, which they're inspected every two years. The bill updates terminology that referred to ambulances, invalid coaches, and intermediate or paramedic intercept vehicles used by emergency medical services organizations. Instead of DPH inspections, it allows the inspector to be -- inspections to be performed by municipal employees or DMV-licensed

motor -- Department of Motor Vehicle repairs or dealers who are qualified under federal regulations. The bill specifies that these inspections must be conducted in accordance with federal regulations.

In Section 14, the sale of Class II water companies, this is a broadening of the language that was very, very tight in terms of how the transfer of property was allowed. And so what this -- this will do is make it possible for properties that are within the Class I -- Class II rather and Class III sections, they will be able to now find themselves in the situation where they're able to make a transfer much easier.

So Section 13 is urinalysis testing of nursing home facilities is being removed. This was done on an annual basis. And now, because there's really no point in testing somebody annually for a urinary tract infection, that has been removed. It's -- there are standards and practices that occur in nursing facilities so that what happens is, now, people will be able to observe the overall condition of the patient to make sure that they are not having -- developing a urinary tract infection.

Section 14 overrides emergency summary orders. Current laws allow the DPH Commissioner to issue summary orders to the licensee of a home health agency, homemaker, health aide agency if she finds

health and safety, or welfare of a patient necessitating emergency action. The bill extends the authority to issue these orders to DPH-licensed institutions, including hospitals, nursing homes and outpatient services -- outpatient clinics.

Under existing law, the bill allows the Commissioner to issue such an order pending completion of disciplinary proceedings. The order can revoke, suspend, or limit the institutions license, prohibit the institution from taking new patients or ending relationships with current patients, or compel compliance with applicable law or DPH regulation.

Under 15, Section 15, there is the authority to waive regulations. And in that section, certain conditions in the bill authorizes the DPH Commissioner to waive regulations affecting DPH-licensed institutions. The bill allows the Commissioner to waive -- impose waiver conditions, assuring patients' or residents' health, safety, and welfare; revoke the waiver if she finds health, safety has been compromised in any way. She cannot -- the Commissioner cannot grant a waiver that would lead to a violation of the State Fire Safety Building Code, but can adopt regulations establishing a waiver application procedure. And this -- this is actually very necessary.

There -- in the times in which skilled nursing facilities were developed, we had situations where the nursing facilities were highly regulated. For example, they weren't allowed to have a bed against a wall. In those circumstances, they might have a patient who was in the nursing facility, and now, that kind of a regulation could be waived. And if the patient wanted to have the bed against the wall, they'd be able to do that.

Moving along to the sections of various emergency medical services changes, that would be 16 through 25. That entire section is just a recodification, actually, to make sure emergency medical services providers are all put into the same section of the statute books, and that they are all -- all following the same kinds of processes.

So that is essentially what this section does, and it makes it easier to locate what their -- what their duties are, what the difficulties might be that they might run into, the fact that they have a hearing process, and that -- if they are having their license revoked, existing law specifies also that the practice of -- licensed emergency medical services and paramedics can include treatment methods not specified in the regulations, as approved by the Connecticut Emergency Medical Services Advisory Committee.

Section 25, that is emergency medical services organization strikes out the sections that mandate -- strikes out the mandates. The ambulance services have a contingency plan for potential strike activities. It also takes care of, under existing health care law, institutions must file strike contingency plan with DPH.

The Commissioner, when the -- when their employees' union notifies them of the intention to strike, the bill adds the same requirement for licensed or certified emergency medical services organizations. It sets similar conditions to those that are -- that all ready apply for nursing homes and residential care homes in this situation, thus among other things, the EMS organization must file the plan no later than five days before the scheduled strike.

The Commissioner can issue a summary order of any emergency medical services organization that fails to comply. A noncomplying organization is subject to a civil penalty of $10,000 a day. The organization can request a hearing to contest the penalty. The Commissioner must adopt regulations establishing plan requirements, and the plan is exempt from disclosure under the Freedom of Information Act.

In Section 26, the emergency medical services,

during declared state of emergency, what this section is doing is it's really allowing emergency medical services providers to have a way to report, in an emergency situation, emergency transport for people who may not need an emergency vehicle. But in a -- under hurricanes or those kinds of situations, what will happen is now, with this particular change in the law, they'll be able to show that the -- that the -- that they'll be able to play -- pay for the transport of people to get them out of harm's way, even though they might not need an actual emergency medical services.

Section 27 is the oral hygiene training for new employees in the nursing facilities, and this is especially important for people who have dementia. It's been discovered that there's a real need for oral health care in skilled nursing facilities. And sometimes this -- these types of things are overlooked. So this is an excellent recommendation that is going to be a good change, making sure that training is occurring for all employees in skilled nursing facilities for people -- for older adults.

In Section 28, we have an area where we're deleting the word polysaccharide, and that word now is because not all pneumonia vaccinations contain polysaccharides. So we're changing that.

In 29, the Connecticut Tumor Registry, this is

a reporting change so that Connecticut Tumor Registry is allowed -- is allowed to be able to be combined with other tumor registries throughout the country. It also requires a number of athletic trainers, physical, occupational, massage therapists, psychologists, behavioral analyst, marriage and family, alcohol and drug and professional counselors, master and clinical social workers, radiographers, radiologic technologists, radiologists' assistants, midwives, nurses aides, dental hygienist, optometrist and opticians, respiratory care practitioners and perfusionists, pharmacists, veterans, electrologist, and hearing instrument specialists all are required to report to the registry.

In Sections 30 and 31, this has to do with the state of Connecticut being able to contract with other states to do different types of healthcare services. So this -- the state of Connecticut has actually lost out financially because they have not been able to obtain different types of funding and grants. And so what this will do is it will help us work with other states as a region, and also obtain additional funds.

In Section 32, these are physicians' continuing education credits.

In Section 33, there is optician apprenticeship

requirements. It allows DPH to accept apprenticeship hours completed in another state toward meeting an optician's licensure requirements.

In 34 through 36, licensed work experience, in lieu of certain requirements, the bill allows the applicant for licensure as a psychologist, professional counselor or social worker who is licensed or certified in another state, to substitute out of work experience for the certain licensure requirements.

The substitutions may be made only if the Commissioner finds that such experience is equal to or greater than the Connecticut Licensure Requirement.

Psychologists may substitute two years of out-of-state work for the required one year of experience. Professional counselors may substitute three years out-of-state work for the 3000 hours of postgraduate degrees, supervised experience requirements. And social workers may substitute three years of out-of-state work for the 3000 hours of post-Master's social work experience.

This Section in 37 is about hair dressers, and it clarifies the section that hairdressers must have completed at least a ninth-grade education.

Behavioral analyst, this Section 38 re-clarifies that section -- that these services

provided by applied behavioral analysts, in accordance with Connecticut General Statutes 10-76 ii's, do not fall within the scope of practice of speech/language pathologists. This is a clarification.

There was some concern that these behavioral analysts were also doing the work of speech/language pathology, and this is something that we are clarifying in this section so that there's no -- no concern at all that behavioral analysts are acting as speech language pathologists.

Under 39, the meningococcal vaccination, this is a change in the law requiring -- requiring students who start school this coming fall receive the -- the vaccination by January 1st of the -- of the school year, 2015. So they can start in 2014, but we need to get this law put into place and have it work out so that the students are all vaccinated by the time they start school by January 1, 2015.

But in any event, we had a problem with a student who became ill and developed meningitis when she started school. And so we decided to make sure that everybody has this vaccination.

In Section 40, the bone densitometry licensing requirements, this just talks about how a system under licensed physician supervision and controlling responsibilities is certified by the International

Society for Densitometry and by the American Registry of Radiologic Technologists. The language that was inadvertently repealed in the 2013 session, will now allow appropriately credentialed individuals to continue to perform bone densitometry testing.

The bill changes some of the dental hygienists -- the circumstances in which the dental hygienist who applies to reinstate a voided license must submit evidence of complete and continuing education, or dental board requirements.

In Section 42, environmental laboratories and the regular laboratories that do the testing for, us when we have medical conditions that need to be tested, this is something that has been separated out and rewritten so that there's no question that we're talking about either environmental laboratory that tests your water, or that sort of thing, or the laboratory that tests you for medical conditions.

In 45, there's a nuclear medicine technologist's license exemption. The bill exempts nuclear technologists working under the supervision of a licensed doctor.

Under 46-47, technical conforming changes, to repeal Connecticut General Statute Section 51, related to the emergency medical services statute that deems motorcycle equipped to handle emergency

medical equipment.

The -- Section 48 is physical therapy assistant. The bill allows the DPH Commissioner, from October 1, 2014 through July 1, 2015, to issue a physical therapist assistant's license to any applicant who presents evidence that he or she was eligible to register as a physical therapist's assistant on or before April 1, 2006, and they just pay a $150 fee.

There is influenza and pneumococcal polysaccharide vaccinations. This again, as we mentioned before in a different section, now, because there are two types of pneumonia vaccinations, they're not all made with polysaccharides, that that word "polysaccharide" was removed from the -- from the statute.

There is technical revisions in Sections 50 and 51 to the emergency medical services provisions that goes back to the re-organization of the emergency medical services statute.

52-53 changes the Senate Bill -- Senate Bill 36, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE, and that adds in the performance of advanced practice nurse level activities in collaboration with a physician for a period of not less than three years, and not less than 2000 hours before

practicing outside a collaborative agreement with a physician.

This section also requires an APRN to provide written notice to the Commissioner of Public Health of his or her intention to practice without collaboration with a physician after completing the necessary requirements.

In Section 54, that amends Section B of Section 501 of that bill, and the section requires an APRN to have a minimum of 50 contact hours of continuing education in the area of APRNs to practice their professional needs -- and reflect their professional needs in order to meet the healthcare needs of the public.

This section further requires APRNs to have continuing education in the following subjects: pharmacotherapist; infectious diseases, including but not limited to acquired immunodeficiency syndrome, and human immunodeficiency virus; risk management; sexual assault; domestic violence; cultural competency; and substance abuse.

In 54, there has been a change in how we're going to have food in funeral homes. This section allows funeral directors, or anyone engaged in the funeral directing business, to serve nonalcoholic beverages and packaged food to people making funeral arrangements or arranging for the disposition of a

deceased person's body at a funeral home.

Current regulations prohibit this practice. The Department of Public Health regulations prohibit serving food or drink in a funeral home in connection with funeral services. And so this will allow them to serve food or drink in a funeral home in connection with a funeral service, as long as it's packaged.

And definition of funeral directing, which is Section 55, the bill revises the scope of practice for funeral directing to include consulting about funeral arrangements, casketing human remains, making cemetery and cremation arrangements, preparing funeral service contracts. Under current law, funeral directors may engage in a variety of activities relating to funerals.

A VOICE:

ADC wants to wrap it up.

REP. JOHNSON (49th):

Okay. Okay.

Okay. 56 is continuing education requirements for psychologists. This was asked for by the Psychologists Association, and so we have added these continuing education requirements. We've made marital and family therapists section in conformance with the other changes so that they will also be able to count out-of-state work as part of their

certification and licensing procedures.

Clinical laboratories, that is changes that are made in compliance with federal law.

LCO technical corrections are in Section 59 through 61.

Unified school districts 62.

65 are repealed. Department of Developmental Services revolving loan fund has been changed from the Department of Developmental Disabilities -- to Developmental Services rather -- to the -- the revolving loan fund has been changed from there. And the -- most amendments change the definition of legally authorized person which means a patient parent or guardian for healthcare representative.

Tech II technician program just makes clear that the Tech II technicians will be able to only -- only complete their licensure requirements if -- and be grandfathered in for another six months. We've add naturopathic physicians, expanded what they are able to do within their scope.

And under 70, physicians' assistants, electronic signatures are in there, so that now a doctor does not have to be included on the order.

And then, under 72, there are a number of Department of Mental Health and Addiction Services deletions.

And in Section 73 is the repealer of

different -- different laws that have become no longer part of what they are -- practices today.

I move adoption, Mr. Speaker.

(Deputy Speaker Orange in the Chair.)

DEPUTY SPEAKER ORANGE:

Thank you, Representative Johnson. You turned into Madam Speaker there during that.

The question before the Chamber is on adoption of House Amendment Schedule "A".

Will you remark further on House Amendment Schedule "A"?

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, and good evening, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good evening, Representative.

REP. SRINIVASAN (31st):

I want to begin by recognizing and thanking the good Chairwoman of Public Health for the very extensive and informative way that she brought out this particular bill. You know, through your analysis of this bill, fortunately, a lot of questions that we had in our mind have already been answered. And -- and I want to thank you once again

for the way that this bill was brought out.

Through you, Madam Speaker, just a few questions to the good Chairwoman of the Public Health Committee.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I, too, will attempt -- attempt, and I'm not sure how well I will be able to replicate what the good Chairwoman did, going through this bill section by section and see what the questions are so that we're all clear in our minds on what we are going to be voting on later this evening.

Through you, Madam Speaker.

Section 1 talks about the outpatient surgical facilities. As we speak, Madam Speaker, what is the requirement of these various outpatient surgical facilities in terms of reporting?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker -- Madam Speaker.

The outpatient -- this -- what this does is it puts in the -- in compliance reporting requirements that, in the past, have not been clear for some

outpatient surgical facilities, but it resolves a statutory conflict regarding certain types of reporting for outpatient surgical facilities, specifying that they are subject to those requirements.

The reporting requirements are subject to certain data and information to the Office of Health Care Access. And the information obtained under Section 19a-654c is used to fill -- fulfill its statutory duties, currently, the exempting of outpatient surgical facilities from data information reporting requirements.

Now, under this change, that will be eliminating that reporting requirement. They'll be actually eliminating the conflict, and now we will be in a situation where outpatient facilities will have the same reporting requirements to respond to the Office of Health Care -- OHCA, which is the Office of Health Care Access, in a questionnaire that asks for the facility's name and location and operating hours, type of facility and services provided, number of clients, treatments, patient visits, and procedures or scans performed per year.

OHCA can also require additional reporting of outpatient data as it deems necessary beginning no later than 2015.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

What is the statute that we are replacing?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The outpatient surgical facilities are statutorily mandated -- the reporting is statutorily mandated by 19a-654c to submit data and information to the Office of Health Care Advocate -- Access, rather. The data and information obtained under 19a-654c is used by the office to fulfill its statutory obligations.

This bill doesn't actually -- what it does is it amends the existing statute. It doesn't replace it. It makes it so that they are consistent.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

In this outpatient surgical facilities, I know we have Statute 19a-493b.

Through you, Madam Speaker, what then happens to that statute in this bill?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That's a matter for codification, so as we go through and we -- whether we approve or not approve, the person who actually codifies this section, you'll -- you'll find the references and the numbering after that.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

In this codification that we are doing, how often, is it on an annual basis, or bi-annual, that this information has to be sent over, the long list that the good Chairwoman talked about, to the office of Health Care Access?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

All -- all of this is through the -- services must be -- respond to a biennial Office of Health Care Access questionnaire, so it's on a biennial basis.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, a final question on this section, as -- and then we'll move on.

Is this information that the Office of Health Care Access, on a biennial way, is requesting, is that also requested by any other state organization?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This bill focuses on the Office of Health Care Access. I -- I couldn't say whether or not other organizations would have access to those statistics or that information, and in what context they would do, so I -- I don't have the answer to that.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

It is my understanding, and I want to clarify with the good Chairwoman, that the various surgical -- outpatient surgical facilities essentially are already doing this and giving this information. And what we're trying to do here is codify what these surgical facilities are already doing.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The -- the problem with the existing law is that there's a conflict in the existing law, and that's what Section 1 addresses.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Moving on to Sections 2 and 3. Through you, Madam Speaker, is there currently a mechanism where the paternity for a child can be established?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes, there's -- the mechanism for establishing paternity can be done through the court system.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Knowing that we can do it through the courts, what is it that we're trying to do here?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

What we're trying to do here is streamline the process and allow -- allow this to occur, the acknowledgment when all parties agree, to a notarized affidavit so that the parties will not have to go to court. This will be a good way to save time and money for people who are in the process of addressing paternity issues.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So what we're trying to do here, we already have a system through the courts through which this can be established, but we are trying to do a far more effective and maybe less expensive way of -- of establishing paternity rights.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I appreciate the good Ranking Member's analysis, and that's exactly right.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If the good Chairwoman could just go through the process as to who initiates this whole system that then goes into effect, through you, Madam Speaker, is it the father? Is it the 18-year-old child?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So under -- a person under 18 can acknowledge paternity if it's so indicated in acknowledgment form from within the Certified Court Order, as part of a paternity action. However, if a person who is subject of a voluntary acknowledgment of paternity -- is the subject of a voluntary acknowledgment of a paternity action described in this subdivision is 18 years of age or older, the Commissioner shall obtain a notarized affidavit from such person affirming that he or she agrees to the Commissioner's amendment of such person's birth certificate, as such amendment relates to the acknowledgement of paternity. The Commissioner shall amend the birth certificate for an adult child to change his or her name only pursuant to a court order.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So the first step in the entire process, who initiates that?

Through you, Madam Speaker.

Is it the gentleman who is the father, or is it the child who is now 18 and above and who wants to

know who his father is?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Either -- either party could initiate, as long as the change only as refers to whether they are in a situation where they are in agreement.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Earlier on, I think it was last week, that we talked about, you know, extensively, as far as adoption and those processes were concerned -- through you, Madam Speaker -- in this part of the bill that we're talking about, Section 2 and 3, as I understand the good Chairwoman, a child -- well, we will no longer call him a child -- he is 18, 18 and above -- can then say one day, I do want to know who my father is.

Through you, Madam Speaker, is that a part of what this bill is trying to do.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This is trying to just simplify a process for a situation where someone is acknowledging paternity and there is an agreement between the two parties as to whether or not this is the situation that they want to address legally.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I see the two parties, the father and then the child, male or female, 18 and above. But through you, Madam Speaker, I see a third person involved in the entire process, the mother.

Through you, Madam Speaker, would the mother's consent also be needed to proceed further?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The mother's consent is not part of this section that's being changed. It talks about if a person who is the subject of a voluntary

acknowledgment of paternity. So right now, we're talking about, literally, paternity being acknowledged, and this subdivision is 18 years of age or older. The Commissioner shall obtain a notarized affidavit from such person affirming that he or she agrees to the Commissioner's amendment of such person's birth certificate, as such amendment relates to the acknowledgment of paternity. The Commissioner shall amend the birth certificate for an adult child to change his or her name only pursuant to a court order.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So an adult dad wants to now go through the process, and if willing, if acceptable, the child, male or female above the age of 18, is accepting it as well. So we have two parties that have consented. On the one hand, it's a dad, and on the other hand, is the 18-year-old adult.

So through you, Madam Speaker, I just want to clarify, that in this process of agreement, the mother is not involved at all.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I would -- I would request that the good Ranking Member refer to the lines to which he is referring to, because I'm looking at the part that's changed most. And if you could refer to the lines that you're referring to, that might be helpful in terms of what your question is.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I'm looking at lines 98 through 105. And if a person who is the subject of a voluntary acknowledgment of paternity, who is 18 years of age or older, the Commissioner can obtain an amendment.

So through you, Madam Speaker, I just want to make sure that this involvement is only between the two consenting parties.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So when I look at this, I see a person who is

the subject of a voluntary acknowledgment of paternity, which would mean the father. And that's as described in this subdivision as 18 years of age or older, that would be someone who is considered to be an adult. And the Commissioner shall obtain a notarized affidavit instead of going through the court, and the affidavit from such person affirming that he or she agrees to the Commissioner's amendment, so that would be the child, because obviously if it's -- if someone's addressing paternity, that would be the father -- agrees to the Commissioner's amendment of such person's birth certificate, as such amendment relates to the acknowledgment of paternity, the Commissioner shall amend the birth certificate for an adult child to change his or her name only pursuant to a court order.

Through you, Madam Speaker.

Does that help the good Ranking Member?

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

It definitely does, and I want to thank you very much for that clarification.

So as I understand, in lines 105, through you, Madam Speaker, in line 105 it talks about a court

order. So through you, Madam Speaker, will that birth certificate be amended only after we have been able to get a court order?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So then the last sentence seems to go on to talk about -- the Commissioner shall amend the birth certificate for an adult child to change his or her name only -- so for the name change purposes only would you go to the court.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker.

So that definitely has cleared a lot of questions that I had in terms of Sections 2 and Section 3.

Moving onto the next section, Madam Speaker, in Section 4, the duties of the nurse, will it be only to review and look at the immunization status of the children?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes. This is so that the nurse can have access to the immunization schedule of the student so that they can make a determination as to whether or not they're updated.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

When this nurse does due diligence and observes a vaccination or a series of vaccinations are missing in a particular child, what then happens?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Well, I hear they're required to verify the immunization status of the child enrolled in pre-kindergarten to grade 12 inclusive, at a private school or in any town or city, so they have to verify that. And then that is what they -- that is why they need to know, and then notify the parent, although it is not clear from where we are here.

But this -- this -- all this does in this particular section, the change in the law, really has to do with making sure that each school nurse who is required to verify the immunization status for children enrolled in pre-kindergarten to grade 12 inclusive, at a public or private school in any town or school or city, has access to view that registry.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Access is important. Access is critical. And knowing the immunization status of the child or the children is extremely important as well. But if there is a deficiency, and certain immunization schedules have not been met, have not been documented, does this bill, in -- in Section 4, does it then give us a suggestion, a recommendation as to what the nurse should then be doing?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So what would happen is that they -- that this

is going to be considered to be confidential. And that, of course, pursuant to 19a-25, it shall not be further disclosed without authorization of the child or the child's legal guardian. The Commissioner shall adopt regulations to specify how the information on the vaccination or exemptions from vaccinations is reported in a timely manner to the registry, how the information on the registry is made available to healthcare providers, parents, and guardians and directors of health, and school nurses, and how parents or guardians may decline their child's enrollment in the registry, and to otherwise implement.

So the section actually speaks really to the management of the registry, not to the process that goes on subsequent to the -- subsequent to the determination that a child may be deficient.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

The good Chairwoman did answer me, but through you, Madam Speaker, I'm not clear as to what the response was. And so, through you, Madam Speaker, my question is, through you, that if on viewing the data and the information, there is in -- a child or

children certain vaccinations that have not been given, certain standards that have not been met, is this information alone that the nurse is gathering, or is she, through the school system, through the appropriate authorities, acting on this -- on this information as well?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There is, of course, as we all know, a requirement that students are vaccinated, and this is a requirement that all of our -- our school children must abide by. Families must have vaccinations before their children are allowed to go in school, but that's not the subject of this change in this particular amendment. And this is a technical change. This is a technical revision bill. So whether or not the nurse has the authority, I would rather not mis-speak and tell exactly what that authority is, because what we're dealing with here is the management of the registry.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Then in this section, since this is a tech revision, what we are saying is the nurse has the authority, has the capacity to view this information, and then look at who has been immunized and who has not been.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. That is the exact analysis I have, and much appreciated from the good Ranking Member.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

So that I'm clear, is this a technical change or are we looking at a policy change?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I think it's a -- what it is is a continuation of, perhaps, an existing policy, but making clear the policy, and making sure that the nurse has

access to the registry.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If I hear that clearly, through you, Madam Speaker, it is a continuation of the policy change.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes. What it is is it's a situation where we have -- we're making sure, in the law, that the nurse is required to verify the immunization status for children enrolled. And the best way for the nurse to be able to do that is to view the registry, that is the house -- where it's housed in the Department of Public Health. The Department of Public Health keeps records of all that information, and so now the nurse has access to that.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Moving on to Section 5, in line 249, we are talking about the word "white" before the non -- before nonHispanic. So it will be, as I understand it -- through you, Madam Speaker -- white nonHispanic. Is that the right term?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So I appreciate the good Ranking Member's question. What we are talking about in Section 5 is a name change of the Office of Health -- it was the Office of Multicultural Health, and now it's the Office of Health Equity. And the good Ranking Member is correct. There were some technical changes regarding language, and he has made the correct analysis.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I want to thank the good Chairwoman for giving me the credit for making the right analysis. I appreciate that very much. We all do here in the Chamber.

Through you, Madam Speaker.

Is there a difference? Is there an impact when this is now referred to as "white, nonHispanic?"

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I think that what's happening here is there may be a way of collecting information, data that actually we -- we were in discussion, the good Ranking Member and I about this, and when we were discussing this, we were trying to figure out was there a change in data collection. We found out there wasn't. I think it's just being politically correct, and I think that that's really the reason for it. Just like the -- the name of the -- changing from "multicultural" to "health equity" so we're -- we're in -- that's what we're trying to do here with our language in our statutes, trying to update it, make sure that people fully understand what they're reading. And I appreciate the good Ranking Member's question.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

But now referring to as "white, nonHispanic," will we be following what is the requirement, as per the federal guidelines?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker.

Could the good Ranking Member please repeat? I didn't quite hear what he said.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I definitely will. When referring now in line 249 as "white, nonHispanic," will that be in concurrence with what the federal requirement is, so that when data is collected, we all are saying the same thing, not just in Connecticut, but across the nation?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The good Ranking Member raises another

excellent point. Yes, that was also part of the discussion that we had with the Department of Public Health. And they did indicate that this was all something that came from the Federal Government as part of their guidelines.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Moving on to Section 6 which, I believe, back in 2012, some safeguards were repealed inadvertently. And through you, Madam Speaker, what we are trying to do here in Section -- in Section 6 is try to put those amendments back which were inadvertently repealed.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Yes, through you, Madam Speaker.

The burial depth in proximity to dwellings, which really talks about restrictions on the burial of people, burying a body near a dwelling, all these things need to be put in regulation, and they were repealed. They were in the court -- in the judiciary rules. The Malloy administration went

through this process of making sure that we are more efficient in terms of how much we have in regulation. They were repealed because we have a lot of standards and processes for the burial of bodies at this point in time.

And so what we've done is had to put these back in -- in the law because we want to make sure that somewhere these things are regulated. We don't want to have remains -- human remains or -- buried too close to the surface because animals may dig them up, or too close to a house. These are things that must be addressed. And I think that we found the right place for them in the Department of Public Health statutes. Thank you.

Through you, Mr. Speaker -- Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If there are violations to what is now required, through you, Madam Speaker, is this -- are these violations punishable by a fine?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes, through a fine of $100 a day.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Is that fine of $100 a day for every particular violation that happens?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Well, the -- the violations would be a determination made by someone who is doing the enforcement. So maybe perhaps if the good Ranking Member could go into a little more detail about what -- what he's referring to with respect to the burial of bodies, and exactly what types of violations might occur.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Yes, I definitely will be able to do that. Let us say, for an example, that the body is buried well within 350 feet of a residential swelling -- a residential dwelling.

Through you, Madam Speaker, will the fine per day for this violation still be $100 per day?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Yes. So the bill generally prohibits the burying -- burial of a body within 350 feet of a residential dwelling, and the body encased in a vault, made of concrete or other impermeable material. It also is a penalty for something near a public highway, between the burial place and the dwelling, but the restrictions do not apply to cemeteries established on or before November 1, 1911; cemeteries that were established were more than 350 feet from any dwelling or house; or land adjacent to a cemetery described in 1 or 2 that has been made part of the cemetery with the DPH Commissioner's written approval. So the approval must describe the land in detail and be recorded in the town's land records.

The bill also prohibits burials in which the top of the container is less than one and a half feet below the ground for containers made of concrete or other impermeable material, or one -- two and a half feet below the ground for other containers.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I want to thank the good Chairwoman for answering the question that she asked me. I appreciate that, as the evening is getting late. We all appreciate any help we can get from each other.

So in the different scenarios, less than 350 feet, one and a half feet below ground, or two and a half feet below ground for other containers, in all those three examples that the good Chairwoman just talked about a second ago, would the violation for all of those and any other, if they exist, would for all of them be $100 a day.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It simply says, according to the rule that we have set forth, that the violations are punishable by a fine of $100 a day for any one of those violations.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

When a violation occurs, how is one notified that, whether it be situation A, B, or C, that such a violation did occur? What is the process?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That would probably depend on how the Commissioner of Public Health was able to discover that there was a violation.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Should the Commissioner of Public Health, in their evaluation and investigation, find that there is a violation, and that is when the clock starts ticking?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Well, they perhaps would be -- they would have to go through a process.

Through you, Madam Speaker.

So there would be a determination, and then there would be some type of an order by the Department of Public Health. Then from there, they would make a determination as to whether or not they would fine them based on the evidence.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

The good Chairwoman answered that to what I would feel would be the appropriate answer, where the Department of Public Health comes across a violation, and if the department does so, informs the appropriate people that a violation has occurred.

And through you, Madam Speaker, it would be my understanding that some time would be given for this violation to be rectified?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I think that that is a good point -- through you -- an excellent point. I think that the -- no one is interested in creating a fine or having a hearing unless there is an ongoing issue where something else must be addressed.

So I think that this is a good piece of legislation that will be needed. But one of the reasons it was repealed is because it wasn't used very often, if at all, for a long period of time because we have pretty much organized the burial of bodies at this place in time, in this state, to cemeteries and burial grounds.

Through you, Madam -- Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Moving on to Section 7, Madam Speaker, what is the current quality rating for the nursing facility management services, as we speak?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

We have a five star rating for the nursing facility management services. It's a quality

rating, and it's given by the Federal Department of Health and Human Services under the Medicare program.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

At what quality rating does it become critical that adequate services are not provided for this five star kind of a program that we have?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So this is a situation where we're trying to have the general statutes repealed somewhat. As used in this section, the nursing facility management services means a service is provided by a nursing facility to manage the operations of such facility, including the provision of care and services, the nursing facility management services certificate holder.

So what these services are is they're employment services. And that's -- they need a five star rating for this. And this is something that we

have -- we have held and there had been some discussion, I think, about not having it be a five star rating. But, in the end, I think it was impressed upon the Department of Public Health that we needed to continue that.

So through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

A five star rating is obviously fabulous, but at what point -- through you, Madam Speaker -- in the current system, does it become critical? Is it a two star? Is it a three star?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Well, I think that because we have been maintaining that, I think that one of the things that has been a concern of advocates for senior citizens and people who are finding themselves and having family members in skilled nursing -- nursing facilities, that -- that we want to make sure that, in this state, the state of Connecticut, we are making sure that all the requirements are being met, and that our nursing facility management service

providers are going to continue to have a five star rating.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Madam Speaker.

In this legislation, in the amended version, are we continuing with the five star rating or are we coming with an alternate plan?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Well, the underlining bill requires the nursing facility management services certificate holders to work to maintain their facility's five star quality rating by the Federal Department of Health and Human Services. But their response to concerns from LeadingAge Connecticut, the department requested an amendment that would strike this section, and instead require that in any case in which the Commissioner finds that a nursing facility management service has substantially failed to comply with the requirements established in 19a-561, the Public Health Code or licensing regulations, the Commissioner may require the nursing facility

licensee and the nursing facility management service certificate holder to jointly submit a plan of correction remediating failures.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Such a plan, a plan that has got to be submitted, a plan for correction, a plan for remediating such failures, is there a time factor by which this plan has to be submitted, this plan has to be reviewed by DPH, and then, obviously, the nursing home facility has to make the appropriate changes to come to par with what the requirements are?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It would be very much appreciated if the good Ranking Member would refer to the place in which he's looking in this document. Which line are you referring to? Thank you.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

This is a heavy document, so by the time you've moved the pages around, it takes a second. Through you, Madam Speaker, I'm referring to lines 382 to 387, where the Commissioner, if the commissioner finds that there has been a substantial failure, the Commissioner may require the nursing facility licensee and the management service to jointly submit a plan of correction.

Through you, Madam Speaker, lines 382 to 387.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

I thank the good Representative for that information. Much appreciated. And so in lines 382 to 387, we find that there is -- the Commissioner finds that there has been a substantial failure to comply with the requirements established under the chapter or regulations adopted thereunder, and the Commissioner may require the nursing facility licensee and the nursing facility management certificate holder to jointly submit a plan of correction as described in 19a-496.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Is there a time factor by which two things, a, the department needs to get back, and, b, the appropriate remediation has to occur?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The -- these changes are technical corrections as the good Ranking Member knows. And, unfortunately, in some of these areas, we don't have some of the information that might be provided to us if we had the whole statute, so that might be located in a different part of the statute. But right now, we're dealing with this correction, so we made this change. And we've -- the underlying part here is the change in -- in the technical correction and it talks about, just as the good Representative said, in any case in which the Commissioner finds there has been a substantial failure to comply with the requirements established under this chapter or regulations adopted under the commissioner, the commissioner may require the nursing facility

licensee and the nursing facility management service certificate holder to jointly submit a plan of correction.

Now, we know from our meeting with the Department of Public Health that they meet -- they go through all these things every single year. So this is something that they would do. They would have a plan that would be created to try and make these corrections. And, of course, over time, they would be subject to a civil penalty of not more than $1000. That's an existing statute. And also, we'd be in a situation where we have a current practice, where the Director of Health of the town -- in any event, that's -- that's what we have here for -- for a while that's being made a change.

So we have -- we know that. We're going to have to have the Department of Public Health work on that plan. They're going to be looking over and making sure the plan is being complied with. And, of course, they have the whole hearing process that -- that they would be going through if, in fact, there is going to be a fine or any additional action.

So -- so those are the things that we know from our meeting, and that is what is here in K, which is the new section under this part of the -- part of the technical revisions section.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

If a nursing home has been found deficient -- and through you, Madam Speaker -- the Department then comes up with a list of recommendations that need to be done so that the nursing home facility comes up to, let's say, a star three or a star four, not even if it's a five star, but if all of that does not happen, nothing happens, nothing is possible, for whatever be the reason -- through you, Madam Speaker -- could that nursing home then be forced to close down?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This does not contemplate the provisions in the law that would require someone to cause the nursing facility to close down. This only is a section in the law that says in any case in which the Commissioner finds there has been a substantial -- substantial failure to comply with the requirements established under the chapter or regulations adopted

there under, the Commissioner may require the nursing facility licensee and the nursing facility management certificate holder to jointly submit a plan for correction.

So they're working with the facility. It looks to me like a way to try and make sure that everybody's working together, and that corrections can be made.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I sincerely hope that with the recommendations made by the Department, the nursing home is able to come up to the expectations so that, obviously, we're not jeopardizing the people who are in the nursing home.

Through you, Madam Speaker.

Going to the next Section and looking at lines 436, 440, and 442, in all of those lines, on a consistent basis we see the word "screening" being replaced by "testing" or "tested."

Through you, Madam Speaker.

Could the Chairwoman explain to us the difference between "screening" which exists right now to the new word "testing" or "tested?"

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It's my understanding, through the discussions with the Department of Public Health and -- and with the good Ranking Member, that screening is something that doctors do that requires a lot more than just a finger stick. So this new language is to replace that, so that they'll know that they're just going to take a little bit of blood with a finger stick.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

As I understand it, clearly then, what we're trying to change here is a screening process which is probably a history as to what is happening, what is the environment that you're living in, so on and so forth, maybe a questionnaire, five questions, ten questions, which could be considered as a screening process for lead. And instead of that, we're replacing that by something very quantitative, and which is a blood test which will then give us the exact titer.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That's an excellent analysis. I think you're absolutely correct.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

Screening is important. It definitely helps. It's less expensive. But as we all know, screening does not give us all the information that we need. And by this process of testing, we are able to get a quantitative analysis of what the lead level is, and obviously then go through the appropriate remedial processes.

Through you, Madam Speaker.

Line 446 talks about before a lead testing occurs, some educational materials should be given to the parents.

Through you, Madam Speaker.

What would be these educational materials that will be given to the parents, and how much prior to this patient getting the testing?

Through you, Madam Speaker.

REP. JOHNSON (49th):

Through you, Madam --

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Sorry, Madam Speaker.

REP. ORANGE:

Okay.

REP. JOHNSON (49th):

But through you, Madam Speaker, so we talk about in line 446, which is the change in the existing statute, and it talks about -- it tells the doctor to tell the patient before lead testing occurs. And it talks about the fact that there shall be, before the lead testing, educational materials or anticipatory guidance, information concerning lead poisoning prevention to such child's parent or guardian in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you -- through you, Madam Speaker.

Will these educational materials that will be given to the parent or parents prior to the testing, will that be something verbal or will it be something in a paper form?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It looks to me -- education materials looks to me like it's more than just a verbal discussion. It looks to me like there must be some kind of material handed out. And it does make a reference to the Childhood Lead Poisoning Prevention Screening Advisory Committee. So that would be, I think, the materials that -- that they would be able to utilize to hand to the parent.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I definitely concur that it definitely looks like material which is in some printed form which would be given to the parents prior to the test.

Through you, Madam Speaker.

Would this material that will be given to the

parents, will it be multilingual?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This change does not address whether it's in -- if it's multilingual or not, but certainly, if there is an issue with language, then that should be addressed by the treating doctor.

Through you, Madam Speaker -- or provider.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

I'm moving onto the next segment -- section, Section 11 -- Section 10, now -- I'm sorry -- through you, Madam Speaker.

And it talks about, in lines 480 to 484, a convalescent nursing home can use electronic signatures.

Through you, Madam Speaker.

For what will these electronic signatures be used for?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Electronic signatures are done because, now, in the age of computers, we are able to sign these documents electronically, and it helps with electronic medical records. And this is, again, part of the technical revisions bill, so it's a technical change. And it's something that we're making sure that there's no problems, in terms of auditing and those kinds of things, by having this in our statutes.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

When these electronic signatures are made, and the -- and the various documents are made electronic, would we be able -- through you, Madam Speaker -- maintain privacy and security of our patients?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The security of these electronic documents is

going to be guaranteed, and is required under this law.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker.

This is a long bill, and we have come up to the tenth section of that particular bill. I want to take this opportunity to thank the good Chair for, a, describing the bill in such detail, which is important for all of us, and then of course, section by section, going through some of the concerns that we had and answering them.

The night, Madam Speaker, is still very young, and I'm going -- looking forward to the debate on the various other sections of this very important and critical bill.

Thank you, Madam Speaker, and I want to thank the good Chairwoman of the Public Health Committee.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Srinivasan.

Will you care to remark further on the amendment before us? Will you care to remark further on the amendment?

Representative Janice Giegler. You have the

floor, madam.

REP. GIEGLER (138th):

Thank you, Madam Speaker.

This summer, I had the opportunity to sit in the task force on food and beverage and funeral homes. And I just wanted to make a comment, and then I just have a couple of questions to the proponent of the bill -- or the amendment.

This was not an easy issue. It seemed like it would be rather simple, but it was not. It was really rather complicated in all the facets that come to play when you start introducing food and beverage in funeral homes, especially with how it interacts with the Health Departments, the Zoning Boards, various other individuals.

When we did a survey among the funeral homes within the state of Connecticut, there was 76 percent of funeral home directors who were not interested in any type of food or -- or beverage in their funeral homes, whether it be during preneed or planning for a funeral, or at any wake or memorial service. They also, most of them, did not have kitchens available to them in their funeral homes as well.

It also proved to be that if you had various classifications of health, that some of the food levels would require that some of their individuals

that worked for the funeral homes would have to get food handlers licensing, which complicated it even more.

But I think the taskforce worked really hard and were very diligent in the mission that was put before them and to arrive at a -- some kind of decision on a complex issue. It really wasn't by a huge -- it was like a five to four vote on how most of this passed.

So now, what the -- what the bill has before us is that nonalcoholic beverages and packaged foods can be served. And my question to the proponent of the bill is that, this classification constitutes Class I licensing in the health departments. In this bill we make reference to packaged food, where Class I food services refer to commercially prepackaged food.

Is this meant to be the same -- this packaged food meant to be the same as what's classified by the Department of Health?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

First of all, I want to thank the good Representative for her work on the taskforce. Because I know from being -- this is only my second

year as the -- a member of the Public Health Committee and also the Chairman, so I know that this was a hotly-contested issue. It was something that was hard to deal with. And it seems like we've taken on a lot of the very difficult issues and tried to make agreements with -- with all different types of people with all different types of interest. So her work is very, very much appreciated in trying to reconcile these differences.

Also, the history of this is that there was -- these -- these laws prohibiting food in the -- in the funeral homes have been going back for several years, but they're not necessarily laws that are followed all throughout the -- through the country. So it's something that has been peculiar to Connecticut.

With respect to that, the reasoning for the -- for the packaged food and for the serving of nonalcoholic beverages only occurring while people are making funeral arrangements are definitely something that addresses the same type of food that would be, in terms of the classifications through the Department of Health, they -- they would have to make them consistent to be able to figure out how to do this. And that's one of the reasons they decided to have it prepackaged.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Giegler.

REP. GIEGLER (138th):

Thank you, Madam Speaker.

One other additional question. With the implementation of -- of this Class I classification, will that change the current health inspections of the funeral home?

Currently, I know funeral homes are inspected by the Department of Public Health. Now will this add that the Departments of Health, within a municipality or a town, now have to go in and inspect these facilities?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That is something that I don't have the answer to, so it's really not -- I can't tell from this change in the law, in what I have here for information, whether or not they'll have to change how they inspect. They do have to inspect the funeral homes anyway, so it is part of the oversight of the Department of Public Health.

So I would -- I wouldn't want to speculate on just how that would be, but I do appreciate the

question and -- and your work on this most difficult issue.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Giegler.

REP. GIEGLER (138th):

Thank you, Madam Speaker.

And I realize that current regulations has prohibited this practice from occurring. And I also just want to comment upon the fact that, you know, there's many funeral homes within the state of Connecticut where the actual proprietor lives on the premises of those funeral homes. But this bill will not impact those who live on the premises and the functions that they have in serving food or beverage to their families, their guests, or even for those individuals that are employees of the funeral home.

So, again, I want to thank the Speaker. I also want to thank Representative Johnson for her answers. And I know this was a more complicated issue than we would have thought, but I'm glad that we've been able to come to a resolution.

And thank you.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Giegler.

Will you care to remark further on the amendment before us?

Representative Melissa Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker. Good evening.

DEPUTY SPEAKER ORANGE:

Good evening, madam.

REP. ZIOBRON (34th):

I want to first thank the good Representative and co-Chairman of the Public Health Committee for standing and taking these very detailed, long questions.

I actually was looking for a little tiny candy bar for you, but then realized you wouldn't even have time to -- to chew that between questions, so I hope it's not too much longer. But I do have several questions on the next several sections.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. ZIOBRON (34th):

Thank you.

In -- in Section 28, it talks about the -- a nursing home facility and oral health. And, for me, it made me think of instantly those little pink sponges. I don't know if you've ever seen them, but they look like a toothbrush, and there's a little tiny pink sponge. And when I was taking care of my grandmother in the -- in hospice, and then visiting

her in nursing homes, I learned quickly that that's kind of what nursing homes and those places use, especially for dry mouth and other issues which affect our oldest citizens.

So my first question is, why -- why aren't we doing anything in the Alzheimer's care unit when it comes to oral health? Is there a reason why that's a carve-out in this Section? That's on line 1490.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The -- it's a most excellent question. Because, in my experience, oral health has been neglected in nursing homes. And, of course, many, many of the patients there do have some sort of Alzheimer's disease or some other problems with brain dysfunction. So this is something that has come to the attention of the Department of Public Health.

I know that as I was -- just a little bit of history, I was on the board of our senior center. And one of the things that we had in our senior center was a dental clinic. And something that we all became aware of is that some of the dental clinics in senior centers have portable equipment,

and they go to the senior -- go to the convalescent homes, helping out with that.

So it's -- it's a problem with getting those who are living in nursing homes to dentists to get their cleanings, and also to make sure that the staff helps when people are unable to do mouth care.

The other problem that we find is that many of the medications seniors take create a dry mouth, and this causes difficulty with deterioration in the gums and also causes the teeth to deteriorate.

As -- as I'm sure the good Representative is aware, the -- any type of deterioration in the mouth can get into the bloodstream and cause heart conditions and those types of things, so it really does improve the overall health, the care and management, not just of the mouth, but also of the person and their overall condition.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you very much, Madam Speaker.

And I agree. You know, it's -- it's difficult to understand and put yourself in that -- that situation when you have someone that, you know, is -- doesn't have the assistance and somebody to guide them. So providing training, I think, is

important. And it gets back to that little pink toothbrush that I mentioned before. And I remember spending many days with my -- with my grandmother, and my husband's grandmother as well, swabbing the inside of her mouth because I -- I didn't actually know that the medication would make that condition even worse, and that really does explain a lot for me. And it -- it was really helpful for them.

You know, as -- as I'm thinking about that, you know, we all need to remind ourselves that we're not just talking about teeth, because it's gums are so important to their health, and, of course, when you're talking about dentures and other things. So I'm glad to see that training is there. It doesn't say who's training them.

So I guess my question, through you, Madam Speaker, is this is a training that's done with the existing staff.

Through you.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you. Thank you for that question. Yes, the existing staff would do that.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Great. Thank you, Madam Speaker. That was very helpful.

Moving down into lines 1500 to 1502, and I can't even pronounce it. The good Chair -- co-Chairwoman of the Public Health Committee did a marvelous job when she brought the bill out, but I'm confused on what the difference is between those two terms of what's been left in the bill, which is pneumococcal, I think is how it's pronounced, and what has been bracketed or removed.

If the good co-Chairwoman could explain the difference between those two vaccines for the record.

Through you.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There are two types of vaccinations for pneumonia, and there used to just be one. And now, they have taken -- so they refer to that -- I think it was polysaccharides, because I don't have the thing in front of me.

REP. ZIOBRON (34th):

That's correct.

REP. JOHNSON (49th):

Okay. So polysaccharides are what the -- what

the vaccination used to be made out of, as exclusively the only type of pneumonia vaccination. Now, we have -- we have another type of pneumonia vaccination as well. And I'm sure that -- and hopefully, we'll be able to have even more, as science progresses, and we can make sure that people don't suffer with pneumonia which is a -- can be quite debilitating.

So -- so for purposes of clarity, polysaccharides -- polysaccharide pneumonia vaccination was taken out, and now it's just referring to it as a pneumonia vaccination, because it could be made of a number of other things.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And so can there be -- like the flu, can there be a lot of different strains of types of pneumonia?

So when I looked at the removal of that term, and just the one remaining, does that -- does that vaccine stop any kind -- is there just one kind of pneumonia or is there many different levels requiring, maybe, a follow-up or some other medication?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

That is an excellent question.

And there -- there are at least two different types and then two broad categories, right, so you have bacterial pneumonia, and also viral pneumonia. And so these vaccinations address one type of pneumonia. And you can only -- you have, of course, millions of kinds of viruses, so it's very, very hard to make a determination. And, of course, viruses mutate all the time. So you could really find yourself in a situation where you'd get a new type of viral pneumonia, or bacterial pneumonia could be secondary to a viral infection. So you have all different situations here. But, certainly, these -- as science progresses, they'll be ways to address that.

Right now, what they're doing is taking those pneumonia vaccinations and limiting pneumonias from viruses. And bacterial, of course, could be addressed with antibiotics as long as we maintain judicious use of them, all throughout out our ecosystems, whether they be through our food chain, or through how we treat ourselves and our children.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And I appreciate that clarification. It was very helpful.

Moving on through the bill, you know, we learn about something called the Connecticut Tumor Registry, which I really didn't know we had, and it was very interesting to me. But when I read through the bill, I was a little concerned about the amount of data collection that's going on with this registry.

In lines 1555 and 1556, it talks about how this information will be reported to the department and collected for the duration of the patient's lifetime. So my concerns would be, you know, who has access to this data? How is it shared? You know, what -- what would -- what would -- where would this be kept, and does it relate to HIPAA?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So the Tumor Registry has been in existence here in Connecticut -- I think we're one of the first states to have a tumor registry. And we've

been able to track tumors for a long time. Other states have followed suit. So now there's a systematic or uniform reporting methodology that this bill addresses, and all HIPAA requirements are definitely being followed and there is no -- no way that anybody's identity would be revealed due to this reporting process.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And is -- is there a definite level of what kind of tumors are being reported? For instance, sometimes you have tumors that are noncancerous, so is it only one type of tumor versus another, or is this all tumors that this data is collected for scientific benefit?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The bill does not really speak to whether or not it's a benign or malignant tumor, so I wouldn't have that answer.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you. Thank you, Madam Speaker.

Moving on into Section 31, it talks about the Department of Public Health being able to enter into contract, but not limited to contracting with other states. And for my good friend on the other side, it's line 1623 that I'm referencing. And I'm curious, what kind of contracts would DPH enter into with another state?

Through you, Madam Speaker.

REP. JOHNSON (49th):

Through you, Madam Speaker, so --

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Sorry, Madam Speaker.

DEPUTY SPEAKER ORANGE:

It's fine.

REP. JOHNSON (49th):

Thank you. Through you, Madam Speaker.

The reason for this is we found that we have been unable to join with other states to do regional work with other states and receive federal funds, so that's the primary reason that we have put this into law. We -- we -- I guess the Attorney General's office was consulted with, and they said the way

that we can do this is to give the authority to the Department of Public Health to be able to make that -- make those relationships.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And to follow up on that, is there -- is this at the discretion of DPH? Is there a minimum or a maximum dollar amount in these contracts, or is it pretty open-ended?

Through you.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It's very open-ended. It's just so that we can make those relationships when the opportunities arise.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

Moving on through the bill into Section 36, I'm looking at Section C, starting in lines 1847

to 1849. In this section, we're talking about how applicants who are currently licensed could substitute three years of licensed or certificate work experience in lieu of certain requirements mandated by the Department. And my question would be is, you know, three years is a pretty wide-open term. You know, I'm concerned that maybe somebody was on sick leave, maybe, for say four months out of that three-year period, or maybe they only worked part-time during those three years, or maybe their work schedule was a little erratic and not at a 40-hour work week.

So through you, Madam Speaker, I'm just curious to know if there's any -- any additional definitions for what constitutes the three years.

Through you, please.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I have the same information, pretty much. It does talk about three years. But the language, when you look at it, an applicant who is currently licensed or certified as a professional counselor or its equivalent in another state, territory, or commonwealth of the United States may substitute three years of licensed or certified work experience

in the practice of professional counseling in lieu of the requirements of Subdivision 3, of Subsection A of this Section, provided the commissioner finds that the experience is equal to or greater than the State requirement. So the Commissioner would be the one to evaluate it.

So, first of all, as you very -- very greatly point out, the -- there is no actual requirement. But then, the rule defers to the commissioner to make sure that experience really does meet the three years.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And thank you for getting to the bottom of that section.

And I guess -- and I guess that makes sense. In my mind, I'm kind of picturing how this professional would do that, and I -- I guess I'm making an assumption I'm going to look for verification that -- to -- to get counted for that three years, they're going to be putting together, roughly, basically, I guess, a job description of what they've done within that three years, very detailed regarding their work experience, where they

worked, their clinical hours, the field of expertise, and then that then goes to the commissioner. They review that, and they make a determination on whether that meets the requirements. Is that the way it probably works?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes, the commissioner has the final say in making those determinations. And that way there is flexibility, and people don't have to actually repeat their work experience, or spend additional funds on additional certifications. And it really makes a lot of sense because most of the educational institutions provide very similar types of, you know, training. And so this is something I think that we need to look at in terms of -- as we move forward, as a society trying to make sure we have flexibility, people have to travel. It really makes sense to create that flexibility.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you very much, Madam Speaker.

And, you know, that does make sense. And I guess that takes care of my question in the next section, which has to deal with another professional degree.

So I only have a couple more questions left. I see a slight change in Section 38 from -- this is for hairdressers for their license. It looks like they -- they are now required to complete ninth grade, and then a course. I'm just curious, was that just kind of a leftover? We didn't pick up eighth to ninth grade some time ago, or was there a reason for that change?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That's a very astute analysis, because that's exactly what happened. It was left over.

REP. ZIOBRON (34th):

Okay.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, and my last question revolves around Section 41, where we're talking about the Society for Clinical Densitometry, I think. I'm not quite

sure. I'll let the good Chairwoman correct me. And I guess I'd like to know why we're including that here? Was there never a requirement before? Is this new language, and how does it deal with also being a radiographer as well?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

So for bone densitometry, the situation here is that if you are being supervised by a doctor, then you don't have to have a license. And this just clarifies that, as it is a technical bill.

So, through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Madam Speaker.

And does this -- does this person actually do -- do the test? I know I have a family member who suffers from a bone disease, and she had to go through a very excruciating extraction, where they take out a section of the bone to then do some analysis. So is this person just simply assisting with a scan for the density of the bone, or is there an actual more of an invasive procedure in this section?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you.

This is simply the bone scan.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Great. Thank you. And -- and that really helps me. I really appreciate the good co-Chairwoman's time and her -- her attention to detail in getting through this very long and technical bill. I know it's very tedious for -- especially people who maybe didn't sit through hours of Public Health Committee meetings and have an understanding, but it is very important. It touches a lot of lives in the state of Connecticut. And I appreciate the due diligence of her and others who are asking these very important questions.

Thank you. Thank you, Mrs. Speaker.

DEPUTY SPEAKER ORANGE:

Thank you.

Will you care to remark further on House Amendment "A"? Will you care to remark further?

Representative Molgano, good evening, sir.

REP. MOLGANO (144th):

Good evening, Madam Speaker. And how are you this evening?

DEPUTY SPEAKER ORANGE:

I'm fine. How are you?

REP. MOLGANO (144th):

I'm going great. Thank you.

DEPUTY SPEAKER ORANGE:

Good.

REP. MOLGANO (144th):

Thank you.

If I may ask a few questions of the good House Chairwoman of Public Health?

DEPUTY SPEAKER ORANGE:

By all means, please proceed.

REP. MOLGANO (144th):

Thank you. And I do want to thank her for her patience and bearing with us in answering our questions.

Through you, Madam Speaker.

I'm only going to be focusing on Section 10 again, regarding the electronic signatures, lines 480 to 484.

Through you, Madam Speaker.

Who will have access to patient's records via electronic means?

Through you.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The -- Section 10 does not change access to the records. It only allows for the use of electronic records, which is the focus of making many changes over the last few years to make sure that we have records that are written in a clear way so that we cut down on mistakes in medical care. And so this allows the chronic or convalescent nursing home, rest homes with nursing supervision, to use electronic signatures for patients' medical records as long as the facility has written policies to maintain the signature's privacy and security. So all the rules that are in existence now will be in existence with the electronic signatures.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

I thank the good Chairlady for that answer. So prior to the -- to this new technology that's going to be instituted, how were they being accessed?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There were, you know, hard copy files and -- and photocopied records, and those types of things, so the old-fashioned way generally.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

Thank you, Madam Speaker.

I thank you, good lady, for that answer.

Will anyone outside the nursing facility be able to access these records?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

While this is a technical bill, certainly the -- the request by, say, a lawyer who is representing somebody in a personal injury case, or an advocate who is trying to make sure medical benefits are getting covered through the authorization process, through the -- all the requirements that you'd have to meet in order to gain access to those records, those all would still have to be met with these electronic records as well.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

Thank you, Madam Speaker.

Through you.

Might that also include the patient's physician?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Certainly the provider, the patient's physician, would be included among those people who would be able to access the -- the records. If -- if this is the treating doctor, then -- then certainly the doctor has an interaction with the -- with the medical record. So if it's a different doctor who is not a treating doctor, then authorization from that doctor to get the records from the other doctor would have to be -- have to be obtained.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

I thank the lady for that answer.

As we all know, with the use of computers, someone can access these records from anywhere around the world. And basically, an electronic signature is a validation. And all that validation is is that we make sure the person who submitted the message or content is the person who sent it. That's what e-signatures are. It's a validation or authentication.

So, through you, Madam Speaker, my only question on that would be what policies will be instituted to ensure us that only the person or persons authorized will have access to those patient's records electronically.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Could the good Representative rephrase his question? I'm having a hard time understanding (inaudible.)

DEPUTY SPEAKER ORANGE:

Representative Molgano, would you rephrase your question?

REP. MOLGANO (144th):

Sure, no problem.

DEPUTY SPEAKER ORANGE:.

Thank you.

REP. MOLGANO (144th):

Thank you, Madam Speaker.

I was saying that electronic signature is a validation. So if you're sitting at a computer and your asking -- sending a memo or looking up records, you're being validated that the person sitting behind that computer is who he or she says they are. So my question is, is what policies will be put into place to ensure us that only those people who have authentication or authorization will be those people sitting behind that computer accessing these patients' records?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So the way I envision this, and it's hard to really know, because I don't actually find myself in a nursing facility writing the records, but what -- what we did before is the nurse, or the doctor, or the aide would be updating the record every day, three times a day, taking notes about the overall condition of the patient, and would do that at the desk and with the staff.

Again, I think that what happens here is it's a very similar process, only the computer is there. The transfer of the -- the same people in the office, the same people providing the care, the same people updating the records. So the access to the records is the same, in terms of the office management and how it's run, and that would be what would be going on.

So instead of having the paper, and taking the paper which is -- could be, you know, the paper could be looked at, too, but these things are all being contained within the facility.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Molgano.

REP. MOLGANO (144th):

I thank the good Chairlady for her answers.

Madam Speaker, as we all are aware, we all have needs and concerns about security, whether accessing our bank accounts, whether accessing patient records. But I want to say that I -- I am so happy to hear that we are coming into the age where we are taking advantage of the technology that's out there. And I would hope that we would be able to share this with other areas of our government and state, because as a member of GAE, I want to share with my colleagues here that we've been requesting the

Secretary of State's Office to allow us to use these very same means to allow our veterans to vote overseas.

And unfortunately, there's a lot of hesitation out of the Secretary of State's Office because of security reasons. So maybe the Secretary of State will learn from Public Health, that maybe we can start using the same technology that you will be using to facilitate those types of services for everyone, especially our servicemen and women.

So thank you, and I want to thank the good Chairlady for answering my questions.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Molgano.

Will you care to remark further on House Amendment "A"?

Representative Betts. You are here. You have the floor, sir.

REP. BETTS (78th):

Excuse me. What's that?

A VOICE:

(Inaudible.)

REP. BETTS (78th):

Oh, okay. Thanks.

I'm sorry, Madam Speaker. A few questions if I may, through you, to the proponent?

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. BETTS (78th):

Thank you very much. And I don't have many questions. They're really more on the financial side. But on the section dealing with lead abatement fines, I believe it's Section 44, maybe 43 on the new sheet.

There was an increase from 1,000 to 5,000 dollars on violations for lead abatement. And I'm just wondering the reason for that size of an increase, and then where does the money go with -- where's the fines go -- to what fund does it go, if the good lady could answer, please?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

The fines are the result of federal rules in terms of how the fines are -- the financial process by which the money is received and how the Department of Public Health manages its money. I don't have a -- a precise answer for that.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you.

But does it go to the State, or to the Federal Government?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It goes to the State.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you.

And also, under the laboratory definition section, it says that the bill expands a list of materials, and I understand that. But it eliminates air, hazardous waste, food, and food utensils from its list. I'm really more interested in particular on the question of why it would eliminate air.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This is a section that discusses environmental laboratories and the certification program. And what this is, is it's a -- it's a situation where there was some confusion in the former law because

it was confusing the fact with -- we have -- we have laboratories that test blood, and those types of things for people, and then we have environmental testing for water and different types of things.

So these -- this situation is really a clarification of all of that, and that is why this has been put in this technical revision bill.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

I thank you -- I thank you for that answer. And I understand the reason for the expansion.

What I'm confused about is if this is environmental testing, why would air be eliminated from that list when it was in there before?

Through you, Madam Chair.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So the words "air", when you look at Section 42 -- we're looking at A -- it says, as used in this Section, environmental laboratory means any facility or other area including but not limited to an outdoor area where testing occurs used for microbiological, chemical, radiological, or other

analyte testing of drinking waters, ground waters, sea waters, rivers, streams and surface waters; waters fresh -- I think it's because it's outdoors.

Actually, as you look through here, it's outdoors. And so when you're testing air it's usually in indoor situations. I think that's -- that's what we're looking at here. So you have your construction renovation, demolition, solid waste. And then they get rid of hazardous waste, food, utensils, animal and plant tissues. So it looks to me like there's special -- special testing for air. There's special licensing requirements for air. And I think that this -- this goes through that whole system. So it's just being revised here, and there -- it's a clarification. So I would -- I would -- that's the way I read it.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much. Fair enough.

Further on in that section it talks about the $1250 fee that is required for the registration and testing certification. Could you quickly tell me what the fee was before this, and if it's an increase, why there was an increase, or how much of an increase it was?

Through you, Madam Chair -- Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Could the good Representative tell me what line he's referring to?

REP. BETTS (78th):

Yes. Just one moment please.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you. Give me just one moment.

Thank you for waiting. I'll get back to that. I can't find it right here, but I will get back to that.

The other question I was going to ask had to do with the influenza and the requirement that vaccines had to be given. And I believe in the section it said you could be exempt from it for religious reasons, but if somebody philosophically did not believe in taking a vaccine, would they be able to do that under this section?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

There are a few sections with vaccinations. Could the good Representative refer me to the section to which he's referring?

REP. BETTS (78th):

Yes, I believe it's Section 50.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Is it 50 or 15?

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Fifty.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Okay.

This is influenza and the -- this -- this really refers to the vaccinations for pneumonia. And while it does say influenza, it does refer primarily to removing the word "polysaccharide." That's the purpose of this section, because now there are different types of vaccinations that address pneumonia, and they include more than just the old-fashioned type that's made with polysaccharides.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Okay. Thank you very much. And those are the questions that I had, and I thank you for your answers.

DEPUTY SPEAKER ORANGE:

Thank you, sir.

Will you care to remark further on House Amendment Schedule "A"?

Representative Davis. Good evening. You have the floor, sir.

REP. P. DAVIS (117th):

Good evening, Madam Speaker. Good to see you at the dais this evening.

Through you to -- a few questions to the kind gentlelady from Willimantic.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. C. DAVIS (57th):

Thank you, Madam Speaker. I noticed going through the bill, obviously it's a very large bill, many things that came before the Public Health Committee this session, and kind of put into one bill.

But one thing that jumped out to me was the new

section of Section 56, in the amendment -- sorry -- and if I could draw the proponent's attention to here. It talks about psychologists and continuing education requirements that they have.

And through you, Madam Speaker, I was just wondering, do psychologists here in the state of Connecticut currently need to go through some sort of continuing education requirements?

Through you.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

I appreciate the good Representative's question.

This was something that was brought to our attention. And we had a hearing on it in the Public Health Committee, and had it's own -- it was a bill, but because everybody agreed, and it was the Psychologist's Association that came to the Public Health Committee and asked for these continuing education requirements, that we did do that. And nobody objected to having the continuing education program for the psychologists. And since their own association had asked for that, we decided that this was a -- this was a good thing, and everybody had agreed to it.

So through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

So they currently do not have continuing ed requirements, and their association asked for these requirements to be put into place?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

That is correct.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And I see that we are requiring them to do a minimum of ten hours of community -- continuing education.

And through you, Madam Speaker, how did we come up with this ten-hour requirement?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

This was the recommendation of the association.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And is it similar to what we require for other people in similar professions?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It would be hard for me to answer that and be completely accurate, so I -- I would suspect that they're trying to put themselves in line with the other professions. And we do have continuing education programs for the social workers and a number of other professions that we license through the Department of Public Health, so I would suspect that it's very similar.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And I noticed in line 2529 in this amendment, we're calling for the qualifying continuing education activities, that they may include

research-based presentations at professional conferences.

And through you, Madam Speaker, is that similar to what we allow for continuing education for other licensed professions here in the state of Connecticut?

Through you, Madam Speaker.

REP. JOHNSON (49th):

Through you, Madam Speaker --

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

That would be very difficult for me to know all the requirements of all the different professions and whether or not they, you know, would have that kind of a requirement. But these were recommendations that were recommended by them, and of course they have -- they are specialists. They're a specialized type of a profession, and -- and certainly they would know, perhaps, a good way to do the continuing education.

So we -- we took them at their word, and they came to us for that. And I think that is a wise thing for -- especially when you're in a profession like psychologist, or social work, or medicine.

These are all professions that show advances

fairly regularly in science. And to be able to get caught up in those areas, even through research is -- is probably a good way to do that. We all learn from our research. So I think that that's a good question, and certainly something that I think that worked well. When -- when we saw that we go, oh, this is -- this is something that is really, really good. They've come to us. They want to do continuing education, they think it's a good idea, and they gave us the recommendations on how to do it.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And -- and I had a similar reaction when they came in before us in the Public Health Committee and -- and recommended this. You know, my question -- I was just wondering that because it is seen like them presenting at a -- at a conference on what their findings are based on their research would certainly give them the opportunity to learn about new things within that time period. But I did notice in the bill that we're only calling for five hours of that time to be counted towards that.

And I just was wondering, through you, Madam

Speaker, when they are speaking at a conference, if it's five hours, do they literally have to be speaking at that conference for five hours, or if they give a presentation at the conference, would that count for five hours' worth of continuing education?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

It's very difficult for me to be able to answer that question. I really don't have an answer.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And I understand why that would be difficult to answer perhaps since this is a whole new requirement on the psychologists. I am just hopeful that when they look at these -- these statutes and then try to do regulations, that perhaps they can take into consideration whether or not counting the full five hours when they're speaking at a conference or just simply saying if you speak at a conference it shall count as five hours. I think it would need to be

described because a lot of these psychologists most likely are going to speak at -- at least one conference, I would imagine. And it could be confusing whether or not that one time could count as the five hours, or if they actually literally have to speak for five hours at either one conference or more conferences to meet that requirement.

Through you, Madam Speaker.

Do we know if any other licenses for professionals here in the state of Connecticut allow for an exemption for the first time that they go through the continuing education requirements, that they, when they apply for it?

In line 2549, it says that the -- when they're applying for license renewal for the first time, they shall be exempt from the continuing education requirement. And I was just wondering if she knows if we exempt other professional licenses in a similar manner?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Line 2549, which is part of the -- Section 56, it discusses the registration periods beginning on

and after 20 -- of each psychologist's license in accordance with Chapter 383 of the General Statutes. And license 2549 is part of existing law, so I'm not sure. The new part of the law is the training because these are not underlined here.

Through you, Madam Speaker.

The -- there are some waivers, in terms of transferring into the state, that this part of the -- this part of the -- this technical revisions bill addresses. So if you have people moving in and out of the state, and they have some experience, then we give them some extra credit for that. And that's all done within the -- the purview of how the commissioner decides to analyze their -- their experience and the hours and what they've been doing, so that's -- the totality of their experience is taken into consideration.

So I would say that, yes, but I couldn't give you the exact way that it's done, based on -- based on that line.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And through my research into the subject, I think it is very similar to other professional

licenses that we do in the state. We say okay, if you went through the training and you got your license, that -- in that first cycle, you are most likely up to date on what is going on in your field, and then you don't have to necessarily take the continuing ed in that first cycle.

But because of -- this was all new language, and thus not underlined, I was just unsure if that was something that was adopted from similar ones, which it sounds like it was, or if it was completely new for psychologists, which it sounds like it is not.

Through you, Madam Speaker.

And I think the kind gentlelady just mentioned this, that the commissioner may accept these continuing ed credits from other states. And I would imagine that we do this for other licenses. She -- she may not know.

But, through you, Madam Speaker, is this something similar that we do for other professional license here in our state or is this something that we're only allowing for psychologists since this is a new requirement on them?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

So we had some other sections of the bill, which I'd have to spend some time thumbing through to find them because I haven't memorized each section, but -- but there are other things in here that address the fact that the social workers or the marriage -- licensed marriage and family counselors, they have the ability to come into the state and have the commissioner review their requirements, and see whether or not they're in a situation where they could be approved for either licensure in the state or have some of the requirements waived and -- and work to meet the additional requirements.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And that -- that answer actually leads me into the next section of the bill, which is Section 57, and what the gentlelady mentioned about how marital or marriage therapists have similar requirements, and that I notice in the bill before us that we're looking to change how we substitute some of their experience from other states and how we apply them to our state.

In this specific situation, we're saying that,

under current law, it appears that you have -- you can substitute five years of work outside of another state in order to get your license here in Connecticut. In this bill we're changing it to three.

And through you, Madam Speaker, I was just wondering why are we changing it from five years of work outside the state to three years to apply for the license.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

We're just doing it to make everything consistent, so the marital and family therapists -- and there's another section where another type of counseling professional is listed in this act. All of these different requirements have been made uniform so that people who have these different types of certifications, credentials, can come to the state and be treated in the same way.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

So was this yet another example of the industry themselves coming to us and saying we want to -- we want to have this changed because it actually puts us in line with other professional people across our state?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

Yes, that's a very astute observation. That's exactly what happened.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And I -- and I apologize for kind of going section by section, but each section is literally a new bill that we took up in Public Health, so each one of them kind of has their own questions to be asked.

Section 58 of the bill deals with lab tests and how they're conducted in our state, how they're reported in our state, how perhaps our patients can receive that information.

And I noticed in lines 2613 and 2614 of this amendment, we're now allowing for the lab results to

go directly to the patient and perhaps not directly to the doctor under current law.

So through you, Madam Speaker, is that an accurate description of what this section does?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker.

I think that what has been happening -- and I think this is a very good law, first of all, with the change, because what it does is it creates a consistency under the -- the clinical laboratory improvement amendments and then -- which are located in the Federal Register. So we're making ourselves consistent with Federal Law. But it also makes sure that everybody's in compliance with the HIPAA law, the Insurance Portability and Accountability Act of 1996.

But a lot of people have complained that they have not been -- been able to access their lab reports, and it's something that people should be able to access. Whether or not -- I don't believe this would create a situation where the lab reports are not going to the doctor.

It really, I think, is going to be made a requirement that if somebody wants them -- or

actually not if they want them. They're just going to get them at this point in time. They're going to be able to see them. So it's really important for people to be able to look at that lab work, make sure that they're -- what their blood glucose levels are or, you know, whatever -- whatever conditions they might have, they'll be able to look, their cholesterol levels, all those types of things. They'll get them firsthand. They can take a look and see what those results are, and chat about them with the doctor instead of having them perhaps filed away in the doctor's filing cabinet, or now, in the electronic data system. And so that would be my take on how that -- how this law works.

But I know we've had discussions in Public Health -- in the Public Health Committee about how people have had a hard time getting their lab reports. So I think that this -- this section is going to be good. It's a good federal law, and now we're adopting it and being in conformance with that.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis.

REP. C. DAVIS (57th):

Thank you, Madam Speaker.

And I -- I agree with her. I think this would

be a positive change within our statutes, and something that I think all of should support and can support. I know it received widespread support from us in the Public Health Committee. And I do want to thank the gentlelady for her answers. I know it's sometimes difficult with these large bills, there's many sections, each section was new. But I do appreciate her taking the time to educate us all on what's in the bill, and I thank her for her answers on this amendment that will become the bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Davis, thank you very much.

Will you care to remark further on the amendment before us? Will you care to remark further on the amendment before us?

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

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed, nay.

The ayes have it. The amendment is adopted.

Will you care to remark further on the bill as amended? Will you care to remark further on the bill as amended? Will you care to remark further?

If not, staff and guests, please come to the

Well of the House. Members take your seats, the machine will be open.

THE CLERK:

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

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members voted?

Please check the board to determine if your vote has been properly cast. If so, the machine will be locked and the Clerk will take a tally.

Will -- thank you, Mr. Clerk. Will the Clerk please announce the tally.

THE CLERK:

House Bill 5537 as amended by House "A".

Total Number Voting	144
Necessary for Passage	73
Those Voting Yea	144
Those Voting Nay	0
Those Absent and Not Voting	7

DEPUTY SPEAKER ORANGE:

The bill as amended passes.

REP. ARESIMOWICZ (30th):

Madam Speaker?

DEPUTY SPEAKER ORANGE:

Oh, good evening, Representative Aresimowicz.

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CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2014

VETO
SESSION

VOL. 57
PART 11
3246 – 3508

On Page 30, Calendar 591, Substitute for House Bill Number 5537 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana, good evening, ma'am.

SENATOR GERRATANA:

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

THE CHAIR:

Motion is on acceptance and passage. Will you remark, ma'am?

SENATOR GERRATANA:

Yes, thank you, Madam President. Madam President, this is the annual technical revision bill to the Department of Public Health.

In the bill, which encompasses many different sections there are changes that the Department has recommended. We did have a hearing, of course, on all these changes, and along the way we did make some, added some additions and made some other changes.

I just want to highlight for the Chamber, the underlying bill was, as I said, a bill that we heard in our Committee, but some of the additions that were made include continuing education requirements for psychologists.

We also put in there a little revision to the marital and family therapists and made an addition that allows them to state work experience in the practice of marital and family therapy.

We also put in a requirement that the federal government had passed and is part of U.S. Code and

that it to allow patients to have direct access to medical tests, their tests when they go and have them through laboratories.

We also made some changes to the naturopath scope of practice to allow certain changes, which reflect upon their education and training.

Madam President, I hope the Chamber will adopt the bill. Thank you.

THE CHAIR:

Will you remark? Will you remark? Good evening, Senator Welch. Multi-tasking.

SENATOR WELCH:

That's great. Good evening, Madam President. Thank you, Senator Gerratana, for bringing the bill forward.

For all the reasons stated, I will be supporting the bill. I do have one question, through you, Madam President. And that is --

THE CHAIR:

Please proceed.

SENATOR WELCH:

Thank you, Madam President. We just were discussing another bill, and for the sake of perhaps Senator Kane, if you could identify in this bill where that fix is found. Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Yes, thank you, Madam President. I am going to look for what section that is in. If you could just give me a minute, madam?

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

SENATOR GERRATANA:

Madam President.

THE CHAIR:

The Senate will come back to order. Senator Gerratana.

SENATOR GERRATANA:

I did find that. It is in Section 71.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

Thank you, Madam President. I appreciate the good Senator's answer to that question.

THE CHAIR:

Thank you. Will you remark? Will you remark? If not, Senator Gerratana.

SENATOR GERRATANA:

Yes, Madam President. If there's no objection, I ask that this item be placed on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, ma'am. Mr. Clerk.

THE CLERK:

On Page 23, Calendar 548, Substitute for House Bill Number 5144 AN ACT CONCERNING ACCESS TO BIRTH CERTIFICATES AND PARENTAL HEALTH INFORMATION FOR

THE CHAIR:

Thank you, sir. Will you remark? Will you remark? If not, Mr. Clerk, will you call for a roll call vote? The machine will be opened.

THE CLERK:

Immediate Roll Call has been ordered in the Senate.
Immediate Roll Call ordered in the Senate.

THE CHAIR:

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

THE CLERK:

House Bill Number 5144.

Total number voting	36
Necessary for passage	19
Those voting Yea	31
Those voting Nay	5
Those absent and not voting	0

THE CHAIR:

The bill passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, if the Clerk would call the items on the Consent Calendar, we might proceed to an immediate vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 30, Calendar 591, House Bill 5537.

And on Page 42, Calendar 140, Senate Bill Number 293.

THE CHAIR:

Mr. Clerk, will you call for a Roll Call Vote and the machine will be opened.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Immediate Roll Call on Consent Calendar Number 1 has been ordered in the Senate.

THE CHAIR:

Senator Looney. Senator Hartley. Senator Fasano. Senator Witkos. All members have voted? All members have voted? The machine is now closed. Mr. Clerk, will you please call the tally.

THE CLERK:

Consent Calendar Number 1.

Total number voting	36
Necessary for adoption	19
Those voting Yea	36
Those voting Nay	0
Those absent and not voting	0

THE CHAIR:

The Consent Calendar passed.

SENATOR LOONEY:

Madam President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Madam President, would move that any items on that Consent Calendar or any other items adopted so far this evening still in the possession of the Clerk

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SENATOR GERRATANA: Oh, certainly.

COMMISSIONER JEWEL MULLEN: -- in the interest of time.

SENATOR GERRATANA: Certainly.

COMMISSIONER JEWEL MULLEN: Okay.

SENATOR GERRATANA: We'll -- we have our computers, I hope, and -- because we do everything electronically. We can certainly read. I know there's quite a few bills you're testifying on.

COMMISSIONER JEWEL MULLEN: Yes, right.

SENATOR GERRATANA: Go ahead.

COMMISSIONER JEWEL MULLEN: So next, House Bill 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTE. We support House Bill 5537 and thank you for raising it. There is a brief description of each section. I'm going to talk a little bit slowly. That helps.

Section one, outpatient surgical facilities are statutorily mandated by Section 19a-654(c) of the Connecticut General Statutes to submit certain data and information to the Office of Healthcare Access. This data is used by OHA to fill its statutory duties. As it's currently written, outpatient surgical facilities have been accepted, and essentially what we're doing now is looking for them to submit data too.

Sections 2 and 3 contain revisions that expend the voluntary process of acknowledging paternity of a child to cases in which the child has reached the age of 18. Right now, there's not a

mechanism to establish paternity for a child that's reached majority age, but, you know, we've learned that there are times when people need to have paternity designated acknowledged, and this is a process to do that. And -- and unless you think I'm being too brief, I'm going to keep going. Okay?

Section 4 amends the child fit immunization registry statute so that school nurses will be able to view -- only view the registry in the Connecticut Immunization Registry Tracking System so that they will be able to see what a -- a student's immunization status is. They'll be able to look at their immunization records and ensure that children are in compliance after entering school.

Section 5 makes a technical change to the Office of Multicultural Health Statute, essentially changing the name of the Office of Multicultural Health to the Office of Health Equity, which is a -- a much more contemporary name much more reflective of the work that we're doing now and uses language that is much more the -- the nationally referenced phraseology.

Section 6 reestablishes the minimum cover -- cover requirements for burials that were codified in 1949, and essentially this ensures appropriate steps and safeguards that burials are -- are conducted in such a way that there aren't nuisance conditions and that's less likely that graves will be disrupted by animals.

Section 7 requires that a nurse -- a nursing facility management service that is contracted by nursing homes to provide a plan of improvement to the Department if the nursing home's five-star quality rating declines by two

stars. This enables us to hold a facility management services company accountable if their services become substandard. And it helps us ensure that quality of care is maintained.

Sections 8, 9, and 10 make revisions to the Childhood Lead Poisoning Prevention Program statutes. Bottom line, it's the reference level for what we consider a -- a lead toxic level or level of concern is lower now. And -- and through these revisions, we're consistent with what the national standard is.

Section 11 requires a nursing home to develop policies and procedures to ensure patient privacy and security when using electronic health records and electronic signatures. Section 12 gives emergency medical service agencies greater flexibility in how they get their vehicles inspected or where they get their vehicles inspected. The proposal would allow ambulances to be inspected by a certified dealer which specializes on the type of vehicle rather than just being inspected at the Department of Motor Vehicles.

Section 13 pertains to the sale, transfer, assignment of water company land. It removes the requirement that class two water company land when being sold also contain class three water company land. And this is a proposal that we're requesting in conjunction with the State Water Planning Council that's underway.

Section 14 requires that each chronic and convalescent nursing home and rest home with nursing supervision complete a comprehensive medical history and medical examination for a patient on admission, but it removes the requirement for a yearly urinalysis, which is currently required in our regulations.

Section 15 specifies the residential care homes' responsibilities in assisting a patient who's being discharged and then finding that patient an appropriate placement. It also clarifies what should be included in a resident's discharge plan.

Section 17 allows DPH to waive provisions of its -- or regulations for any institution defined in Section 19a-490 if the commissioner determines that a waiver would -- would not endanger the health, safety, or welfare of any resident. This gives us more authority to waive regulations that might be outdated and overly burdensome to a facility.

Sections 18 through 25 make changes to the emergency medical services statute, including paramedic intercept services allowing billing for the service and ensuring that services are following applicable statutory requirements. I'm not going to go through the rest.

Section 26 revises the definition of inter-facility critical care to transport to help care for the facility. It allows the healthcare facility to select the transportation services most medically appropriate modernizing the statute, and that also reflects industry practice. It makes sure that patients are transported with the appropriate type vehicle and service.

Section 27 mandates that ambulance services have a contingency plan for potential strike activities. Other healthcare facilities are already required to -- to have such a contingency plan.

Section 28 allows a certified EMS organization to apply to -- to us to allow for billing of

non-emergency transport during a disaster for a period of seven days. Given all -- all of the challenges that we've had with storms over the past four years, we found that this has been important to patients and important to the EMS providers who have stepped up to provide transport.

Section 29 mandates licensed and registered direct care staff in a nursing home to complete training and oral health and oral hygiene techniques. Last year, we released a report on the status of oral health in older adults in Connecticut and found that there were a number of people in facilities who have unmet oral health needs. So this -- this provision actually requires some training to help increase the likelihood that patients are going to get the oral healthcare that they need.

Section 30 makes revisions to 19a-14(b) requiring analytical measurement service providers -- laboratories -- and approved radiologic reporting radon results to DPH and require residential mitigation service providers to uniformly report to us the radon mitigation system installation throughout the state. This gives us better ability to track radon where radon has been detected in homes for the kinds of systems that have been installed and ensure that the work that's -- that's being done actually is affording better safety to the -- the homeowners.

Section 31 is really a technical deletion in the statutes related to pneumococcal vaccinations. There's more than one type of vaccine for pneumococcal pneumonia, and we just want to make sure that the wording doesn't restrict us to using only one of those vaccines.

Section 32 revises statutes giving us the authority to continue to utilize existing public swimming pool design guidelines. The guidelines establish minimum standards for the proper construction and maintenance of public swimming pools. And we are able now with this to keep pace with changes in pool equipment and construction technology.

Section 33 relates to our tumor registry and allows us to enter into a contract for receipt, storage, and maintenance of data and files for the Connecticut Tumor Registry. Our national funder encourages registries to warehouse data at a shared data center.

Sections 34 and 35 provide authority for the commissioner of the department to enter into a contract with another state and accept funding for another state. We have situations in which there might be certain kinds of tests that we might want to perform in our lab for another state or vice versa or other kinds of collaborations that we might want to undertake, but right now we're limited in our ability to do that.

Section 36 authorizes commissioners designee to assign waivers of continuing education credits for a position to serve as expert reviewers and physician investigations. When we first introduced or met expert witnesses, the commissioner was going to assign the waiver for something I can also delegate to someone else.

Section 37 authorizes DPH to accept apprenticeship hours completed outside of Connecticut towards meeting optician licensure requirements.

Sections 38, 39, and 40 authorize DPH to accept licensed work experience in lieu of clinical

internship hours for clinical sites colleges, professional counselors, and social workers who have been licensed and practicing in other states and who are applying for licensure in Connecticut based on holding an out-of-state license.

Section 41 clarifies that hairdressers must have completed at least a ninth grade education. This is currently the requirement for barbers.

Section 42 clarifies that services provided by an applied behavior analyst in accordance with the General States do not fall in with the scope of practice of a speech and a language -- or -- and language pathologist.

Section 43 amends Section 10a-155(b) to require each student who resides in on-campus housing at a college or university to have documentation of receiving a meningitis vaccine not more than five years prior to enrollment, and that's just adopting a national standard.

Section 44 restores language that was inadvertently repealed during last year's session and will allow appropriately credentialed individuals to continue to perform bone dense optometry.

Section 45 clarifies licensed reinstatement requirements for dental hygienists to be consistent with current standards.

Section 46 revises 19-29(a) to clarify and update current practices of the environmental lab certification program. It's (inaudible) the testing parameters in which certification is not being granted any longer.

Section 47 makes changes to the lead life insurance certification penalty statute, including a revision to reflect the $5,000 per day penalty for violation as required by the Environmental Protection Agency.

Section 48 amends the name of the national organization that has authority for continuing education activities for hearing instrument specialists. The is the tech bill.

Section 49 adds nuclear medicine technologists to the list of professionals are you exempt from having to hold a medical license. Nuclear medicine technologist (inaudible) recognized in our statutes last year.

Section 50 is a technical change related to the repeal of Section 19a-691 of the General Statutes.

In Section 51, which are outdated statutes pertaining to the Department's HIV prevention program -- previously, in 1988, there was a requirement for the composition of an AIDS taskforce. That statute is no longer necessary, because DPH convenes and co-chairs the Connecticut HIV planning consortia that aligns with requirements of the federal funders, the Health Resources and Service Administration, and CDC.

We also request a repeal of 19a-121(c), an outdated statute that requires DPH to establish a public information program for the distribution of material such as pamphlets, films, and public services announcements on HIV and AIDS. And this is largely because with technological advances we have other ways in which we disseminate information. Thank you for listening to all of our proposed revisions to the tech bill. And --

the water quality are going to be upheld. I'm happy to take your questions.

SENATOR GERRATANA: Is that it?

COMMISSIONER JEWEL MULLEN: I hope so.

SENATOR GERRATANA: I'm furiously taking notes here. Actually, I did have some questions. I'm -- we're going to go back to the -- I think it's -- oh, dear, 55 -- is it 27, the technical bill?

A VOICE: (Inaudible).

SENATOR GERRATANA: Yeah. Hold on. 5537, is that it? Okay. Let's see, in Section 14, you are -- or the recommendation is to eliminate the yearly urinalysis in a nursing home setting. And I know we had a bill just to the contrary, and we were somewhat assured that, well, currently when a patient is admitted into a nursing home setting that they do have what I would call, you know, a history and a physical and a workup, and vitals are taken, including certain, you know, lab tests, including a urinalysis.

And why is it your recommendation to eliminate this particularly since I know we -- we've had testimony saying that it should be done on -- at least on a yearly basis?

COMMISSIONER JEWEL MULLEN: Last week, the Centers for Disease Control and Prevention released information on the overuse and inappropriate use of antibiotics in the -- in the population. And a lot of what was cited there was misuse of and overuse of antibiotics in the hospital setting but also in community settings.

One of the examples that they included in how that -- how to actually ensure appropriate use included an algorithm in a scenario around a possible urinary tract infection in an individual. People -- older people, people with certain medical conditions, people in facilities -- sometimes have bacteria in their urine, sometimes have some abnormal cells in their urine, but they don't -- neither of those necessarily reflects that the person truly has a urinary tract infection.

And -- and it's been -- I told you I've been -- I've practiced medicine for over 30 years, so back when I was early in my career, we used to sort of do a lot of routine tests on everybody that -- look at Dr. Srinivasan -- and everybody who ended up in a hospital who came in. And what we find over time is that those aren't necessarily good ways to screen for actual disease.

The urinalysis, the -- the annual urinalysis is one of those kinds of tests where when you -- you think about the ways in which you really are going to identify an infection in someone, it's not going to be by once a year doing a test but following an individual's clinical situation day to day, week to week, month to month. So that's pretty much, it's -- it's outdate medicine.

SENATOR GERRATANA: I see. So you're saying that, for instance, a nursing home should perhaps follow best practices and certain protocols regarding testing or for any particular medical situation so observation as well as doing daily vital signs, you know, the usual protocol.

COMMISSIONER JEWEL MULLEN: Right.

SENATOR GERRATANA: But, you know, one of our concerns is that sometimes in doing the usual and customary in these best practices that certain -- particularly with elderly who may not be able to articulate or for some reason, you know, explain to a person who is their health provider in that setting that, you know, something is going wrong.

And I know with urinary tract infections, very often, you know, these come repeatedly. Certainly someone in a nursing home setting may be more susceptible. So what is the -- what would be the best practices, if you will? I ask you not only as your role as a commissioner but also a physician for the elderly who may be far, far more susceptible to this condition than others.

COMMISSIONER JEWEL MULLEN: To -- to be aware of some of what you said the patient's general status, minding a temperature, other -- other changes that, you know, if we're talking about older people in nursing homes, that might be the manifestation that they have some kind of infection where it might not be, once again, that they're complaining of typical urinary tract infection symptoms like that they have -- they're running a low-grade fever, or their mental status is changing or other clues that something is awry.

And those are, you know, and the yearly test is not going to pick up an acute change in somebody's status. It's going to be more of that monitoring. People might have some cells in their urine that are -- would make somebody want to think, oh, is it an infection, but oftentimes it's not.

There have been situations in which when guidelines weren't followed well, people would

act too quickly and put a person on antibiotics. And they wouldn't really be treating an infection, but they would be greatly increasing the risk of antibiotic-associated infections like clostridium difficile or C. diff. Some people have heard of C. diff. which causes an antibiotic-associated inflammation in the intestine which is -- is fatal for -- for some people and causes a lot of illnesses, repeat hospitalizations. So for the individual patient, then it's also important to do the -- the follow up if you have treated an infection but just a routine urinalysis.

SENATOR GERRATANA: I know and -- and sometimes people don't have a temperature but do have, you know, a urinary infection --

COMMISSIONER JEWEL MULLEN: Right.

SENATOR GERRATANA: -- urinary tract infection.

COMMISSIONER JEWEL MULLEN: Uh-huh.

SENATOR GERRATANA: So, hmm, something for us to think about.

COMMISSIONER JEWEL MULLEN: Yeah, so this -- if -- if --

SENATOR GERRATANA: Yes.

COMMISSIONER JEWEL MULLEN: A once a year test is not going to be the way to pick up an infection.

SENATOR GERRATANA: Uh-huh. But any --

COMMISSIONER JEWEL MULLEN: And I'm not trying to say we should do it every week or every day.

SENATOR GERRATANA: -- any change in health status should --

COMMISSIONER JEWEL MULLEN: Right.

SENATOR GERRATANA: -- should set the alarm bell off --

COMMISSIONER JEWEL MULLEN: Right.

SENATOR GERRATANA: -- is what you're saying --

COMMISSIONER JEWEL MULLEN: Uh-huh, exactly.

SENATOR GERRATANA: -- any change at all, physical --

COMMISSIONER JEWEL MULLEN: Right, yeah, uh-huh.

SENATOR GERRATANA: -- behavioral, whatever.

COMMISSIONER JEWEL MULLEN: Uh-huh.

SENATOR GERRATANA: All right. Section 28 you have certified versus licensed EMS organizations. I'm just curious, what are the differences between a -- a certified and a licensed EMS organization? Oh, do we have an expert here on it?

COMMISSIONER JEWEL MULLEN: Yes, I -- I called -- I called Raphael Barishansky.

SENATOR GERRATANA: Oh, yeah, very good.

COMMISSIONER JEWEL MULLEN: I was going to keep a comfortable seat next to me for him.

SENATOR GERRATANA: Just state your name for the record. Thank you.

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RAPHAEL BARISHANSKY: I'm Ray Barishansky. I'm the director of the Office of Emergency Medical Services at the Connecticut Department of Public Health. And thank you very much for the opportunity to address any questions. And thank you, Commissioner Mullen. Certified agencies are the -- may bill for emergency transportation, whereas licensed EMS organizations can also transport patients and bill them for the non-emergency transportation.

What Section 28 tries to do is address both planning and the reimbursement considerations for disaster situations and EMS response. As the Commissioner mentioned in her testimony briefly, we've had opportunity within the past few years due to some of the storms that we've experienced where some of our agencies have really stepped up -- our certified EMS agencies -- excuse me -- have stepped up in regard to transporting patients to non-traditional locations such as shelters.

And this gives them the ability which doesn't exist right now to then bill for those transportations to insurance as well therefore being reimbursed for the services they -- they provide when they step up in these unusual situations.

SENATOR GERRATANA: I see, so certified is only for an emergency, life emergency, crisis transport, is that correct, and licensed can do both emergency transport as well as non?

RAPHAEL BARISHANSKY: And bill for those, yes, (inaudible).

SENATOR GERRATANA: I see. And I'm -- without going back to the correction, this would allow certified EMS organizations to bill for non-life-threatening transport.

RAPHAEL BARISHANSKY: Correct, during a disaster situation, so --

SENATOR GERRATANA: During a disaster situation only.

RAPHAEL BARISHANSKY: Exactly.

SENATOR GERRATANA: Okay.

RAPHAEL BARISHANSKY: So what we've done is we've limited it in two different ways. First, we've limited it in regard to a disaster situation, but secondarily, we've also limited it in regard to the time period, so we're not going to allow this to keep going on, but we have a seven-day time period. We felt that those limitations would be appropriate.

SENATOR GERRATANA: Thank you, and thank you for that clarification, only during a disaster. And -- and thank you very much.

RAPHAEL BARISHANSKY: You're welcome.

SENATOR GERRATANA: Commissioner, going back to House Bill 5504 on local health departments, could you, again, explain? I was reading over your explanation. Is this just for a transfer of funds to allow us to go back into our General Fund or --

COMMISSIONER JEWEL MULLEN: Right, so we -- you know, one of -- one of our -- one of -- one of our appropriation lines is local health administration. It's a local health. So departments and districts get a certain per capita depending on -- and it's -- okay. So I know you know the details about that. Right.

Now -- now it's -- it's a local health, and our desire, and our desire on behalf of our local health directors across the state is that the municipalities are -- their municipal leaders are then using those dollars for public health programming within their departments or districts, but not every municipality uses the money. Some have a -- a savings account, so to speak, for accrual of sometimes years' worth of money.

SENATOR GERRATANA: Thank you. Thank you for explaining that. Just want to be clear on that. All right. Does anyone have any questions? Senator Welch.

SENATOR WELCH: Thank you, Madam Chair. Thank you, Commissioner, for your testimony. I -- I'm really not sure what my question is at this point in time. I did read that there is testimony from some speech and language pathologists.

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COMMISSIONER JEWEL MULLEN: Uh-huh.

SENATOR WELCH: I don't know if you had a chance to read any of -- of their testimony. And I'm -- I'm not quite sure I appreciate what -- what their issue is yet, but often --

COMMISSIONER JEWEL MULLEN: Uh-huh.

SENATOR WELCH: -- as is the case they will testify later this afternoon, and then I'll probably have some questions for you after that.

COMMISSIONER JEWEL MULLEN: Okay.

SENATOR WELCH: And so to the extent you've had an opportunity to read their testimony and understand what their concern is and -- and

maybe have a commentary with respect to that now, I would actually appreciate hearing it.

COMMISSIONER JEWEL MULLEN: Okay.

SENATOR WELCH: Thank you.

COMMISSIONER JEWEL MULLEN: I -- I did see testimony from one individual or organization last night, and I wasn't quite sure what it meant, and I haven't had a chance to talk. Jennifer Filippone is going to tell me. So I -- I haven't heard. I'm not sure.

JENNIFER FILIPPONE: Good morning, everyone. Jennifer Filippone with the Department of Public Health. I think -- I did read the testimony as much as I could last night. There were several pieces of it, I think, that were posted online, and I think we had gotten an e-mail earlier in the week asking us for some clarification. And we'd be certainly glad to speak with anyone from the association who had concerns.

From reading the testimony, I gather that what they think the language is doing is actually adding the behavioral analysis to the speech and language scope of practice, which is not at all what we're looking to do. We had an instance come to our attention last year through a complaint investigation process whereby an applied behavioral analyst was working completely within the scope that's set out for them in the education statutes, but there is some cross-over in some of the modalities that that individual is using into the speech and language pathology scope.

So what our intent with this language is to include behavioral analysts who are working within their defined scope from having to hold

a license as a speech pathologist, making sure that it's very clear that if they're working within their defined scope that there could be no question. So we're actually looking to exempt them from that practice.

So I think that -- from what I gathered anyway from the testimony having not spoken with anyone directly, I think that they were thinking that we were looking to do the opposite of what we're doing, so we're happy to have conversations with folks about that.

SENATOR WELCH: Thank you, and -- and if I may just -- maybe you can help me understand a little bit where -- where confusion might arise. Seeing their testimony caused me to kind of look at speech pathology and applied behavior analysts and where there is cross-over, where there isn't cross-over. And it seems like, not necessarily here in Connecticut but at least in other states they tend to kind of butt heads a little bit. And -- and I -- I'm just beginning to appreciate this for the first time.

And so maybe you could tell me a little bit more about the specific example that -- that came to DPH, what issues arose because of that, and then, you know, how -- how does the proposal, I guess, seek to resolve that? From -- from what I understand, their -- their biggest concern is Section, Subsection 6 of 42, which I think is what you just talked about, so if you could elaborate more, that would be great.

JENNIFER FILIPPONE: Sure. I don't have all the specifics with me. I'd be happy to get those back to you all. My recollection of the case is that it was very -- they were very minute kind of tasks working with individual children

in a classroom setting. But without having it in front of me, I don't want to portray something that I don't have, and I'm happy to get back to you on that.

SENATOR WELCH: That's fair. Thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, Senator. Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you, Commissioner, for this -- the number of bills that you covered in a relatively very short time. That was phenomenal. Just two questions on the Raised Bill 414 --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. SRINIVASAN: -- and lines 26 on, a registrar may grant immediate access or may say you need to have an appointment. Could, I mean, could you elaborate on that a little more and what is happening right now?

COMMISSIONER JEWEL MULLEN: So there -- right now what has been has been more of an -- a granting of immediate access. I'm not sure who's -- who's here, but it's been a much more -- you try to serve people as they come -- come to you. And sometimes that works. Sometimes it doesn't.

We have times that when somebody walks in, there are other more confidential personal issues being handled for an individual when it wouldn't be -- wouldn't really be sort of right for another public person to be there. Do you both want to answer -- introduce yourselves? Okay.

MARIANNE HORN: Yes. We had a -- a very large taskforce that discussed these issues, and the -- the spas are -- do not perform the kinds of services that would be included within the meaning of facility for our institutions that are licensed by the Department of Public Health. These are not entities that perform the level of medical services that would require licensure from the Department of Public Health.

And I think inserting facility might lead both the public to assume that the Department of Public Health is regulating them as a facility and the -- the operators of a medical spa to think that they are required to get a license. The regulation comes through the individual practice license of the practitioners. So that, I think, is the response to those questions.

REP. CONROY: Great. Well, thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Very good. Thank you. Representative Ziobron.

REP. ZIOBRON: Thank you, Madam Chair, and I just have a quick couple of questions, if you don't mind. Going back to Bill 5537, on Section 5 you talk about the technical changes to the multicultural health statutes. And I had the opportunity to hear from one of the staff of DPH who I have a lot of respect for at an appropriations meeting. I'm sure you've heard about our exchange.

And at that meeting, I had gotten an e-mail from one of my constituents who happens to be an employee of DPH who had received a program announcement through the auspices of the Multicultural Health Office that was quite

concerning to me. And the invitation was for an engagement at Connecticut State University, and it was being promoted to DPH employees under the offices of this program, and the name of the program was White Privilege and How It's Affecting America.

So I ask you now if you could explain to me -- now that we've seen this change in the Multicultural Health Department -- exactly what they are doing and how I can, you know, how -- will they be promoting this sort of material in the future?

COMMISSIONER JEWEL MULLEN: First, I have to say -- I'll always say as Commissioner, you never know everything, so I don't know anything about the exchange you had with my staff person, but I didn't hear about it from you, so hopefully it -- it wasn't a bad thing.

A VOICE: (Inaudible).

COMMISSIONER JEWEL MULLEN: Right. Then I probably would have heard about it from you. So the Office -- the Office of Multicultural Health is a (inaudible) -- has been within the Department for a long time. And we -- we collaborate with a number of organizations across the state.

Let me just go back to the invitation to a -- a program on white privilege. I don't know what the issue was other than perhaps the person who saw it took offense to a term that is -- is well embraced, written about, and described in the sociology -- sociological literature, not having as much to do about race per se but a term that really gets people to think about what we talk about a lot when we talk about equity in the same way that we talked about it even with MOLST, is that individuals who have differences always have questions about how in

their life those differences either put them in a better or worse circumstance with regard to something that they're experiencing.

So -- so, you know, I didn't attend the session, but, you know, we are asked to send out information through -- I (inaudible) a little while ago -- Connecticut Health Foundation, the Connecticut Multicultural Health Partnership, all kinds of organizations that touch on us that are opportunities for people to have discussions. So I'm actually glad that you asked, because I'm not sure whether or not you -- you link the two with some question about the work that's being done at DPH.

REP. ZIOBRON: Well -- well, I did, frankly --

COMMISSIONER JEWEL MULLEN: Okay.

REP. ZIOBRON: -- because the constituent who sent it to me --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: -- was actually very offended by --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: -- by the program and that it was -- and I see your colleague here, and -- and she and I spoke about it again after the meeting, and she understands, you know --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: -- kind of where I was coming from. But, you know, what I had said to her after that meeting was I think this is an -- an example of how sometimes the Public Health

Committee up here is not aware of some of these opportunities.

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: And what I had asked was in the future if a mass e-mail like that was going to go out to the state of Connecticut employees, I certainly would have appreciated knowing that ahead of time, and so, you know, when you're talking about what the Multicultural Health Office does --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: -- and if that's part of their purpose, I think we should also make sure that, you know, that legislators are getting --

COMMISSIONER JEWEL MULLEN: Right.

REP. ZIOBRON: -- some of these notifications as well.

COMMISSIONER JEWEL MULLEN: Okay.

REP. ZIOBRON: So -- and then the other question I had on 5537 is -- and when I look through all the testimony --

COMMISSIONER JEWEL MULLEN: Uh-huh.

REP. ZIOBRON: -- myself, I see a lot of testimony on naturopaths. I'm sure you must have noticed it too. There's -- there's dozens and dozens. And I know that you went through a scope of practice review process. I don't have a lot of that information. So I just am curious, because you're not going to be here when all these people come to testify, what your position is, and -- and I'm hoping I'm going to

hear that the conversation is continuing in some regard on your level.

COMMISSIONER JEWEL MULLEN: So thanks. I think it was two weeks ago I testified on the Governor's bill regarding the elimination of the Collaborative Practice Agreement requirement for nurse practitioners. And what I said about the Department's scope of practice review process is that we convene parties and present a report to the -- the Committee, but we don't make a decision. We don't recommend legislative action. And that's the same circumstance for naturopath.

I did happen to see a lot of testimony attached to Bill 5537, and the scope of practice changes that they asked are not part of our bill. The scope of practice changes for nurse practitioners is part of a Governor's bill.

So my position is that like with any other scope of practice request, once the information is delivered to the Committee -- and I know you've received finally a draft version. And the Committee -- people who were on the Committee that would convene to look at the pros and cons of the changes that were requested are weighing in and getting -- getting feedback to us so we can get the Public Health Committee the final version of the report.

After that, I think it's going to be determined by the Committee whether or not it wants to raise the bill. You know, I'd be happy to -- if you want to meet sometime next week and talk about what's in there, I would be happy to do that. You -- you heard the tech bill testimony, and I -- I understand that there was hope that, you know, maybe we were going to be referencing that.

You know, we take scope of practice really seriously. I read you a number of sections and somewhere in the middle joked about these are our technical changes. A scope of practice change like that isn't a technical change and deserves to have the whole conversation, so --

REP. ZIOBRON: Thank you so much, and I just want to say for the record I always appreciate the fact that we can have these kind of frank discussions. And sometimes they seem to be uncomfortable, but I think that that is always pushing us to really understand great -- how great policy comes to shape. And I always appreciate your frank answers, and I just want you to know that, so thank you.

COMMISSIONER JEWEL MULLEN: Well, back at you. Likewise. And -- and, I mean, I try to tell my staff that all the time when we walk out of here. These are conversations, and -- and I, you know, I'm still smiling, and, you know, I don't always smile. I really don't. But, I mean, it's so important. It -- so thank you. Thank you.

SENATOR GERRATANA: And I thank you too. Are there any other questions? Oh, Representative Johnson.

SB416

REP. JOHNSON: Thank you, Madam Chair. And thank you so much, Commissioner, for being here, and we have had a wonderful conversation this morning, and I -- I want to just continue it a little bit longer. So -- so in any event I -- I was just wondering about the -- the change for the advanced medical technicians and -- and going to emergency medical services exclusively instead of having that -- that carry forward. What do you think about maybe phasing something

like that in over time? Do you think that that would be a -- a way to do that?

COMMISSIONER JEWEL MULLEN: I think -- I -- I believe that having this become effective in 2017 is the way to do that, because it also allows time for people to then say, okay, I'm going to go ahead, and, you know, they can avail themselves of the opportunity to become an EMT rather than an AEMT. And it along the way allows for ongoing conversations even, you know, in areas where Representative Conroy is saying that she's heard a lot of concern.

REP. JOHNSON: Yeah, so have I. I think we all have had some concern, and certainly we appreciate the work the Department has done in many, many areas of emergency medical services, and we want to make sure that we -- we are recognizing the wonderful work that our emergency medical service providers do, and we're not trying to do anything that would get in the way of that work or their great accomplishments with respect to their certifications and training.

Then I go into the Bill 5537, and I just wanted you to -- if you could go into Section 2(d)1 and just tell me the reason again -- perhaps I missed it in your original remarks -- but the reason again for these -- this modification.

COMMISSIONER JEWEL MULLEN: Lisa, do you want to come back? I mean, technically, this gets back to the issue around the -- the ability to designate paternity for someone who has reached age 18. And there are circumstances in which we find that people who aren't minors still have that as a necessity.

LISA KESSLER: (Inaudible).

SENATOR GERRATANA: Please -- please put your speaker on.

LISA KESSLER: Sorry.

SENATOR GERRATANA: Identify yourself for the record, please.

LISA KESSLER: Lisa Kessler of the DPH. So we've made this proposal, because we've had many requests over time for people to establish paternity for a child that's already reached adulthood. And the statutes for establishing paternity in the Superior Court are very explicit that it only applies to persons under 18 years of age.

And I believe that the probate court -- although the laws aren't explicit -- they interpret that restriction as being applied to, you know, their jurisdiction, so they won't do it for anybody over 18 also. So this is the mechanism that will allow people that want to establish paternity for a child that's already reached adulthood to be able to do it.

REP. JOHNSON: Thank you so much for your updating me, and I appreciate that. Commissioner, also in 4(d), the reporting requirements for the school nurses, could you just go through a little bit of the history and how that came into -- just how your recommendation came into existence?

COMMISSIONER JEWEL MULLEN: I think this -- you know, one of the holdups for children being able to get, you know, get back to school, get into school is verification that they've had all of the mandated childhood immunizations and that they're up to date.

You know, parents are asked to show immunization records, you know, electronic data that has -- gives the right people the appropriate level of access, makes, you know, for an efficient, more efficient pathway to document that shots are up to date. School nurses are usually the people in the schools that have to verify shot status, and this gives them a way of looking into the registry to do that.

REP. JOHNSON: Very good. And finally, in 5537, Section 12 there's some language changes on emergency medical services, and I just wondered why the changes. And if you could just tell me a little bit about that too. Thank you.

COMMISSIONER JEWEL MULLEN: My -- my simplest answer is that right now we -- we rely on DMV to do the inspections, but there are other entities that can be certified to inspect these type vehicles. It helps keep our responders out on the road and -- and not in line, and that's not a commentary on DMV. It's really not. But, you know, it -- it takes time, and this just helps create a more efficient system by expanding the number of places where the inspections can happen.

REP. JOHNSON: Very good. Thank you so very much for your testimony. I really appreciate your taking the time and your great explanations.

COMMISSIONER JEWEL MULLEN: Thank you.

REP. JOHNSON: So thank you, and --

COMMISSIONER JEWEL MULLEN: Thank you.

REP. JOHNSON: -- thank you, Madam Chair.

status and that -- those problems with those billing coding and rules are causing these lengthy stays that aren't actually -- they're not inpatient and they really don't look anything different than, than -- you would go visit somebody, you would not be able to tell. A person in the hospital bed would not know unless they specifically asked. In fact, I have had the experience several times over the last year or so with family members and me advising, "Make sure you find out. Please ask are you observation status because unless you know, you could be stuck with some really significant bills." And that's the time that you potentially could advocate for a change in status if that's possible.

REP. KLARIDES: Thank you.

DEB MIGNEAULT: Uh-huh.

REP. JOHNSON: Very good. Are there any additional questions?

Thank you so much for being here, for your testimony. It's very much appreciated.

DEB MIGNEAULT: Thank you.

REP. JOHNSON: Next on our list is Jim Iacobellis.

JIM IACOBELLIS: Good afternoon. My name is Jim Iacobellis. I'm the Senior Vice President of Government and Regulatory Affairs for Connecticut Hospital Association. It's a pleasure to be able to testify here this afternoon on House Bill 5535 and three other bills and I'm going to try to do that in three minutes.

SB257
SB413
HB5537

With respect to H.B. 5535, it's broken down into two sections and I'll take the first

We support the Senate Bill 413, the MOFLT bill. We are part of that working group and we look forward to working with the Department and implementing that.

And with respect to 5537, the DPH revision bill -- and I bring this up, we have written testimony on it because I want to talk about it publicly. We've asked for a section to be added. We have a section in Connecticut statutes which governs access to laboratory records. We are always waiting for the Federal government to come in and do their Federal regs on clinical laboratories and HIPAA. They have now done so. It is a way in which I think goes exactly where we want to go as a state, giving patients access to their lab results. Our language hopefully just conforms those two so we're on the same page so there's no confusion, but the result is exactly where we wanted to go for a number of years and the Federal government has just caught up with us.

Took longer than three minutes.

REP. JOHNSON: But you covered so much ground. Very nice.

So, yes, I think the Committee is definitely willing to work with you on, on the language issues that you raise, and the fact that -- you mention in your testimony regarding House Bill 5535 Section 1, the fact that other states have passed legislation that are similar to what we're proposing here. And, so, I think the state of New York has certainly done that and I, I respectfully ask you to take a look and make sure that, you know, we're not doing anything that will complicate the issue, but just make sure that the patient and the family of the patient understands the circumstances that they're in and the change, although

for them and what they do not need at that point in time.

JEAN REXFORD: Yes. Thank you.

REP. SRINIVASAN: Thank you very much for your testimony. I appreciate that.

Thank you, Madam Chair.

REP. JOHNSON: Thank you so much. Thank you so much.

The next person -- any additional questions? No?

Next person is Representative Berger. Welcome.

REP. BERGER: Welcome.

REP. JOHNSON: Thank you.

REP. BERGER: Good afternoon, Madam Chair and Committee members. Thank you for having this hearing on a Friday afternoon at 1 o'clock. Hopefully your day will be short.

For the purposes of the record, my name is Representative Jeffrey Berger representing the 73rd Assembly District in Waterbury. As a way of an observation, Madam Chair, before I get into my testimony, I, I have not appeared before the Public Health Committee very often. But having a doctor on Public Health is very, very comparable to having an economist on Finance Committee, so.

I am here in support of House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes. I have submitted before you a -- additional change in Section

20-71, the licensure without examination physical therapist and physical therapist assistant sections of that, of that bill. Included in that is a new section, Section E, which has -- which has notwithstanding language. I will also, before I comment on the genesis of this language to the Committee members, also would like to make an observational change that I would like the additional language which you see in the blue section effective upon passage of House Bill 5537 as amended.

The genesis of this language comes from constituents, a constituent concern, and also a concern that ended up being a, so to speak, far reaching and encompassed other individuals in an anomaly related to a change in the legislation which you see in section -- in Section D which allowed for licensure of individuals under certification and having experienced some training of April of 2006.

It came to my attention from a constituent of mine and also then in drilling down and looking at other individuals who came forward that individuals fell through the crack, so to speak, and being able to be grandfathered in under that window time frame that the Legislature allowed for. This language will rectify that, allow for those individuals that may and are currently are unemployed because of losing the ability to fall into that grandfather clause and have served in capacity and many instances 10 and 12 years as physical therapist assistants having, again, qualifications and experience and training.

I also note there is one individual that also has fallen through this grandfather time frame that was a veteran of the United States Army, received certification and training as a

physical therapist assistant and, and before being deployed and serving in the Army before his honorable discharge.

So, with that, that's the background and I would appreciate the Committee's support in this very, very important clause in addition to the licensure section that we as a Legislature have the ability to make a right -- a wrong a right.

Thank you.

REP. JOHNSON: Thank you so much, Representative, for bringing this to our attention. It's a very important thing and I think that in terms of how our Legislature has been writing legislation to help veterans obtain, you know, jobs and certifications, this fits in very nicely with that. So, we're very pleased -- also, the fact that the proposal gives the Commissioner the complete discretion to make a determination as to what the qualifications are of a person. So, briefly, in this circumstance you're, you're -- the person that brought this to your attention was highly qualified.

REP. BERGER: Yes, yes. And the answer to the question, yes, Madam Chair, certain for the Committee member, certainly very, very qualified and employed for roughly 12 or 13 years in the field. So, that does not become an issue.

REP. JOHNSON: Very good.

Any questions?

Well, thank you so much for being here --

REP. BERGER: Thank you.

REP. JOHNSON: -- and taking the time. Really appreciate it.

REP. BERGER: Thank you, Madam Chair, and thank you, Committee members.

REP. JOHNSON: Okay. The next person I have on the list is Terry Berthelot. Welcome, and please state your name for the record. And I might not have pronounced it just right. I'm sorry.

TERRY BERTHELOT: Thank you.

My name is Terry Berthelot. I'm a Senior Attorney with the Center for Medicare Advocacy. The Center is a national not-for-profit law firm. Our mission is to ensure that the elderly and people with disabilities have access to Medicare coverage and to ensure access to quality healthcare.

I'm here today to express our strong support for Raised Bill Number 5535 spoken about earlier. It is the bill that would require that hospitals give notice when patients are put on observation status. At the Center, we know firsthand how terrible being put on observation status is for a patient. There are very, very serious financial and health consequences. Financial consequences, the biggest is that when a person is on Medicare and she's put on observation status, she will not have the required three inpatient days as an inpatient for her subsequent care at a skilled nursing facility.

At the Center, I personally represented someone who was put on observation status for 12 days. After 12 days of being in a hospital bed, anybody will need the kind of care that one can only get in a skilled nursing facility. The cost of care in a skilled nursing facility in

like to have more clarification on what we can use. And I'm done before the bell.

SENATOR GERRATANA: Well, and we appreciate all of your efforts including your brevity here. There's the bell. But I thank you very much for your thoughtful testimony and input. I cannot find it on line. Had you submitted anything in writing to us?

KATHLEEN KRACZKOWSKY: No, but I will.

SENATOR GERRATANA: No?

KATHLEEN KRACZKOWSKY: Do you want me to type it up?

SENATOR GERRATANA: That's good, only because sometimes we like to, if we get the chance to give you a call to elaborate a little bit more about what you're suggesting, but you can leave your contact information with our administrative staff over here if you would be so kind.

KATHLEEN KRACZKOWSKY: I will type it up.

SENATOR GERRATANA: Is there any questions? No? Thank you so much for taking the time. Congratulations to Elizabeth Park.

Next is Margaret Miner followed by Terri Eickel.

MARGARET MINER: Thank you, Chairman Gerratana --

SENATOR GERRATANA: Thank you.

MARGARET MINER: -- and the members of the committee for the chance to testify on this bill. I submitted two bills. This main one for our testimony is 5330. The -- the other one is, I think 5537. We submitted electronically in

both cases with Maureen Westbrook, and that is an Act -- that is a small change to the Class I, Class II statutes --

SENATOR GERRATANA: Yes.

MARGARET MINER: -- which, over three years, we have checked with practically everybody in Connecticut, and everybody is fine with that change.

SENATOR GERRATANA: Oh, good; good to hear.

MARGARET MINER: I think it was a mistake to begin with. The -- on -- I'm testifying in favor of 5330. It's, you know, I attached to my testimony the American Academy of Pediatrics Review, and also the letter from those doctors. I must say, in my mind, my daughter worked as a landscaper for a few summers and became increasingly cautious and wearing more and more clothes, even in the summer, because of the products that she was using.

The *Courant* ran an article which -- a *Courant* editorial -- about a month ago saying Connecticut has got to get a handle on its pesticide use. We are -- we are dumping thousands of pounds, or applying thousands of pounds of these pesticides. The science is -- is terrible. A US Geological Survey has found pesticides in all of our streams, so as a person trying to protect water, and salamanders, and turtles, that's -- those -- those are leading the die-off of species. I support Don Williams' amendment. I think that's -- GMO grass is just about the worst idea I've heard of in, oh, maybe hours.

The IPM -- you know, IPM used to -- people used to be very interested in it. We used to be very interested, but over the years there's

to take it (inaudible).

SENATOR GERRATANA: Right. I -- I know, I read the bill, too. I didn't understand why not since my understanding of evidence-based science is that ongoing debate and discussion, so --

DR MARC EISEN: Absolutely.

SENATOR GERRATANA: -- and, you know, but ultimately, at least in my opinion, should be left to the healthcare providers making those decision with the patient, you know, to decide -- decide the best course of action, so, okay it's good to hear that you said that. And please continue, I'm sorry I interrupted.

DR MARC EISEN: I was done.

SENATOR GERRATANA: Oh, you're done.

DR MARC EISEN: I think that's it.

SENATOR GERRATANA: Oh, okay. Excellent. Does anyone have any other questions or -- no? Well, thank you. Thank you for coming today and giving that testimony.

And now we go to Dr. Helen Newton, Commission on Health Equity. That's correct. Welcome. Thank you.

DR. HELEN NEWTON: Good afternoon, Senator Gerratana, and distinguished members of the Public Health Committee. First of all, thank you so much for the opportunity to testify today on Raised Bill 5337.

HB5537

I'm Dr. Helen Newton. I've practiced in the state of Connecticut for the past 11 years, and I've practiced in general for about 25 years. I'm presently the Executive Director of the

Connecticut Commission on Health Equity, and on behalf of the Connecticut Commission of Health Equity, we support the work of the Department of Public Health, Office of Multicultural Health.

Other than the very close name association between the Commission on Health Equity, and the Office of Health Equity, and the inevitable name/function confusion, we enthusiastically support the presence of the office in the Department of Public Health. We support the mission of the Office of Multicultural Health, which is to improve the health of all Connecticut residents by working to eliminate differences in disease, disability, and death rates among ethnic, racial, and other population groups that are known to have adverse health status or outcomes.

We are also very supportive of the Office of Multicultural Health's provision of resources for the use of culturally and linguistically-appropriate services in the state.

According to State Statute, Section 38a-1051, the mission of the Commission on Health Equity is to eliminate disparities in health status based on rate, ethnicity, gender, and linguistic ability, and improving the quality of health for all state residents. State Statute Section 38(1)-1051(j)mandates the Commission on Health Equity to make a determination as to whether the duties of the Commission are duplicated by another state agency, office, bureau, or commission, and shell include information concerning any such duplication or performance by any other state agency, office, or bureau. We are requesting clarification on Section 5c-3 of Bill 5537 which states that the office shall assist the Department in its efforts in the following

areas: To assess the effectiveness of State programs in eliminating differences in health status. We'd like to know whether these State programs are programs that are sponsored by State Agencies, or State programs sponsored by the Department of Public Health.

In State statutes section 38a-1051e(5), the Commission on Health Equity is specifically mandated to evaluate the policies, procedures, activities, and resource allocations to eliminate health status disparities among racial, ethnic, and linguistic populations in the state, and have the authority to convene the directors and commissioners of all State Agencies, who purview is relevant to the elimination of health disparities, including but not limited to DPH, DFS, DCF, DDS, Education, DMHAS, DOL, DOT, and Housing Finance.

In addition, the Commission on Health Equity is in the process of rolling out the CLAS, which are culturally and linguistically-appropriate services statewide. We have seven agencies that have handed in Stage I paperwork which includes a health equity plan, health equity policy statement signed by the commissioner, and an impact statement.

Stage II encompasses an organizational chart, SWAT analysis, demographics of the clients that are being served, and identification of a champion.

The training for the rollout will be conducted by Johns Hopkins Center for Health Disparity Solutions which will be offered on March 18th, April 15th, and May 20th, with a special session for agency heads and commissioners.

With limited staff, the Commission on Health

Equity is presently offering this training to the seven agencies that have handed in paperwork which includes the Office of Healthcare Advocacy, Department of Public Health, Department of Children and Families, Department of Energy and Environment, Department of Mental Health and Addiction Service, Department of Corrections, and the Connecticut State Department of Education.

We will start with the actual assessment on April 7th with the Office of Healthcare Advocacy. The Commission is aware of the cost of the program, but the benefit of finding a solution will greatly outweigh the initial cost investment.

Although there appears to be an overlap of mission and/or responsibility, this can have an additive or even a multiplicative effect with multiple organizations and agencies working toward the same goal. The area of concern is more in duplicated effort in assessing state agencies and the associated duplicated course related to health disparities.

State Statute Section 38a-1051e(2)requires the Commission on Health Equity to review and comment on the Department of Public Health's Health Disparities Performance Measures which would include their Office of Multicultural Health, and directing the implementation of policies, procedures, activities, and resource allocations to eliminate health status disparities in the state. As a result, with the clarification of Section 5c-3 from Raised Bill 5537 to ensure that this does not represent a duplication of the purview of the duties of the Commission on Health Equity, we would support the changes to the State Statute language presented in this bill. Thank you.

SENATOR GERRATANA: Thank you, Dr. Newton. I am trying to find your testimony on line so we -- I did make a note 5c-3.

DR. HELEN NEWTON: Yes.

SENATOR GERRATANA: That is the section of the bill?

DR. HELEN NEWTON: Yes, it is.

SENATOR GERRATANA: Okay. And you are in what section of the bill? Your reference with the name change?

DR. HELEN NEWTON: Well, yes, the section that we are questioning is Section 5c-3 of Bill 5537, and --

SENATOR GERRATANA: Okay, so Section 5 of the bill?

DR. HELEN NEWTON: Yes.

SENATOR GERRATANA: Okay. And you did -- you did submit testimony.

DR. HELEN NEWTON: Yes, we believe that it was submitted upstairs, yes.

SENATOR GERRATANA: Okay. I just got from our administration who said it was submitted a little late.

DR. HELEN NEWTON: Yes.

SENATOR GERRATANA: But we'll get to look at it because, of course, we want to address your concerns.

DR. HELEN NEWTON: Absolutely.

SENATOR GERRATANA: Okay. Thank you so much.

DR. HELEN NEWTON: Thank you so much.

SENATOR GERRATANA: I don't know if anyone has any questions. I guess not. Thank you for coming and testifying.

DR. HELEN NEWTON: Thank you again.

SENATOR GERRATANA: Okay, we're going back to House Bill 5529, and next is Matt Katz, Connecticut State Medical Society. And to follow Matt is Vic Vaughan.

MATTHEW KATZ: Senator Gerratana, Representative Johnson, and members of the Public Health Committee, my name is Matthew Katz. I'm the EVP CEO of the Connecticut State Medical Society, and I'm here today representing not only the State Medical Society, but the Connecticut Chapter of the American College of Physicians, and a number of other medical specialty societies actively practicing in the state of Connecticut.

HB 5535

We appreciate the intent of House Bill 5529; however, we have concerns associated with the removal of language that presently we believe functions effectively when it comes to peer review and peer review of literature. Though we recognize the interest and intent of including mental health and related issues into the bill which we think would be helpful, the concern is eliminating anything that has been effective would be problematic, we believe, for physicians and patients.

So we again recognize the -- the intent and appreciate the Committee's efforts, but are concerned about elimination of language tied to peer reviewed literature that could have an unintended consequence for those patients that need medically-necessary care that physicians

SENATOR GERRATANA: And Hadiyah Charles. So the rest are here. Okay, I -- I'm just trying to.

CATHERINE LUTZ: Yeah, they are the folks that left.

SENATOR GERRATANA: Stuart and Hadiyah Charles. Okay. So we would go next to Dan Munson, Mussen. Sorry. Dan Mussen? Thank you very much, Catherine.

DAN MUSSEN: Good afternoon.

SENATOR GERRATANA: Good afternoon.

DAN MUSSEN: I'm here as a representative of the Connecticut Academy of Physician Assistants. Committee Members, thank you for your time today.

I'm going to actually summarize on three bills and try to save some time for you today if I can real quickly. My testimony is already submitted.

SENATOR GERRATANA: We left you out, huh?

DAN MUSSEN: No, you did not. So I want to, first of all, iterate that physician assistants are members of the health care team. We still are very devoted to that -- that role model, and as part of that role, as part of the health care team, I want to summarize ConnAPA's, Connecticut Academy of PA's position on three bills.

SB418
HB5537

One is 257, hepatitis C, where primary care providers will be needed to be tested for hepatitis C. We feel that physician assistants should be part of that bill. As of right now, they are not included in that legislation, so we just -- we feel that as primary care

providers that if there's a requirement for testing, PAs should also be there.

I'm going to jump to the Medi-Spa bill which is 418, and I'll just say that ConnAPA was very involved with the development of that legislation. We're very much in favor of compromised language that was presented with that package, and so we are very in favor of that bill as well.

And finally, I'd like to comment on House Bill 5537, the Department of Health Revisions. In Section 43 -- I know you don't have it in front of you, but in Section 43, there is a section that allows for primary care providers to give exemptions for college students receiving meningitis vaccines. So it will be required that all students receive meningitis vaccines, but physicians and PAs should be included in that section, to be allowed to provide that exemption to the college students when applicable.

That's a summary of our positions on all three bills and I wonder if there's any questions.

SENATOR GERRATANA: Thank you. No, you summarized it very well. Are there any questions? No, but thank you for coming and thank you for covering all three pieces of legislation.

Next is Shawn Lang, followed by Carol Steinke. Is Shawn here?

A VOICE: (Inaudible.)

SENATOR GERRATANA: I'm sorry?

A VOICE: He left.

SENATOR GERRATANA: Okay, so Carol, I thought it was

from and find one that could be very applicable to the State of Connecticut and to us.

REP. SRINIVASAN: Thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, sir. I don't think there are any more questions. Thank you for coming all the way from Cornwall.

SKIP KOSCIUSKO: Thanks. Thanks for having me.

SENATOR GERRATANA: We love it. We love it.

Okay, let's see. Next is House Bill 5537, and the first one is Suzanne Letso, followed by Ashley Bates.

Ah, you're here already. Good evening.

SUZANNE LETSO: Good evening, Senator Gerratana, Representative Johnson, and the rest of the committee. My name is Suzanne Letso. I am the parent of a child with autism. I am the CEO of the Connecticut Center for Child Development which provides services to people with autism, both adults and children. I am also a parent advocate, and I'm here today to give testimony very different from what I thought I was going to be talking about when I got up this morning.

HB5537

We are here because of Section 42[6] in this bill which, to our eye, appeared to expand the scope of practice for speech/language pathologists. It's our understanding from the testimony this morning from DPH that that actually wasn't their intention. In fact, their intention was quite the opposite. Their goal was to ensure that board-certified behavior analysts, which by the way I am also one (I think I forgot to say that) have the right to practice, and they wanted to include

the language that's included already in Public Act 09, I'm sorry, 10-76ii. They wanted to include that in the statutes relative to speech/language pathologists because of a situation that's occurred, and they wanted to make it clear.

Unfortunately I think the language that's been proposed is confusing. There has probably been somewhere between 80 and 100 pieces of testimony submitted with people expressing concerns that, like me, they think that this language expands the scope rather than clarifying the roles of behavior analysts. So what I would propose, if it's possible, is to change, and this was done at the back of the envelope in the cafeteria, to change number six to state something to the effect that: Not withstanding Chapter 399 of the Connecticut General Statutes, which is the statute that delineates the Scope of Practice for speech language pathologists, that BCBAs (board-certified behavior analysts) may practice behavior analysis services in accordance with the scope of practice in Section 10-76ii.

I think language to that effect would accomplish what the Department of Health is trying to accomplish and will help speech language pathologists avoid potential conflicts of interest where -- not conflicts, some ethical dilemmas where they may be asked to provide services that they're actually not trained to do.

SENATOR GERRATANA: Suzanne, thank you very much for coming and testifying. I was reading your testimony on Section 42[6]. You did give us some suggestions; I'm sorry I couldn't write fast enough, and I don't see it attached to this testimony. Could you submit in writing your suggested language to correct this?

SUZANNE LETSO: Yes, I would be happy to. I'm sorry. It's not on there because we didn't know at the time that we submitted what the issues were for DPH. We found out this morning after they gave testimony.

SENATOR GERRATANA: Now we understand and she said that in the beginning.

SUZANNE LETSO: I would be happy to -- I can write it up and send it to you, certainly.

SENATOR GERRATANA: Thank you so much. Are there any questions for Ms. Letso? No. Thank you very much. Thanks for coming.

SUZANNE LETSO: Thank you for your time.

SENATOR GERRATANA: Next is Ashley Bates followed by Solandy Forte -- For-tay, or Forte.

ASHLEY BATES: Thank you members of the committee for hearing my testimony. Like Suzanne I submitted my written testimony which is also very different from what you're going to hear today, for the same reason. I am -- my name is Ashley Bates; sorry if I didn't say that already. I'm a Senior Behavior Analyst at the Connecticut Center for Child Development. I'm also a Connecticut certified teacher in special education.

As Suzanne stated, we realized the intent of -- of Bill 5537, Section 42[6] is -- is not to expand the Scope of FLP services to include applied behavior analysis, but we do oppose the wording that is -- that's currently in place and would like to see that changed.

If anybody in this room has a relative or acquaintance with autism, you would know that

they have very unique and multidimensional needs and can benefit from services in several different deficit areas. Some of you might also be aware that applied behavior analysis is the cornerstone of behavior reduction and skill acquisition for these individuals. While behavior analysis and FLPs work with the same population for the most part, and do provide measurement and treatment of different skills, some of which, a large amount which includes social skills, we think it is very important not to blur the lines between these two disciplines.

You've received a lot of testimony from different speech pathologists who do agree with our stance that they do not agree with expanding the scope of their services to Applied BA, and as Suzanne stated, this would put them in -- in some ethical dilemma. I actually work with some great FLPs and have over the years that have chosen to pursue an additional certification in Applied Behavioral Analysis, as they realize these disciplines are separate and have different requirements.

Currently the requirements for becoming a board-certified behavior analyst, other than holding a Master's Degree in Applied Behavior Analysis, or a related field such as special ed or psychology, we have to complete 225 classroom hours as well as 1500 supervised field work hours in the science, just as the FLPs have to do in their discipline. We just want to ensure that there will not be any detrimental effects on either of these disciplines and that we will maintain the highest level of care for our clients.

SENATOR GERRATANA: Thank you very much for -- for your testimony. Are there any questions? If not, saved by the bell. Okay. Thank you.

Next is Solandy Forte, or Forte, followed by Missy Olive. Meredith is not testifying; she is no longer on the list.

SOLANDY FORTE: Hello.

SENATOR GERRATANA: Hello; good evening.

SOLANDY FORTE: Good evening. My name is Solandy Forte. I am a board-certified Behavior Analyst in the state of Connecticut.

SENATOR GERRATANA: I'm sorry; you are a board-certified what?

SOLANDY FORTE: I'm a board-certified behavior analyst.

SENATOR GERRATANA: Oh, behavior analyst. Thank you.

SOLANDY FORTE: Yes. And I am also the president of the Connecticut Association for Behavior Analysis.

As you have already heard from Suzanne Letso and Ashley Bates, my testimony, I submitted it I believe a couple of days ago, and it's probably going to be a little different today. Originally I was opposed to the Section 42, Part 6 of H.B. 5537. I believe that that Section, I would ask that the Public Health Committee definitely modify or clarify the language proposed in that section to protect the Scope of Practice for speech and language pathologists, as well board-certified behavior analysts.

As I had mentioned before, I am the president of CTABA, and I just want to let you know that the Connecticut Association for Behavior Analysis is a professional organization that

seeks to assist in the development and advancement of the field of Behavior Analysis within the state of Connecticut through research, education, and dissemination of information. CTABA represents board-certified behavior analysts in Connecticut with a current membership of over 400 persons certified by the Behavior Analysis Certification Board, and is affiliated with various chapters including Association for Behavior Analysis International, and the Association of Professional Behavior Analysts.

I just want to reiterate that ABA (Applied Behavior Analysis) is not -- does not fall within the Scope of Practice of speech and language pathologists. In order for us to become board-certified behavior analysts, we need to complete a graduate training program that includes course work concentrated in applied behavior analysis. Speech and language pathologists are not required to complete any of these classes in ABA. Further, speech and language pathologists do not receive the training or experience requirements related to the provision of ABA services, nor have they passed national examination in behavior analysis.

I again would like to urge that the Public Health Committee modify and clarify the language proposed in Section 42[6] of H.B. 5537.

SENATOR GERRATANA: Thank you, ma'am. So noted.

SOLANDY FORTE: I'm sorry?

SENATOR GERRATANA: So noted.

SOLANDY FORTE: Okay.

SENATOR GERRATANA: We appreciate your testimony.

SOLANDY FORTE: Thank you.

SENATOR GERRATANA: Does anyone have any questions? No. Thank you.

SOLANDY FORTE: Thank you.

SENATOR GERRATANA: Thank you for coming this evening.

Next is Missy Olive, followed by David Brady.

DR. MELISSA OLIVE: Good evening. I appreciate you all staying here to hear what we have to say. I'm Dr. Melissa Olive, and I'm a resident in Woodbridge, Connecticut. I have served as a university professor at the University of Texas at Austin, and I'm adjunct at the University of St. Joseph. I happen to also be a co-chair for the legislative committee for CTABA. It took me a while. I'm a little slow following, and I don't really have anything addition to add. I did not submit written testimony in advance, but in preparation last night before I heard the Commissioner's testimony today, I did put together a little slide show that compares and contrasts the course work that behavior analysts take, regardless of how they get to their certification, and then I compared that to what speech and language pathologists take so that you can see our Scopes of Practice are -- are very different.

There are some people who are -- are dually certified, so they would then have the scope of practice to do both behavior analysis and speech and language pathology, but in those instances those individuals went above and beyond their one program so that they could acquire those skills in the other.

That's all I have to say.

SENATOR GERRATANA: Thank you, and your slide show. Is that going to be available to us perhaps?

DR. MELISSA OLIVE: I have copies if you'd like.

SENATOR GERRATANA: Oh, very good.

DR. MELISSA OLIVE: It's just that it's prefaced with the testimony that I had prepared yesterday that, you know --

SENATOR GERRATANA: I see; I see. So --

DR. MELISSA OLIVE: But it's okay. You can -- you can rip that part.

SENATOR GERRATANA: Well, do you think it would be helpful to us, or --

DR. MELISSA OLIVE: It might be.

SENATOR GERRATANA: It might be? Sure. Okay, thank you. Yes, Francesco maybe you could obtain that from Missy? Thank you.

Okay, yep, let's see: David Brady followed by Liz Nulty.

DR. DAVID BRADY: Hello. Thank you. I know it's been a long day for everyone, so I appreciate the opportunity. Thank you Senator Gerratana, Representative Johnson, and the committee members.

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My name is Dr. David Brady and I'm a naturopathic physician. I'm licensed in Connecticut and Vermont. I live and practice in Trumbull, Connecticut, and also serve as the vice-provost for Health Sciences at UB, and

have previously served as the dean of the College of Naturopathic Medicine.

And I just wanted to take a moment to ask all of the naturopathic students, physicians, patients, and educators in the room to stand up real quick. Thank you. Thank you.

SENATOR GERRATANA: They're on a field trip.

DR. DAVID BRADY: The antiquated licensing law in Connecticut for NDs, with its very limited scope of practice, continues to provide a significant impediment to healthcare consumers in this state seeking a broad range of naturopathic care, and to the university in efficiently meeting the educational mission. We are charged by the Council on Naturopathic Medical Education, which is the federally-recognized programmatic accreditor for naturopathic medical schools, with educating NDs to meet the comprehensive standards and competencies to prepare them to practice in any state including states with modern scopes of practice.

This law also greatly limits the healthcare services we can provide to our community members who visit the UB clinics on campus, and throughout our communities, where collectively we see over 25,000 patients per year, mainly folks from the needy Greater Bridgeport area with no insurance coverage, very little insurance, and no access to care otherwise.

This situation also limits the recruitment of premiere faculty and researchers, and maybe most importantly reduces the opportunities for our graduates within the state, forcing them to relocate. We seek inclusion of the previously-submitted language to H.B. 5537 regarding a modernization of the scope of practice for

naturopathic physicians consistent with our education, and training, and competency, rather than to practice under a definition which is literally 90 years old.

Through the scope process with DPH, which we were directed last year to follow through, which we did, we submitted substantial amounts of data that NDs in states with modern scopes of practice deliver primary care less expensively, with better patient satisfaction, and equal or better outcomes.

I have a little bit more, can I -- can I continue?

SENATOR GERRATANA: Certainly. If you can summarize a little bit. Your testimony is extremely long.

DR. DAVID BRADY: Yeah, you got a longer version. I have a very abbreviated (inaudible).

SENATOR GERRATANA: Oh, I have the longer version?

DR. DAVID BRADY: Yes.

SENATOR GERRATANA: Okay. I'm cursoring down and going I think I'm on page seven or eight now, going to page ten.

DR. DAVID BRADY: No, I'm -- I'm almost done, a half a page.

SENATOR GERRATANA: Oh good. Okay.

DR. DAVID BRADY: The -- the licensed naturopathic physician attends a doctoral-level, four-year naturopathic medical school, and is educated in all of the same basic sciences as an MD, but also studies holistic and lifestyle medicine approaches which emphasize prevention and

upstream medical intervention using all evidence-based tools to include the conservative use of prescription medications when appropriate.

We take rigorous national exams called NPLEX, and our curriculum exceeds 5000 hours over four years with 1400 of those hours in direct clinical training, with significant direct patient management responsibility.

The reality is, we're asking for something that is not new; it's not novel for naturopathic physicians. The experience in other states with prescriptive authority for NDs has shown that they use medications safely, judiciously, perhaps even more conservatively than their medical counterparts.

In the end, what we're asking for is nothing more than fairness and equity as a profession, and to be able to practice to the full extend of our contemporary education and training, and to fully participate in helping address significant challenges of our healthcare system. With the Affordable Care Act, the impending provider shortages, we sincerely hope that the days have passed when politics, self-serving economic turf battles trump logic, data, truth, and freedom of choice in healthcare policy, and I'd love to take any questions you have regarding education, safety, or any other aspects that we provided to the Department of Public Health.

SENATOR GERRATANA: Representative Sayers.

REP. SAYERS: Thank you. Dr. Brady, one of the things, and you touched on it briefly in your testimony, but one of the things that usually comes up when we're talking about scope, is what would be the difference between a

naturopathic physician and an MD in terms of their education?

DR. DAVID BRADY: Well, naturopathic education is organized a bit differently than that of conventional allopathic medical training, especially in the second two years, but it's no less encompassing or rigorous in its way. MDs and DOs complete clerkships in their second, or their -- their third and fourth years, where their role is primarily observational. They don't have direct patient care responsibility. In the third and fourth year of naturopathic training, the -- our students have increasing opportunities for hands-on, direct patient management, and this helps provide them training in the ambulatory care type of environments that are used to, whereas medical students spend a lot more time, including postdoctoral residencies in -- they have to do postdoctoral residencies to gain direct patient management experience, and acquire the skills necessary to practice in more subspecialization that occurs in medicine, and in acute care inpatient facilities.

Residency opportunities, also, it should be added in medicine are funded by Medicare. There are no funded residencies for naturopathic medicine currently. Nonetheless, residency opportunities are available and the naturopathic community, the educational community, is dedicated to creating more. But since the vast majority of what we know classically as medical residency training occurs in hospital and inpatient environments, it's not necessarily appropriate training for the naturopath which is trained as a generalist in ambulatory care, and it's also true that we don't have control of those facilities, and we're not granted access to those residencies.

So it must be emphasized, we're training a little bit differently, but not insufficiently, and our goal is to not really prove that we're trained exactly the same, or even equivalents, but that we're trained, and we're competent for what we're asking. That's the important part.

It's important to note that the -- Harry Chen, which is the Department Health Commissioner, stated that he looked at the training that NDs and MDs go through, and discussed how they treated their patients in their clinics, and essentially they're following the same protocols.

It's interesting to note that the dean of the Stamford School of Medicine, one of the highest-rated medical colleges in the country, Dr. Halsted Holman, at a recent commencement ceremony with medical students, actually apologized to the graduates for not preparing them adequately for over 80 percent of their patients. These are the patients with chronic complex disease.

So in medical education, the experts agree that medical education is failing in certain realms, and that includes the management of the most prevalent, most costly diseases of our time, which are chronic disease, which require lifestyle medical intervention, dietary changes, stress management, in addition to medication. I know this because I spent the entire day today with the Associate Dean of Curriculum Development for Yale Medical School, where they are going to be rolling out an entirely new curriculum in 2015, and they're looking to us to give them the lifestyle and nutritional components in their new curriculum. They understand that there are things missing in modern medical curriculum related to chronic disease, and those things already exist in

naturopathic medical curricula.

REP. SAYERS: And because we don't have the -- the language in this bill, what kind of additions to the scope of practice are you looking at? And we haven't seen the report as yet from the Department of Public Health, and are -- in that scope of practice that you're looking for, does it currently exist in other states?

DR. DAVID BRADY: It does. We've seen the draft report from the Public Health Department, and we provided commentary and any corrections of fact in the last several days. We were expecting it to be out today. It should be out imminently; we are hopeful of that. But within that process, we submitted substantial data on the safety issue, including a 2013 report conducted by the Rockefeller Center at Dartmouth College for the Vermont Office of Professional Regulations. It included multiple surveys of states that had prescriptive authority for naturopathic doctors, and they essentially found no disciplinary actions against the professional licenses of NDs in any of the states related to prescribing, and a survey of the 2010 Jury Verdicts Northwest Database, which looks at all of the Pacific Northwest states which have expansive naturopathic scopes with prescriptive authority through -- from the years 2005 to 2010, showed no cases against naturopaths for prescription negligence, and for that matter, no cases against naturopaths at all.

The NCMIC Insurance Company, the largest malpractice carrier, reported that they never opened a case involving prescription medications with a naturopath. Another large malpractice carrier, the Washington Casualty group reported that their loss experience with NDs serving in primary care roles with

prescriptive authority is five times lower than that of family practice and internal medicine physicians doing the same, and finally the Wood Insurance Group reported that their assigned actuarial malpractice risk premium rate for the ND practicing primary care in these states is 50 percent that of their medical colleagues.

So there -- in the -- in the insurance industry, they go by numbers; they go by data; they -- they go by actuarial data, and the data shows that we do this, we do it well, and we do it safely.

There's also a tremendous amount of data that we supplied on cost savings from these states. Blue Shield of Washington, for instance, did a study and found utilizing NDs as primary care provider cut the cost of chronic and stress-related illness to them by 40 percent; cut the cost of specialty utilization by 30 percent; and that NDs treated seven out of the top ten most expensive medical conditions more cost effectively than their MD colleagues. And Medicaid services delivered in Oregon, in a State study, showed 57.5 percent more cost effectiveness of ND primary care services versus their conventional colleagues.

REP. SAYERS: One last question: You talked about looking for prescriptive authority, and because I know that most naturopaths do not usually treat with -- with all medicines, but more natural types of herbs and things, I'm not sure, when you're asking for prescriptive authority, what you're actually looking for.

DR. DAVID BRADY: Well, we're looking -- when -- you need to consider that naturopaths are trained to be generalists, sort of like the old family doctor, right? Not the subspecialization that we have. We have patients that rely on us as

their primary care providers. We are trained to know when our lifestyle interventions, whether it's dietary intervention, stress management, counseling, physical medicine, the use of botanical medicines, and other things are appropriate, and when there is also a need, particularly in more acute situations, for a prescription.

In the vast majority of the states that have naturopathic licensing laws, this is acknowledged, and the current modern paradigm of naturopathic medicine emphasizes all of the elements that the data shows are required in chronic disease management, but it does not preclude the use of pharmaceutical agents when they're necessary. We just tend to use them more conservatively.

Through the Department scope process, we had long discussions with -- with our members, our colleague members of the medical society talking about what drugs would be appropriate, and which ones may not, and we were in agreement that there were certain agents that would not be appropriate to our types of practices. For instance, we had agreed to carve-outs of oncology medications; anti-psychotic medications, for instance; class I narcotics. There are certain agents that we just wouldn't use in our type of practice, and we're not interested in having prescriptive authority over there -- over those. We just need what we need for nuts and bolts primary care medicine. And in the other states these are being used with impeccable safety records, and we're not inconveniencing patients on having to send them to another provider. Often they can't get a visit for three weeks to a month, and by then they don't even need the prescription any more half the time, and it costs them more money, delays their care, and

it's just not realistic at this point.

REP. SAYERS: Thank you.

REP. JOHNSON: Thank you. Senator Gerratana.

SENATOR GERRATANA: Thank you, Madam Chair. Actually, I wanted to start with your practice defined. It says the practice of naturopathy means the science, art, and practice of healing by natural methods as recognized by the Council of Naturopathic Medical Education, and approved by the State Board of Examiners with the consent of the Commissioner, and shall include counseling, the practice of the mechanical and material sciences of healing as follows: the mechanical sciences such as mechanotherapy, articular manipulation, corrective and orthopedic gymnatics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, and treatment by natural substances and external applications. Natural substances are then defined in Statute.

I must admit, I -- I tried to understand what this is, so I went to the University of Bridgeport's website to see what is taught. And I'm not sure, do you consider that you are a medical school?

DR. DAVID BRADY: We're a naturopathic medical school, yes.

SENATOR GERRATANA: You're a naturopathic medical school.

DR. DAVID BRADY: And I must say, what -- the language you just read is from the -- the State Statute that's 90 years old.

SENATOR GERRATANA: Yes, yes. Right.

DR. DAVID BRADY: And we don't even agree with a lot of the language.

SENATOR GERRATANA: Well, and that's was going -- that was going to be my question to you --

DR. DAVID BRADY: It's -- it's antiquated terminology.

SENATOR GERRATANA: -- do you do any of this anymore? I don't know. I don't know what it is.

DR. DAVID BRADY: I'm not sure. I'm not even sure what therapeutic gymnasia is, but I'm sure if I was around 90 years ago, I would have.

SENATOR GERRATANA: Well corrective -- I don't know.

DR. DAVID BRADY: I guess that's our point.

SENATOR GERRATANA: There you go.

DR. DAVID BRADY: It really is not descriptive of what we do, unfortunately.

SENATOR GERRATANA: You do, however, offer courses such as phytopharmacognosy. What is that?

DR. DAVID BRADY: Pharmacognosy. Yes.

SENATOR GERRATANA: Wild plants? Is that what that is.

DR. DAVID BRADY: No. Pharmacognosy --

SENATOR GERRATANA: Phyto I know is Latin for plant, but --

DR. DAVID BRADY: Pharmacognosy is the study of botanical medicines or plants medicines from the standpoint of their pharmacokinetics,

pharmacodynamics --

SENATOR GERRATANA: (Inaudible.)

DR. DAVID BRADY: -- and their -- their actions in the body. I'm not sure what, you know, if you were at our Divisions of Health Sciences website, I'm not sure which curriculum you were looking into, if it was the College of Naturopathic Medicines curriculum --

SENATOR GERRATANA: Yes, it is.

DR. DAVID BRADY: -- but we have specific courses on pharmacology as well. We have 72 hours or two full courses in base pharmacology. We have any 27 hours in pharmacognosy, so that's 99 hours in pharmacokinetic as pharmacodynamics and the like.

However, it should be noted, and this is what we were doing at Yale with the medical curriculum as well, it's -- medical education has moved away by classes by name, saying okay now you're going to study microbiology; now you're going to study pharmacology; now you're going to study whatever. It just doesn't work that way. It's to silo'd and compartmentalized. So there's an integration across the curriculum with how to clinically integrate these things.

So where a large amount of the pharmacology training in naturopathic medicine school, and our curriculum included, occurs is in our systems courses. For instance, we have 504 contact hours in courses such as cardiology, gastroenterology, endocrinology. Within the context of all of those courses is the appropriate medications, their prescribing, their side effect, and -- and their drug/nutrient interactions. So you -- it's

hard to look at a curriculum listed out, and just try to find how much pharmacology are these students getting by looking for classes named "pharmacology."

We have 72 hours or two courses which is fairly equivalent to, for instance, we -- we submitted correlations between various medical school curricula and naturopathic medical school curricula, and the total hours in dedicated pharmacology training is fairly equivalent. It varies a little by program, but once again the medical students are also getting significant pharmacology training within the context of their systems or organ-specific courses.

SENATOR GERRATANA: Aside from botanics and plant pharmacognosy, there is listed on your website one course in pharmacology which is two credits.

DR. DAVID BRADY: I think you were probably looking at the wrong programs curriculum potentially.

SENATOR GERRATANA: Well, I did go to the School of Naturopathic Medicine. Maybe you can provide me with something different than (excuse me) -- than what's on your website. I'm trying to understand what it is that you do, so I went to see what kind of courses that you offer.

DR. DAVID BRADY: Well, that's puzzling to me because I have the printout from --

SENATOR GERRATANA: I'm happy to give you this.

DR. DAVID BRADY: Okay. I have the printout from our website right here --

SENATOR GERRATANA: What I -- what I could download.

DR. DAVID BRADY: -- and there's Pharmacology I,

which is three credits, and Pharmacology II, which is also three credits, and they add -- they total eight -- over an 18-week semester. That's 72 hours of pharmacology-specific classes.

SENATOR GERRATANA: It's only what I got off the website, so.

DR. DAVID BRADY: Okay. I'd have to look at it to be able to comment.

SENATOR GERRATANA: Maybe it needs to be updated.

DR. DAVID BRADY: No, our website is updated because our accreditors make sure it is.

SENATOR GERRATANA: Oh, well you can look at this if you like.

DR. DAVID BRADY: Okay.

SENATOR GERRATANA: I'm happy to give it to you.

DR. DAVID BRADY: We have six programs, so potentially there is something that -- that glitched when you looked at it.

SENATOR GERRATANA: It just says the College of Naturopathic Medicine Curriculum follows a sequential study of study, and I assumed it was the right one.

DR. DAVID BRADY: Yep. I'd be happy to look at that and clarify it for you.

SENATOR GERRATANA: Sure. Okay. And, yes, because I did notice that there were many courses in homeopathy, also. What is Oriental Medicine?

DR. DAVID BRADY: Naturopaths train in an integrated model of medicine where we need the

naturopathic physician to understand the various disciplines that are out there, and how to counsel patients on -- how to refer patients correctly, and so forth.

Oriental Medicine is basically what is now known as traditional Chinese medicine. It accompanies -- it encompasses something, well for instance, acupuncture is in there.

SENATOR GERRATANA: Acupuncture is (inaudible.)

DR. DAVID BRADY: But it's not only acupuncture. There's traditional Chinese herbology, and -- and different ways that traditional Chinese medicine approaches various health conditions.

SENATOR GERRATANA: Right. Okay, let's see, and do you follow in your curriculum at the University of Bridgeport, do you follow evidence-based science in your studies and your curriculum work?

DR. DAVID BRADY: Of course, yeah.

SENATOR GERRATANA: Okay.

DR. DAVID BRADY: Our program is an evidence-based curriculum.

SENATOR GERRATANA: Now, evidence-based science, of course, talks about immunization. Do you -- do you proselytize, shall we say, immunization. Is that part of what you teach?

DR. DAVID BRADY: Naturopathic students and all CNME-accredited naturopathic medical schools learn immunization schedules. They learn the CDC and Public Health Policy on immunizations and practicing naturopathic physicians are committed to hold up the public health policy of whatever state they're in.

SENATOR GERRATANA: Okay, so you abide by that.

DR. DAVID BRADY: Yes.

SENATOR GERRATANA: Okay, very good. And do you have any surgical training?

DR. DAVID BRADY: I -- not -- I'm not -- me, personally? Or the naturopathic --

SENATOR GERRATANA: Well, I'm sorry. I assume you're representing the University of Bridgeport. I wanted to know if you train your students in surgery.

DR. DAVID BRADY: In minor surgery such as, you know, wound care, abrasion care, removing foreign bodies, basic suturing, things that you would deal with in a primary medical practice, particularly during rural care and things like that, but not as a surgeon per se.

SENATOR GERRATANA: I see. So minor procedures.

DR. DAVID BRADY: Right. That's what we're talking about, with exclusions of, for instance, foreign bodies in the eye and different critical areas that would be immediately referred.

SENATOR GERRATANA: Uh-huh. And if you, as a profession, do you also, for instance, have peer-reviewed journals and articles that are --

DR. DAVID BRADY: Of course, yeah.

SENATOR GERRATANA: -- (inaudible) professions?

DR. DAVID BRADY: The modern naturopathic medical profession follows the same sort of procedures as other contemporary medical professions. We

have peer-reviewed journals that are indexed on Index Medicus and appear on Pub. Med., and yes, it is an evidence-based curriculum. We're not -- we're not boiling teas in a -- in a big cauldron and treating cancer.

SENATOR GERRATANA: It's a scientific evidence-based curriculum.

DR. DAVID BRADY: Yes, absolutely.

SENATOR GERRATANA: Great.

DR. DAVID BRADY: Yes, thank you.

SENATOR GERRATANA: Well, I think that differs from, I don't know, mechanotherapy. I'm not sure what that is.

DR. DAVID BRADY: Yeah, and that's -- that's soft of the point. I mean I don't think anyone in here who practices any profession would care to practice that profession under the definition as it was 90 years ago. We -- we are due for a modernization of our scope, and once again, we're not asking for anything different than is happening in many, many other states, and they're having a wonderful experience.

In fact, you know, a state as close as Vermont has a much more expansive scope, has had prescription authority, a limited prescription authority for quite a long time. The state actually came back to the naturopathic profession giving them more prescriptive authority and more scope of practice so that they can incentivize them to form accountable care organizations, group medical homes, because they've looked at the data. They did a very exhaustive study, and they realized that naturopaths, particularly in chronic, ambulatory care, deliver high-quality health

care which is less expensive and more conservative, and that was very attractive to the State, particularly as they are now responsible for delivering a lot of the health care through the new system.

SENATOR GERRATANA: What prevents a naturopathic physician from participating in a patient-centered medical home? What prevents (inaudible.)

DR. DAVID BRADY: They're -- what I was referring to in Vermont is they're incentivizing --

SENATOR GERRATANA: What kind of -- you're saying -- when you say incentivize, what do you mean by that?

DR. DAVID BRADY: They're encouraging them to.

SENATOR GERRATANA: Oh, the State of Vermont "loves"; there's a bumper sticker.

DR. DAVID BRADY: I guess so.

SENATOR GERRATANA: Vermont "heart" naturopaths. I like that.

DR. DAVID BRADY: It was -- it was part of why they did the study that we're referencing, and part of why they came back to the profession and actually gave them a more expansive scope. The profession didn't ask them.

SENATOR GERRATANA: Good. I know there's about 15 states that have some regulation regarding naturopathic medicine. I did read over all the different states. I know in many of them there's either oversight regarding prescriptive authority, or there are formularies that have been established, and you're right, there are limited medicines if you will --

DR. DAVID BRADY: Right.

SENATOR GERRATANA: -- that naturopathic physicians can prescribe. It's kind of interesting.

DR. DAVID BRADY: And through the scope process, we've discussed a lot of what those might be, and we were very hopeful, and we were very collaborative; we were hopeful that we might come up with a meeting of the minds through that process, and we're still hopeful.

SENATOR GERRATANA: Good.

DR. DAVID BRADY: So we -- we would certainly be willing to engage with the Department of Public Health and even our medical colleagues in -- in trying to establish something that is workable.

SENATOR GERRATANA: Okay, all righty. Are there any other questions? Oh, yeah.

Representative Cook.

REP. COOK: Thank you, Madam Chair. Thank you for your very informative testimony, and since you've answered a lot of the questions that I had, I just have maybe a couple more.

DR. DAVID BRADY: Okay.

REP. COOK: In our northwest region -- our northeast region up here, where -- how many of our states do allow you to have some, if not all, of what you are petitioning for us to give you as far as leeway within your practice.

DR. DAVID BRADY: In the northeast states, it would include Vermont, New Hampshire, and Maine.

REP. COOK: And then I know that Washington State has

embraced this for several years, correct?

DR. DAVID BRADY: Many, many years. Their law has had prescriptive authority -- Rick, you might be able to clarify this -- but for decades. Yeah, states like Washington State, Oregon, Arizona, Utah, Montana, California now, have very broad scopes of practice for naturopathic physicians, and in the Pacific Northwest, in particular, like you mentioned, Washington and Oregon, they probably have the oldest tradition of -- of prescriptive authority for naturopaths. I think in Oregon it goes back to -- Rick, do you know the year? The twenties; it's not anything new.

Connecticut was -- was really a leader in the -- in the northeast as far as licensing the naturopathic profession as a -- as a regulated licensed profession, but it just has not updated it in very, very long.

REP. COOK: And so understanding that we obviously educate and graduate hundreds of students from the University of Bridgeport, how many students actually stay here, and how many are leaving because we have limited their ability to practice?

DR. DAVID BRADY: Basically the students who are attached here, either family reasons, a spouse, or they just are extremely dedicated to going back to their home communities and servicing them, stay. But a very large number of them get on the first plane to one of these other states we're talking about, because it's just not, you know, they didn't spend all of that time training to then really have handcuffs put on them, and not be able to train to their modern competency. So we -- we have a brain drain in this profession in the state of Connecticut. They're training here, but

they're leaving, which is not great for the -- for the healthcare consumer. It's also, quite frankly, not great for the University's program. The same state that licenses and accredits this naturopathic medical program has a scope of practice and a licensing act which makes it very difficult for us to be as competitive as we should be with our peer institutions.

REP. COOK: Thank you for that, and I think that that's a significant component to this conversation. And we're always looking to figure out a way where we can get our young people to stay in the state of which they are educated, and I think that this is a clear indicator of how we're pushing them out. And so I -- I'm looking forward to moving the change. Thank you, doctor.

DR. DAVID BRADY: Thank you.

SENATOR GERRATANA: Thank you. Thank you so much. Any additional questions?

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Good evening now, and thank you for your testimony.

DR. DAVID BRADY: Good evening, doctor.

REP. SRINIVASAN: Good to see you again. Just a couple of questions. I know we've talked about this in the past. Give me your real-life scenarios where a patient walks in into one of your offices.

DR. DAVID BRADY: Okay.

REP. SRINIVASAN: And the clinical diagnosis that you have made or a primary physician would make, or

a family practitioner would make is, let's say urinary tract infection.

DR. DAVID BRADY: Sure.

REP. SRINIVASAN: It's very clear cut; it's obvious that's what it is. In that case, as a naturopath, would you go to what your MD colleagues would do, and treat the urinary tract infection with an antibiotic, or whatever is needed, or since you said you're conservative, and you don't use medications as much, would you still be using alternatives first, and then go to the antibiotic if needed?

DR. DAVID BRADY: That's a -- that's a great question. It's a difficult one, as you know, to answer because it really depends on the clinical scenario, and the specific patient in front of us, and how acute they may be.

Your example of a urinary tract infection is a very good one, because it's a very common condition, particularly in women that come into a primary care provider. If -- if I have a patient who is having, you know, has a low-grade urinary tract infection, that has a history of them chronically, which is often the case, particularly if there is any anatomical issue going on, we might treat that conservatively. Many -- many people in the room may know that plants that have certain sugars like D-mannose block the adhesions of certain of these bacterial organisms from binding to the bladder wall and ureter, and they can -- and they can diurese them out essentially.

So we would use things like D-mannose or cranberry, or other types of things; high-dose vitamin C with a lot of water to basically flush out the urinary tract; but there are

clearly times when the person has a much more acute or fulminate UTI that needs to be treated, because we don't want it to go to a kidney infection, and we don't want complications. And naturopaths are trained on when to pick those battles, so to speak. Many times they would treat the acute infection using an antibiotic, but then follow up with probiotics, use other things to sort of prevent the next infection, particularly if its chronicity is involved.

But in that scenario, the naturopath would be trained on the signs and symptoms, the correct laboratory analysis. They will do the urinalysis, have a culture; the patient has urinary urgency and frequency, and pain on urination; and they would love to be able to just prescribe them the antibiotic that they know is appropriate, but now they have to get them -- tell them you need to go back to your primary care provider. There's a delay in getting there. Many times they can't get in very quickly, and when they do, what's particularly ironic, is often when they go to their primary care doctor's office, they see a physician assistant who prescribes the medication. In my division, which I run at the University of Bridgeport, I also have a physician's assistant program. I know exactly how they're trained. I helped form the program and got it accredited. They train for 28 months. They have good training. I'm -- I'm a proponent of physicians' assistants, but I'm here in front of you to tell you, as a person who oversees a University division with both of those programs, that the naturopathic physician is trained to a much higher level than the physician assistant. They're training four full years post-graduate at the doctoral level, and a resident clinical program in addition to that.

So, NDs are really trained, once again, as general, primary care practitioners, with an emphasis on upstream lifestyle interventions, but we are independent providers. We are not trained to be dependent providers; a PA is, so it makes for shorter training. But it's kind of ironic; we have to send them back to a provider. Often times they see a provider with less training than us to get the -- the therapeutic agent that they could have gotten right in our office. It's really an inconvenience, and it adds a lot of costs to the system. It's very inefficient.

REP. SRINIVASAN: Thank you very much for the very eloquent answer. Just two quick followup questions. One is, s far as I understand at this point in time, without any change at all, a naturopath can order any lab tests, x-rays, whatever he or she feels is appropriate. Just correct me, to make sure that I'm right on that, that he or she feels, and there is no restriction there.

DR. DAVID BRADY: With -- there are some restrictions. For instance, if we wanted to do a diagnostic imaging procedure which required a prescriptive dye or some sort of contrast, we would have to have the medical physician order that, or the radiologist with the radiology center we were using. But generally, yes, we can order the diagnostic tests; we just can't always use the therapeutic agent that's appropriate once we get the answers.

REP. SRINIVASAN: Thank you, and that's what I thought. I just wanted to be sure I was clear on that.

DR. DAVID BRADY: Yes.

REP. SRINIVASAN: And my final question is a takeoff from Representative Sayers as far as the prescriptive authority is concerned.

DR. DAVID BRADY: Yes.

REP. SRINIVASAN: Now, in your request to us as to move forward so you are no longer in the Dark Ages, and you're in 2014 moving forward, your prescriptive authority, what I heard you testify earlier was, that certain drugs, like cancer drugs, and all of that, you're not going to ask for that --

DR. DAVID BRADY: Correct.

REP. SRINIVASAN: -- because (inaudible).

DR. DAVID BRADY: Correct.

REP. SRINIVASAN: But all others, let's say. Are there any other limitations other than that in terms of narcotics being (inaudible)?

DR. DAVID BRADY: Yes. I -- I will let Dr. Liva speak to that, also, because he was also a member of the committee with -- with myself and Dr. Malik with the Public Health Department, and -- and Rick's also a pharmacist, so he -- he can even add more light on this. But we -- we had agreed right away to many -- many carve-outs actually: oncotherapy drugs, anti-psychotic drugs; Class I narcotic agents; abortifacients. Help me, Rick; I'm thinking here: glaucoma drugs, for instance; yeah, general anesthetics. You know, we need nuts and bolts primary care prescriptive authority. We need basic antibiotics; we need anti-inflammatories; we need basic analgesics. You know -- you know, sort of basic stuff; not drugs that are really in the realm of the specialist, but -- but in the realm of the

family practice or the generalist.

REP. SRINIVASAN: Thank you very much. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you, and just to follow up on some of the work that you're doing, and trying to catch up on where you are today with respect to your practice, just -- just going back very quickly, so at one point in time perhaps, medical doctors and naturopaths were just about the same thing. Is that -- is that -- I kind of gleaned that from your testimony, like you know --

DR. DAVID BRADY: I -- I think when you go back about -- you go back to the turn of the 20th century, it was a very different landscape. You had a lot of competitive paradigms in health care or medicine. You know, you had the homeopaths; you had the naturopaths; you had the chiropractors, the osteopaths, the allopaths; and they were all soft of competing for -- for landscape, and then with the advent of what was known at the Flexner Report, and then sort of the maturing of -- of the pharmaceutical industry, things drove in a certain direction, and there were a lot of different pressures that drove it that way: political pressures, economic pressures, but really, it's interesting. It's soft of coming back where I think health care is -- and this is not being driven by the provider; this is being driven by the patient. The patient is demanding collaborative care. They're demanding their providers to actually talk to one another, collaborate, and use best practices from various different perspectives and disciplines, particularly when it comes to chronic ambulatory conditions. And we see that in this term, you know, "integrative medicine." That's what it is, to integrate a lot of these

histories and -- and approaches, and I travel all over the country and indeed all over the world speaking at conferences and symposias, and mainly who I'm speaking to is roomfuls -- rooms full, hundreds and thousands of medical doctors -- I'm training them how to do the approaches we use, because they're starving for this. Their political organizations aren't always starving for it, but they, as practitioners are, because they're on the front lines facing the frustration of these patients with very complex, chronic disorders that the answer is not just to give them a pill in a six-minute office visit.

Naturopaths spend a lot more time with patients. They get to know them. They know their stresses; they know their social situations; they know how much they exercise; they know what they eat. They know a lot of things about them, and it's sort of a throwback in a way, but, you know, the data doesn't lie. The American public -- this is a study, federal study of about five years ago. The American public spends then about 40 billion, with a b, dollars a year in out-of-pocket medical expenses to complementary and alternative medicines providers. That's more than they spend out of pocket to ambulatory care conventional providers. That's staggering. That is the market speaking. They want this kind of care. They want the freedom to access this kind of care, and the -- the modern-trained naturopathic profession brings that type of care to them with the most organized, evidence-based approach that is most akin to what you would see in an allopathic, Western medical approach, just sort of using the best of all -- all worlds. And we're very proud of that tradition.

SENATOR GERRATANA: Thank you so much, and then

finally, continuing education. Are your requirements for continuing education that you follow through on, do they --

DR. DAVID BRADY: We do have requirements for continuing medical education in Connecticut, and we are willing to up them. Some of the states that have prescriptive authority, for instance for naturopathic physicians, require CMEs or continuing medical education, but a certain carve-out of those CMEs annually or biannually have to be in pharmacology, and that's the model we would see happening here in Connecticut as well.

SENATOR GERRATANA: Okay. Any additional questions? Thank you so much for your testimony --

DR. DAVID BRADY: Thank you very much.

SENATOR GERRATANA: -- and your great answers to your questions.

DR. DAVID BRADY: Appreciate it.

SENATOR GERRATANA: The next person on the list is Mary Boudreau. No? No?

A VOICE: (Inaudible.)

SENATOR GERRATANA: Okay. Liz Nulty, and then Rick Liva.

Sorry about that.

ELIZABETH NULTY: Hi, my name is Elizabeth Nulty, and I am a board-certified behavior analyst. I'm also the past president of the Connecticut Association for Behavior Analysis, and I am a behavior analysis consultant to special education programs within the state of Connecticut. And as the four behavior analysts

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who came before me stated that the language was unclear in H.B. 5537, Section 42[6], and I just wanted to reiterate what my colleagues before said, that it's important to not blur the lines between the two scopes of practice between the behavior analysts, and the speech and language pathologists, and that I would urge the committee to change the language to the bill.

SENATOR GERRATANA: Very good. So you have some proposed language.

ELIZABETH NULTY: Absolutely.

SENATOR GERRATANA: Okay. And are there any questions? Okay make sure that -- we'd like to work with you on that. Make sure that we have access to that, and we'll take a look at it.

ELIZABETH NULTY: Absolutely, we can definitely send in something.

SENATOR GERRATANA: Okay. Great. Thank you.

Now Rick Liva, and then Mary Boudreau.

DR. RICK LIVA: Hi.

REP. JOHNSON: Hi, just tell us what your name is for the record.

DR. RICK LIVA: Sure. My name is Rick Liva. I'm a naturopathic physician practicing in Middletown. I'm also the chairperson of the legislative committee for the Connecticut Naturopathic Physician Association.

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Senator Gerratana, Representative Johnson, and the rest of the Public Health Committee members, I come to you today to ask that you support the attachment of bill language for the modernization of the naturopathic scope of

practice, and attach it to House Bill 5537.

As you may remember, I testified before this committee approximately one year ago seeking the same thing, which is support for the modernization of the 90-year-old naturopathic practice set. As you know, we went through the scope process and the report is supposed to come out. I understand it is supposed to be available on Monday.

In essence, the outcome from my perspective of the report will detail the strong opposition of the medical doctors. Their position is this group, us, of providers is not adequately educated or trained to have the level of prescriptive authority that they seek. If granted, it may be a detriment to public safety. I ask that you be open minded and pragmatic. Historically medical doctors have opposed all their competition.

During the committee process we presented evidence that naturopathic doctors have an exceptional safety record using prescriptive authority in other states. The MDs refuted that evidence, saying that it isn't sufficient to demonstrate a strong safety record, or that patients are not at risk, and that this information should not be the sole source for drawing any conclusions regarding health and safety benefits associated with the request for expanded scope.

However, it's extremely important to note that the medical doctors presented no evidence or data whatsoever to refute the safety information that NDs provide -- or provided to validate that patients are at risk or care has deteriorated in other states where naturopathic doctors have prescriptive authority.

David mentioned this thing that happened in Vermont. I ask that you please review the February 2013 Vermont report entitled "Presciptive Authority for Naturopathic Physicians." I submitted this as a part of my testimony so that you have the document. The report is from the Director of the Office of Professional Regulation. The report was to determine if naturopathic physicians receive sufficient academic training in pharmacology and clinical training in using all prescriptive drugs safely. Skip forward to present day. The Governor of Vermont signed the legislation that does allow naturopathic doctors in Vermont to use all prescriptive items. They have to pass a pharmacology review exam, and they have to have some medical doctor oversight for a period of time.

So why do the officials in Vermont trust naturopathic physicians to give them such authority? Because they are convinced that after a thorough examination of the facts, that NDs are sufficiently educated and trained, and they provide desired services to the residents in Vermont in a safe manner.

REP. JOHNSON: Could you please summarize, because the bell rang.

DR. RICK LIVA: Oh, it did. Okay. Well essentially, at the end of the day, I understand that your concern, as the Department of Public Health is concerned, with the safety of the residents of Connecticut. This Act needs to be updated. If not now, when? If not this year, we'll be back next year, and the year after that. And to sort of finish up, we're very much open to compromise and welcome a dialogue between DPH and legislators so that we can settle on a fair and reasonable and safe plan that sufficiently modernizes the law.

REP. JOHNSON: Well thank you so much for that excellent summary, and excellent presentation --

DR. RICK LIVA: Thank you.

REP. JOHNSON: -- and I want to open it up to the committee.

Senator Gerratana.

DR. RICK LIVA: And I read that without my glasses.

SENATOR GERRATANA: Thank you so much for coming today and giving your testimony. And I did read it, and you did attach many of the, well, pieces of information, if you will.

DR. RICK LIVA: I also gave to your administrative person the exact language.

SENATOR GERRATANA: Yes. Yes. Well, you know it's one thing to negotiate with us, and also, you know, of course the Department of Public Health or whatever input, but of course, unfortunately this evening we don't have testimony of those who may -- others that may be involved such as medical doctors --

DR. RICK LIVA: Right.

SENATOR GERRATANA: -- and so forth, so that is missing. I hope that they will submit testimony.

DR. RICK LIVA: It will be in the report, I promise you.

SENATOR GERRATANA: I'm sure it will. And I have one final thing. I did read the Scope of Practice of Naturopathic Physicians, but nowhere in

there do I see treat or diagnose. That's not in your scope of practice.

DR. RICK LIVA: If you look at the language I submitted and --

SENATOR GERRATANA: No, no; I'm talking currently in your practice.

DR. RICK LIVA: Yes, I understand that.

SENATOR GERRATANA: Okay.

DR. RICK LIVA: And that's a missing. It should be there, obviously, and the language that we submitted does have that in there.

SENATOR GERRATANA: Okay. Thank you.

REP. JOHNSON: Thank you. Any additional questions?

Yes, Representative Miller.

REP. MILLER: Thank you, Madam Chair, and thank you for your testimony. Last year you gave us a couple of very simple examples of how this would allow you to be better -- give better assistance to your patients, and could you give us one or two examples. I thought they were very helpful last year.

DR. RICK LIVA: Sure. One of the things that I think extremely important to note, that when people come to us, and they have been to medical doctors and they say, "So I would like to get off of some of my medication; is that possible?" Well, without the prescriptive authority to actually prescribe the medication, from my understanding of law, we're not legally allowed to take them off of it. So we have to do certain double-speaks and semantics to be able to work with someone, and also say it's

important that you let your medical doctor know that this is your wish so that they are informed that you would like to do this.

So I wanted to put that out there because that's one of the things that we find most disturbing. People come; they want to pare down, if possible, depending upon their clinical situation, their medications, and we can't directly do that with ease, okay? So that's one thing that prescriptive authority would afford us.

Other examples, I mean David Brady used the urinary tract infection example. I could give several others, and I will. Over the course of the past three years I've been concerned with many of the men that come in with a certain constellation of symptoms, and I check their testosterone. Their testosterone inevitably ends up being extremely low, below the lab limit, or very close to the lab limit, and they would like a trial of therapy. Well again, I can't treat them. I know how to do it; I know the indications; I know the contraindications, the adverse reactions, and so on. I have to send them back to their medical doctor, either their primary care doctor, or they have to get a referral, or directly go to an endocrinologist. That's not always easy. So just use the same example with someone who comes in with low thyroid symptoms. You do the blood test; you find that the blood test is abnormal. I can't prescribe thyroid for them. They have to do the same thing, go back to their medical doctor, have a dialogue with them, or go see an endocrinologist, and so on.

I could give you a dozen examples of that very thing: women who want to have sort of more dialed-in, low-dose hormone therapy, estrogen progesterone combos; we can't do that. So do

you want more?

Okay, the antibiotic thing is particularly frustrating. I've had Lyme disease ten times in my life; horrible to say, but I have. Fortunately I've recovered each and every time. I have people come in and Lyme disease is not necessarily a diagnosis from a laboratory test. The laboratory tests are generally 50 percent false negatives. So a medical doctor will typically order a cursory Lyme disease test, and if it's negative, all bets are off, you don't have Lyme disease, unless there's a big bullseye rash. But most of the people, or a large number of people don't get a bullseye rash, or don't get a rash at all. I never had a rash. So a trial of treatment would be appropriate. Even before I considered a trial of treatment, I might do other testing that's more robust and may get at the situation in regard to saying there's definitely Lyme disease here, or it's probable that there's Lyme disease here. So that -- and I see that with some regularity.

Again if you're on the cusp of a negative test that a medical doctor has done, and something that I've done that shows the possibility of Lyme disease, if it's not screamingly abnormal, medical doctors don't tend to treat it. I would tend to treat it because frankly I'm afraid of Lyme disease. If it goes chronic it ruins people's lives. So that is something that I often see.

Again in regard to, let's just say blood pressure medication. It's a standard of care that medical doctors can give up to four drugs to basically control someone's blood pressure in the normal range. I frequently get people on two or three, rare four, but after a while, because of the side effects, or they just want

to see if they can pare them down, I would like to be able to help the person do that. So it's not just taking someone off the medication. I have to wean them off slowly so I can see over a period of time how are they doing; is their blood pressure staying in the range that I think is safe, with medications that are dropped at a very slow level. So those are more examples.

REP. MILLER: Thank you. I appreciate it. It really helps us --

DR. RICK LIVA: Certainly. Thank you.

REP. MILLER: -- helps us understand it. Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you. Any additional questions? Thank you for your well-delivered testimony.

Okay, the next person on the list is Mary Boudreau followed by Cane Fercodine.

A VOICE: Neither one is here.

SENATOR GERRATANA: No? Okay, Marsha, and then it's Marsha --

A VOICE: Prengruber.

SENATOR GERRATANA: Yeah, very good. That'll -- I'll -- there's --

A VOICE: Back for a long time.

SENATOR GERRATANA: You -- it's kind of all scrunched in there together, so. Thank you so much. Please state your name for the record.

MARSHA PRENGUBER: My name is Marsha Prenguber, and I

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won't ask you to repeat that, even when it's heard and seen.

I'm a naturopathic physician, and I've recently returned to the state of Connecticut to live and work here as a newly-appointed dean of the College of Naturopathic Medicine at the University of Bridgeport. I have held that office now for nine days.

My training includes a Bachelor of Arts Degree in Education from St. Joseph College here in Connecticut. Oh come on, I just got started. A Master's Degree in Education from Johns Hopkins University, a Master's Degree in Education Administration from California State University, and I received my Naturopathic Medicine degree from the College of Naturopathic Medicine in Oregon. I also completed a residency in naturopathic oncology.

I'm the past president of the Council on Naturopathic Medical Education which Dr. Brady referred to earlier. It's the US Department of Education-recognized programmatic accrediting body for naturopathic schools. That experience provided me with the skills to evaluate the academic and clinical aspects of the naturopathic schools, and evaluate each program against the rigorous standards of the accrediting body. This includes evaluating the academic and clinical training of the use of pharmaceutical, botanical, and nutritional agents, as well as the use of specific medical devices and minor procedures with a focus on patient safety throughout.

My most recent role prior to my appointment at the University was as the Director of Integrative Care at Indiana University Health Goshen Center for Cancer Care, an integrative cancer treatment center. In that role I worked

collaboratively with surgical, medical, and radiation oncologists to address the needs of patients diagnosed with cancer. As is common for patients undergoing treatment for cancer, a significant volume of medications including toxic pharmaceuticals are employed to eradicate the cancer. Safety concerns are ongoing regarding the potential for interactions through the use of many pharmaceuticals, botanical medicines and nutritional supplements. The oncologists rely on the expertise of the naturopathic physicians to assess each of the botanical and nutritional supplements in conjunction with those pharmaceuticals, and make recommendations appropriate to the regimen to support chemotherapy and other medications or radiation.

It's the comprehensive training of naturopathic physicians that provide us with the skills to do that. I'll skip of my other testimony that you -- I don't know if you have before you yet. It was provided earlier today. It's a bit redundant to some of the presentation earlier.

The needs of the population have changed, as has the practice of medicine since the Practice Act for Naturopathic Physicians was developed and implemented in Connecticut so very long ago. Efficacies of treatments and safety concerns regarding polypharmacy -- do I get a little extra time now since it's a re-do?

SENATOR GERRATANA: Certainly, summarize because this is certainly a question of mine. I -- it was answered, but certainly another perspective on --

MARSHA PRENGUBER: Okay.

SENATOR GERRATANA: -- the historical aspects --

MARSHA PRENGUBER: Sure.

SENATOR GERRATANA: -- will certainly help us understand how there was a parting of the ways between the medical doctors and the naturopathic doctors.

MARSHA PRENGUBER: Well, and hopefully a reuniting of some of that work regarding the polypharmacy developed since then. And so our capacity to address those issues requires a variety of skills, therapies, and providers, types of healthcare providers. Naturopathic doctors have the training in the use of botanical, nutritional, and pharmaceutical medications that can provide safe healthcare approaches to support their patients, to restore and maintain health. We're constantly looking at those issues regarding chronic health. Because we have the training in each of those areas, it enables us to do the evaluation necessary.

I think that some of the parting left behind for medical doctors some of those lifestyle, and nutritional and botanical approaches that we are have -- are able -- we are trained and able to use, as well as the pharmaceuticals, so I think a joining of all of those pieces makes us uniquely qualified.

SENATOR GERRATANA: So with respect to the resources you're using in certain types of homeopathy in your practices, the materials for that aspect of your practice -- where are you getting those materials from? The homeopathy materials?

MARSHA PRENGUBER: Well it's actually a pretty long history with the use of homeopathy. There have been more research trials that have been done in recent years to evaluate them. For example, there's a relatively well-known trial that was

done in Nicaragua with the use of homeopathy, with standards of care versus just standard of care, in children with diarrhea, ongoing diarrhea. And they found that, in fact, the homeopathy was what made the difference. And so we use those bases of information, trials that are done around, to help in the teaching of the use of that. Does that answer your question?

SENATOR GERRATANA: It's -- it's a start certainly. Thank you. Any questions?

Okay, well thank you so much --

MARSHA PRENGUBER: Thank you.

SENATOR GERRATANA: -- for your testimony. We very much appreciate it.

Rhonda Boisvert and then Peter MacKay.

RHONDA BOISVERT: Is this on?

SENATOR GERRATANA: Welcome, and please state your name for the record.

RHONDA BOISVERT: Hi there. Okay. Yes, Senator Gerratana, Representative Johnson, and members of the Public Health Committee, my name is Rhonda Boisvert. I own Pleasant View Manor and Shailerville Manor, and I'm the president of the Connecticut Association of Residential Care Homes.

I am here today to testify against Section 15 of House Bill 5537. This section of the bill would require residential care homes to take burdensome and unnecessary steps in writing a resident discharge plan, and perform tasks that homes are not equipped to provide or have ever done.

To let you know, our homes are comfortable and homelike. They do not look sterile, and they do not resemble nursing homes or medical facilities. We are community based. Our staff is small. We are family. The staff works hard by cooking, cleaning, and arranging medical appointments for our residents. They provide emotional support if needed. An employee must be kind and understanding to our residents, and they need to act quickly in an emergency.

Section 15 of House Bill 5537 would require residential care homes to take additional steps in writing a resident's discharge plan to an already burdensome Statute that is inappropriate and not realistic. There is no reason for a home to evict or discharge a resident unless the resident has broken house rules, has become psychiatrically or medically unstable, or doesn't pay their rent.

Of course, if a resident is requesting a discharge, the situation is changed, and finding placement elsewhere is usually not difficult. When the discharge becomes an eviction to the resident, the facility hires representation and this can take several months along with increased costs to the facility. At the same time the house has to deal with someone who is causing disruption to residents and staff. Often we have to utilize the police, ambulance services, and emergency rooms.

I just want to give you a little scenario of what we went through over the holidays in out Shailerville Home in Haddam, Connecticut. What would you think of a resident who is on oxygen, drunk, and smoking in his room? The resident refuses all medical care that is offered. The police come the first two times that they are

called, but on the third call we are told "We are not your babysitters."

Other residents called their local ombudsman to complain of the house being unsafe. The ombudsman only speaks to the residents and once to the administrator by phone, but never comes to visit to see for themselves what the state of the house is. Mobile Crisis is called as another one of our resources. We are told that the resident has a behavior problem, and there is nothing that they can do to help us. We called the oxygen company to inform them that the oxygen is not being used properly and is endangering everyone in the home. They don't come out to assess the situation.

We have made doctor appointments for the resident, but he refuses to go. The Resident State Trooper is not happy that he has to use valuable community resources to sent to Shailerville Manor. He visits with the Town Selectwoman to voice his concern. We call DPH and make an appointment to complain of our experience and lack of resources.

I urge you to remove Section 15 from House Bill 5537. This section would only create new costs and burden to our industry and require an already inappropriate amount of work in a discharge plan that doesn't work for residents, staff, and administrators of residential care homes.

And I do want to let you know that this is just not a once, you know once in a while problem, it's a problem that occurs pretty much on a regular basis. I think you can talk to any homeowner, and that one time or another that they've had a situation like this.

REP. JOHNSON: Thank you for coming out, and I

really appreciate your testimony.

And Representative Sayers has a question.

REP. SAYERS: Hi, how are you. Who would write those discharge plans in your home?

RHONDA BOISVERT: The discharge plans are -- would be, I mean in the new Statutes, I guess they want all this information from doctors and psychiatrists, but now we write them. And we have kind of like a form letter that we go by, and the -- the resident is given ten days to appeal, and a letter gets sent to DPH, and then the resident gets ten days to appeal, and then it starts from there.

REP. SAYERS: One of my concerns is they're talking about discharge planning, and yet the only requirement for staffing is that they be 18 years of age, and it doesn't require them to have any training, so I'm wondering who would have that ability to plan the discharge and write that type of a discharge plan.

RHONDA BOISVERT: That's what we're asking; that's why we're saying that this is not realistic. I mean the plan that's in place now is -- it's inappropriate. We don't have resources to help us, and so they're adding more, and it's going to be very cumbersome to the residential care home.

REP. SAYERS: Right, and I know when I worked at the Department, I received many calls from homes with those type of problems that you read in your testimony here tonight, asking for help and what they were going to do moving forward because it was difficult. And yet the other side of the coin is I've seen the Department go in and tell them that they need to discharge someone because they no longer are appropriate

for that level of care, but they don't have the means to discharge them, so. Thank you for your testimony. I know this is really difficult, and I think that we need to provide more help with these homes and discharging residents when they're no longer appropriate for the level of care, so. Thank you for your testimony.

RHONDA BOISVERT: Thank you. I really appreciate hearing that and thank you very much.

REP. JOHNSON: Are there any other questions? I have a couple of questions, just in terms of your -- your certification for your level of care. I presume this is a rest home level of care?

RHONDA BOISVERT: I'm sorry. I didn't hear.

REP. JOHNSON: What is the level of care that you -- that you're -- at your facility?

RHONDA BOISVERT: For the people that --

REP. JOHNSON: It's a rest home, correct?

RHONDA BOISVERT: Okay, yes. It's a rest home/licensed boarding home.

REP. JOHNSON: Correct.

RHONDA BOISVERT: I do -- I do have to say that more and more. We are getting --

REP. SAYERS: It's a residential care home, not rest home, because there's a rest home with nursing supervision which is a different level of care.

REP. JOHNSON: Ok, so you're a residential care facility? Thank you.

REP. SAYERS: Residential care home or homes for the aged.

REP. JOHNSON: Thank you. Thank you, Representative Sayers. Thank you.

RHONDA BOISVERT: Yes. We do not have licensed help in the home.

REP. JOHNSON: Okay.

RHONDA BOISVERT: Well actually, I mean we, ourselves, don't hire licensed help, but there are visiting nurses that come to the home.

REP. JOHNSON: I understand. I was -- I was just trying to place exactly what type of a certification you had there. It's a residential care facility, so I understand that you have visiting nurses coming to your home.

RHONDA BOISVERT: And they are instrumental in helping us, but you know, it's just -- it's a whole long, long process. This situation here took place over Thanksgiving and Christmas, and just was a very horrible situation for the residents and staff.

REP. JOHNSON: You're a private residential care facility, or are you a publicly-run one?

RHONDA BOISVERT: Well we're all affiliated with the State of Connecticut, but we're private, yes.

REP. JOHNSON: And -- and in terms of the ownership of the residential home that you have, is that owned by you?

RHONDA BOISVERT: Yes.

REP. JOHNSON: Yes. And so when you went to create the certification and become a residential

home, were you -- did you have backup help that you could seek assistance from if you ran into difficulty with your residents?

RHONDA BOISVERT: Well I -- I mean just knowing the community, I know, you know, what -- what's available to us, but it just seems like more and more, you know, that it's -- we're getting less and less help from -- from people that we were able to turn to in the community before, other agencies, and it's becoming, you know, less help. A little trip to the emergency room might be, you know, sending someone who is very disruptive, and they go to the emergency room and they're back in two hours because when they went down there they were okay, and they were appropriate, so they sent them back. We run into that quite often. We run into the calling for the Crisis Center to come out, and many times they will talk to just the resident over the phone, and not come to visit. We have to get very persistent with them to come down and see the residents if we're having a hard time.

REP. JOHNSON: So in terms of a discharge plan, or somehow an eviction, what do you -- do you evict the people who are not appropriate for the setting?

RHONDA BOISVERT: Yeah.

REP. JOHNSON: Or do you -- how do they get -- and where do they go from there? How do you make -- figure out a placement for them when they move from a residential home to a residential care facility to some other -- other place?

RHONDA BOISVERT: In this -- in this case here with this gentleman who came to us with a year of not having any problems with alcohol, the day he walked into our facility it went downhill, you know. He started drinking right away, and

-- and he was disruptive. He wouldn't let us help him, and so I -- I have to say, and this doesn't make me feel good, but he got discharged on the whim of a State Trooper who came and had a talk with him and just told him, you now need to leave, you know, this community; you need to go, and so I'm going to come back in two days at 8 o'clock in the morning, and I'm going to meet you to make sure that you're leaving, and I want to hear of the place were you're going.

So that did happen. He did say that he was going to his mother's house. I don't know if that happened or not, but he was escorted off the grounds.

REP. JOHNSON: So in terms of your -- where did you get the placement from? Does an agency place --

RHONDA BOISVERT: The placement actually came from a rehab center where he was rehab'ing for breathing problems, and actually came from a nurse who came to our facility every week as -- as one of the visiting nurses, and she had gone to work for this agency where they were placing people, and just told us that he would really be a good fit for our place.

REP. JOHNSON: How many people in your place?

RHONDA BOISVERT: Fifteen in that home.

REP. JOHNSON: Fifteen? Okay. And in terms of the patient mix, do you try to balance certain -- certain issues a patient might have against maybe other -- other situations that patients might find themselves in? Is there a way that you're trying to -- trying to have a particular type of residential care facility? Or how do you deal with your patient mixes so that

they're compatible?

RHONDA BOISVERT: We have a tool that we use that we -- that we use to get information, and -- and talk to the people that are -- are trying to send them to us and -- and basically what we want to know is we strive to get the truth of what -- what the resident's situation is, so that we -- not so that we can say no, you can't come here, but so that we can say we want to be able to know if we can deal with this person when things are not going right, okay? And -- and that's -- that's basically how we do it, and we thought that we had this covered with this guy, and we didn't.

REP. JOHNSON: So what is so difficult about the discharge plan?

RHONDA BOISVERT: It's find a place for him to go, and -- and no one wants him. I mean quite honestly, if I call another rest home and say I have this guy that I want, you know, to know -- I want to know if you have a bed available to him, so, their antennas go up like this, you know, like really, okay, what's the problem? Why would you be sending us someone?

So -- so right there that's not a good option. I think this guy did need more help. He needed help with going to an alcohol rehab, but he absolutely refused. He refused everything that we tried to do for him, and doctors' appointments, you know, and to the point where the doctor said don't call and make any more appointments because, you know, he just won't show up.

REP. JOHNSON: Very good. Well thank you so much for your testimony.

Yeah, Representative Tercyak, yes, thank you.

REP. TERCYAK: Hi.

RHONDA BOISVERT: Oh, hi there. I didn't recognize you. Hi.

REP. TERCYAK: I look different and older now than when we worked together. You look just the same.

Part of this has requirements for discharge planning, name of doctors, and things. Do you do use a W10 when someone transfers from your place to someplace else?

RHONDA BOISVERT: We do use one when we transfer to the emergency department. Yeah.

REP. TERCYAK: Uh-huh. Okay.

RHONDA BOISVERT: And we don't sign under the doctor's signature, we find --

REP. TERCYAK: Right, but that would be a place where you are already listing all the patient's meds, and who their doctors are.

RHONDA BOISVERT: Yes. Yes.

REP. TERCYAK: It's not like there's not a form that exists. This would just require a new form.

RHONDA BOISVERT: Right. If somebody's going to the emergency room we actually just make a -- a copy of their Kardex with the medications on it.

REP. TERCYAK: Back when we used to work together (some of us call it the good old days), you used to be on an assertive team, and would go out to places --

RHONDA BOISVERT: Right.

REP. TERCYAK: -- like this and pick up troublesome residents and bring them back to a respite unit. Does the State no longer provide services like that?

RHONDA BOISVERT: They no longer provide enough respite unit beds. I mean in Middletown at River Valley Services that would serve as that home, has seven respite beds. And -- and seven respite beds, and how -- I think you're supposed to stay there for like a week or something, they have residents that have been there for a year because they don't have placement for them.

REP. TERCYAK: Thank you very much. Thanks for all the good work you do.

RHONDA BOISVERT: Thank you.

REP. JOHNSON: Yes, Representative Sayers.

REP. SAYERS: Actually I don't have a question, but if I might ad, the residential care home is a licensure level of care. The staffing requirements for this level of care is one staff member per 25 residents. Obviously, if I care for even 15 residents, that's impossible and you can't do that. It is -- most of our homes either have elderly or they have chronically mentally ill patients, and a good many of them have chronically mentally ill, and so most of them are -- are receiving their health from Medicaid. They're on Medicaid. The payment source is through the State, but it's from Aging, and so, you know, it's not -- it's not like they're all private pay. And I -- you know, just because most people aren't familiar with this level of care, I like to say it's somewhat like assisted living, except at

assisted living everything is ala carte, and in our residential care homes, your room and board pays for everything, all your -- all your services. I know Representative Srinivasan you have Gilead House in your district, and they have -- they have all chronically mentally ill there. Thank you.

REP. JOHNSON: Well thank you for that, Representative Sayers and Representative Tercyak. I much appreciate it. I have a place in my district called the Card Home, but most of the people are not mentally ill; they're seniors who are needing help of their activities of daily living. So it seems to me that we should maybe look at the -- if people have that designation as needing behavioral health services that perhaps we need to take a look at --

REP. SAYERS: Yeah.

REP. JOHNSON: -- making sure additional services are there for them. But it sounds like this -- this client -- patient that -- that Ms. Bonnabavet had is -- is something that he must have had kind of a psychiatric condition that warranted more care than just having a place to live.

REP. SAYERS: Also probably -- I don't if it's your District or the next one over, but Lyons Manor is.

REP. JOHNSON: Yes. Yes, that's not my District.

REP. SAYERS: And that's -- they have psychiatric there, more than elderly, but Card Home, I've been there. They're all elderly.

REP. JOHNSON: It's in Wilmington.

REP. JOHNSON: But thank you so much for your testimony and enlightening us about this situation, and pointing out the difficulties, and we will like to work with you on this, and try to move forward so that we can reconcile what the Department of Public Health is trying to do with what you need to do, and make sure that we provide appropriate care for people who are in these circumstances. So thank you very much for your time and testimony.

RHONDA BOISVERT: Thank you. Thank you for hearing me.

REP. JOHNSON: The next person on the list is Peter MacKay followed by Kimberly Sanders.

Welcome, and please state your name for the record.

PETER MACKAY: My name is Peter MacKay. I'm from the Roseland in Brooklyn, Connecticut. We're a residential care home. Senator Gerratana, Representative Johnson, members of the Public Health Committee, my name again is Peter C. MacKay. I'm the owner/administrator of the Roseland. It's a residential care home in Brooklyn, Connecticut. I'm also the treasurer of CARCH which is the Connecticut Association of Residential Care Homes.

I'm here to testify in opposition of Section 15 of House Bill 5537. This bill would require us to write a discharge plan explaining the resident's social or emotional requirements, and makes decisions as to what type of facility a resident is appropriate for. These duties are the responsibility of the resident's case worker, doctor, counselor, or therapist, all of which are trained professionals, and none of which have a job description that are within the realm of our abilities. We do not have any

of these professionals on our staff, and the State is very clear about us not being able to do so to help keep the cost associated with our facilities down.

Our responsibility is to provide a clean, safe environment of room and board with general housekeeping and meals included. We do not have the training or expertise in psychological analysis. It would be totally inappropriate for a resident's landlord or housekeeper to make -- to be making decisions on his or her mental or psychological status. This, in essence, is what Section 15 of House Bill 5537 is asking us to do.

We currently do, however, provide a list of area housing and assist the residents in filling our applications when needed. We also make the residents' medications lists and other pertinent medical information available upon the resident signing the appropriate release. We already are assisting the resident when they wish to move to a different facility or geological area. This additional discharge plan is not appropriate for facilities at our level of care. We are not medical facilities.

REP. JOHNSON: Thank you so much for that. So you're not medical facilities, but nevertheless you're -- you are facilities that -- you do have from time to time people who do have psychiatric disabilities --

PETER MACKAY: Yes.

REP. JOHNSON: -- or some type of behavioral issue.

PETER MACKAY: The majority of people at the Roseland are either -- well I have a couple that are traumatic brain injury; two -- two are bipolar; and the rest are schizophrenic. We have 16

residents.

REP. JOHNSON: And in terms of -- not -- when these conditions are all controlled and people are getting the kind of treatment that they need, I'm sure that there's not a problem, but --

PETER MACKAY: Correct.

REP. JOHNSON: -- when there -- when there are some issues or changes in circumstances that might create a difficulty, how do you -- how do you address that?

PETER MACKAY: Well the people -- our clientele for the most part, as you -- as you said, are usually pretty stable, and the medications keep them that way. The problem is is over a period of time, six months to a year, everybody's different, their bodies adjust to the medications that they're on, and they don't -- they don't respond as well as they were. Being the fact that we give them supervision, and we're there -- we're with them 24/7. We're staffed 24 hours per day, seven days a week; there's always somebody available. We start to see these people degrade. We start to see them having trouble, throwing away their belongings, acting inappropriately, saying inappropriate things. If -- if caught soon enough, you can suggest a person, for the most part, to go -- it's time to go on a vacation, you know, and we -- we don't like -- they don't like to go to the psych ward. The psych ward is a bad place. So they don't go to the psych ward; they go on vacation. You know, it's time for you to take a break, you know, and maybe you just go take a break for a couple of weeks, see what they can do, maybe get things adjusted, then come back and we go again.

And -- and by having that constant supervision

that -- that usually works. When they're out in the community there's no one to see that supervision. There's no one to make sure they take their meds. They feel fine so they feel no reason to take their meds, and then they start to degrade and then they get to a point where they can't take their meds because they can't make the conscious decision to do that, and that's where we end up with emergency room visits, police visits, the whole nine yards.

REP. JOHNSON: Do you also have conservators for some of your clients?

PETER MACKAY: I have conservators for a handful. I have pays for -- for quite a few. I've pushed for the longest time. Anybody who's living in our facility, there's a reason why they're living in our facility, and if they are, I think they all should be conserved, because they're there because they cannot take care of themselves.

REP. JOHNSON: And what about -- do -- is there any time you need an order from a Probate Judge to have a person have the vacation?

PETER MACKAY: Oh, yeah, yeah. And also, the first time they don't pay their rent and they spend their money on other things, I give them -- they get a break that one time, and you know, now next month you're going to pay your rent, and you're going to pay a little bit toward your back rent. You miss your payment plan, I file a petition with the Probate Judge for a Pay. You know, we're running a business and -- and I understand that the person has rights, a person has rights to make their own decisions; a person has the rights to do their own -- but they also have a responsibility that comes with those rights. They have to be responsible. They have to not -- their individual rights --

I draw a line when their individual rights start impeding other people the ability to enjoy their rights. So when they're violent, or they're -- showering was a big thing. You know, we're told by the Department of Health we cannot make them shower. Well when you get a person who's 45 years old, who soils himself and refuses to shower, and "you can't make me shower," there's an issue, okay? And now it's time that it has to go to a different level, okay?

The same thing with the Department of Health. They're asking us to write a discharge plan, and in this discharge plan they want us to do -- tell in the plan what this person's psychological level is; what they're capable is; what their social skills are. That's not my job. I don't have those expertise. I'm not a psychiatrist or counselor or any of that. I'm a landlord, you know.

REP. JOHNSON: Exactly. So, so can you -- so with a visiting nurses association coming in perhaps in those circumstances -- do they come in for patients who have these behavioral issues? Would they be able to do the W10 like Representative Tercyak had suggested?

PETER MACKAY: The W10 would go -- would have to be filled out by a doctor, and usually the only time we do that is if we're -- if someone is moving from our facility to a nursing home, we get an order from a doctor with a W10 to -- to -- for the nursing home to take that person in. Or if we're sending the person to a hospital, we'll send their med list with them.

As far as visiting nurses come in, we are med certified. Visiting nurses come in only for residents who need injections. So if they're diabetic, and they need insulin or whatever,

then that's fine. But as far as a regular medical disbursement, their regular meds every day, twice per day, we do that at the facility.

REP. JOHNSON: Yep. Okay. So that's very interesting. Did you -- I guess that's all the questions I have. Does anybody else have any questions?

PETER MACKAY: As -- as far as admissions we do, is in my application, they're required to list their medications and I go to the visiting nurse with a list of medications, and I say look, this is what this guy's taking every day; what's going on with him? Because they can look at the meds, and they can say, you know, this guy's got some serious problems or whatever. And that's pretty much the screening that we can do, and that's all we can do. You know, and other than that, like Rhonda said, you take the word of whoever the person is that's giving them to you.

REP. JOHNSON: I guess my concern is -- is that without some kind of plan, or trying to evict somebody that's going to end up in a homeless shelter when they're already fairly behaviorally dysfunctional, and that's -- that's I guess a concern of mine without having more of a connection with other -- other agencies like Visiting Nurses Association, without doing the work with the emergency room, and the -- and perhaps the Probate Judge.

PETER MACKAY: I can appreciate that, but the reality is is that we're -- we're a small community of 16 people, and in that you have your private room, and you have your private bathroom, but you share the living room; you share -- you share the dining room; you share the -- the front porch, all these, you know, you're living in a community. And in part of that community,

you have a responsibility to your other people in your community. If you're going to be totally disruptive, you're going to be abusive, you're going to be using -- smoking cigarettes in your room. I've had a -- I had a woman come in continually smoking her room. She caught -- she put her coat in her closet and caught the closet on fire.

I have a responsibility to the other 15 people.

REP. JOHNSON: I understand that completely, and I really appreciate the detail that you gave me in your testimony; it's very much appreciated. Are there any other questions? Thank you so much.

PETER MACKAY: Thank you.

REP. JOHNSON: The next person is Kimberly Sanders followed by Rachel Vincent.

Welcome, and state your name for the record, please.

KIMBERLY SANDERS: My name is Kimberly Sanders, and I am a naturopathic physician. I am a naturopathic resident physician at the University of Bridgeport College of Naturopathic Medicine, and I am here tonight to read the testimony of Dr. David Katz, who is a medical doctor and Master of Public Health.

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Dr. Katz founded the Integrative Medicine Center at Griffin Hospital in Derby, Connecticut in 2000, and directs the center to this day working side by side with naturopathic physicians in direct patient care. In that context, he has participated in the postgraduate training of naturopathic physicians in evidence-based, integrative care for over a decade. This is his testimony.

Dear Legislators: I have worked extensively and closely with naturopathic physicians in every context relevant to the advancement of medicine, direct patient care, teaching, and research.

Naturopathic physicians are rigorously trained, completing a four-year program of postgraduate education just like their allopathic counterparts. The basic science curricula are identical, and training then diverges. Allopathic trainees are more intensively trained in hospital-based and acute care settings with a predominant emphasis on drugs and surgery, whereas naturopathic training is focused more particularly on ambulatory care and a range of treatment modalities encompassing pharmacotherapy, neutriceuticals, mind/body medicine and hands-on treatment methods.

These approaches to training are overlapping and complementary. Because of the similarities, allopathic and naturopathic can and should interact as efficiently and constructively as all physicians do in the collaborative process of patient care.

Because of the differences, naturopathic physicians can often meet the needs of patients when allopathic physicians cannot. They are particularly adept at meeting the needs of complex patients, providing holistic care plans, finding alternatives to pharmacotherapy when such approaches are poorly tolerated and addressing chronic symptoms when diagnostic clarity is elusive.

Of course the acumen and proficiency of naturopathic physicians varies as widely as that of the allopath. No level of training is

a substitute for personal attitude and aptitude. In general, naturopathic training produces professionals ideally suited to meet the primary care needs of Connecticut residents. The overall quality of medical practice in our state, and the satisfaction of patients here will be advanced by offering naturopathy as a primary care choice. This should occur in a context of collaboration so that professionals in both disciplines can and do call on one another for assistance whenever warranted, just as generalists routinely call on their specialized colleagues now.

In my firsthand experience, naturopaths are devoted, knowledgeable clinicians; they are well versed both in what they know and in what they don't, perhaps the cardinal requirement in all clinicians. They have a good working knowledge of pharmacotherapy and suitable alternatives, offer a wide array of safe and effective treatments, and understand when and why to call for consultation. Working with naturopaths for the past 15 years, I have been impressed by their professionalism, inspired by their dedication, and enlightened by their important insights.

In summary, there is a need for more primary care providers in Connecticut, and in my opinion, based on years of firsthand knowledge, I submit that naturopathic physicians are ideally suited to play this role and offer this service.

With my respect and sincere thanks, David Katz, MD, MPH.

REP. JOHNSON: Very good. Thank you so much for that.

Senator Gerratana has a question.

SENATOR GERRATANA: Thank you. Kimberly, welcome. Where did you do your undergraduate work?

KIMBERLY SANDERS: So I went to undergraduate at Fordham University in the Bronx.

SENATOR GERRATANA: In the Bronx?

KIMBERLY SANDERS: I'm from Long Island.

SENATOR GERRATANA: And what did you major in there?

KIMBERLY SANDERS: I was pre-med. I majored in biology.

SENATOR GERRATANA: And you did, yeah, that's great. And I have a question: Do you do like a clinical rotation in hospital settings? Do you do an internship or residency, or something along that line?

KIMBERLY SANDERS: Do you mean as a resident, or in my doctorate training?

SENATOR GERRATANA: What -- what do you do in the hospital setting?

KIMBERLY SANDERS: Well right -- when I did my doctorate at the University of Bridgeport, we don't do any hospital rotations. It's just not conducive to our training as a generalist, and now at the residency level, I am required to do rotations with medical doctors as part of my residency training.

SENATOR GERRATANA: So you're a resident?

KIMBERLY SANDERS: I am currently a resident at the University of Bridgeport. So I did graduate last year.

SENATOR GERRATANA: Oh, you graduated. So you're doing post -- postgraduate?

KIMBERLY SANDERS: Correct.

SENATOR GERRATANA: Okay. Would you say that the four years that you do -- well, no, I answered that question. Okay. Thank you very much.

KIMBERLY SANDERS: Okay.

REP. JOHNSON: Thank you. Any additional questions? Thank you so much for your patience in being here all this time. I really appreciate your testimony.

Rachel Vincent, and then Anton Alder.

Welcome, and please state your name for the record.

RACHEL VINCENT: My name is Rachel Vincent and I reside in Hamden, Connecticut. I thought I was the last, so I'm glad not to be the last.

Freedom of choice is an important element of American life. This freedom is especially important when it pertains to the health of our society. Connecticut has lagged behind other progressive states by limiting that choice in health care, and I feel it is time for a change.

As a long-time patient of a naturopathic physician, I would value the opportunity to integrate a broader approach and additional treatments into my overall healing. Although I consider my naturopath to be my primary care physician, there are still basic elements of care for which I have to source treatment elsewhere. This not only leads to inconvenience and additional expense, but

challenges to a comprehensive treatment plan. These challenges include integrating treatments from different providers, additional monetary outlay, and added time constraints for multiple provider visits which is worsened by the frustration and finding integrative and collaborative partners.

Along with freedom of choice, it's also important to me that I visit with a healthcare professional who provides a comprehensive and wellness model of health care. As opposed to merely receiving acute care, my experience with my naturopath over the years has been to combine treatments for diet, stress, exercise, and overall wellness. This has led to a substantial decrease in acute illness and symptoms, and an increase in my quality of life.

My wish is that other patients have opportunity to experience such positive treatment outcomes with the challenge -- without the challenges associated with it. Personally I would appreciate being able to receive a much broader scope of treatment directly from my naturopathic doctor. This would include the ability to receive necessary prescription medications, medical devices, nutrients by injection, in-office procedures, and other similar treatment options. These treatments all lie within the scope and education of today's naturopath, but for which I currently have to visit another physician.

My hope as a patient would be to exercise freedom of choice, and choose the healthcare provider with which I am most comfortable.

I appreciate your consideration.

REP. JOHNSON: Thank you so much for your well-

delivered testimony. It's very much appreciated. Are there any questions? Thank you so much for waiting so long.

RACHEL VINCENT: Thank you for your time.

REP. JOHNSON: I apologize for skipping over Gene Ferodine, and is Gene still here? I know, and don't worry, Anton, I'll get to you. I'm so sorry, Anton Alder, I know; he's on the edge of his seat.

Thank you, and welcome, and I'm sorry; I thought I might have -- maybe you were out of the room. I thought I read your name, but maybe I didn't. I'm sorry.

GENE FERCODINI: My name is Gene Fercodini. Good evening, Senator Gerratana and Representative Johnson. I am the past president of the Connecticut Association of Realtors. The Connecticut Association of Realtors would like to submit testimony in opposition of H.B. 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

The Act is designed to implement the Department of Public Health's recommendations concerning various revisions to the Public Health Statutes. The Connecticut Realtors has an objection to Section 30 of the Act. This section requires reporting on a monthly basis all air and radon in water reports to the Commissioner of Public Health by companies that provide for radon testing. The Connecticut Realtors are in favor of safe homes for the citizens of Connecticut, but we do not understand the rationale for this section.

The proposal requests a collection of data to be deposited with the Department of Public

Health, but it does not specify the use of this data. The Connecticut Realtors believe this bill would stigmatize properties as having high radon counts when radon mitigation can easily be provided for. This action could result in a property not being as marketable due to its inclusion on said report.

The Connecticut Realtors also believes this proposal would add a large burden of administrative costs onto both testing companies and the regulatory body. These costs would in turn be passed on to the home-buying consumer and Connecticut tax payers.

To conclude, the Connecticut Realtors oppose this Section as we believe it to be an excessive reporting requirement, does not add to the protection of the home buyer as it will unnecessarily increase the cost of all involved.

Connecticut Realtors represent over 15,000 members involved in all aspects of real estate in Connecticut. For this reason, the Connecticut Realtors ask that you oppose this Section of the proposal. Thank you for your attention to this important matter.

REP. JOHNSON: Thank you so much for taking the time and spending all day with us today. I really appreciate it. I -- I'm just wondering, is there a way to disclose knowledge of radon that's already known? Would you recommend something of that nature, because if you know about -- isn't there a disclosure form on the -- when you go to sell a property, you have to disclose what you know, so how would this be more onerous than that?

GENE FERCODINI: Well what's going to happen is radon is not found -- there's a level of radon in

every house in Connecticut to some extent. What's going to happen is if this is reported to the -- to the Department of Health, it may stigmatize a neighborhood where one house maybe has radon, but when someone's going to go look at that property, and they call the Department of Health, they're going to say well there's a house in that neighborhood that does have excessive radon. Is that going to prevent somebody from possibly wanting to look at property in that area? It's the same with well water. I mean you could have a well on one street that doesn't get any water, and the next street over gets plenty of water. Same thing with radon. You can have a house right next door to each other. One would have an acceptable level; the other one would not.

REP. JOHNSON: Well the fact is that many people who don't smoke find themselves getting lung cancer because of the exposure to radon, so I think it's an important thing to disclose if you have knowledge.

GENE FERCODINI: Oh, definitely, and our disclosure -- in our contracts there is a property condition disclosure that the people who own the property have to disclose if they have any reports or knowledge or radon. There is also a stipulation in the contract where we request people to do due diligence and do those types of tests, whether it be radon, whether it be pest control, whether it be water. That's part of what we do. That's part of what we try to get our buyers to do.

REP. JOHNSON: So, so we are -- so you're disclosing already, when you have knowledge of the radon, so what is your objection to this, reporting it to DPH?

GENE FERCODINI: Well I think what they're asking for

is continued tests, you know, to be done on property. Once it's mitigated, it's pretty much done. And what they're saying here, in what's here, that they want reports sent at least on a monthly basis, houses that did have a report of radon in them.

What happens, too, is what's really is recommended is that one company do the mitigation, and a separate company come in to do the test, so that there's no confusion as to -- as to whether the work was done correctly.

REP. JOHNSON: Very good. So would you make a recommendation for a change, because I think it's important to have -- have somewhere that the information be reported, that the Department can track this, but I agree that probably every month is a bit excessive. And also once it's mitigated, there should be no problem. You're going to make sure that people do find out that they have the radon, and that they're able to mitigate the radon, because once -- once you have the venting and the proper thing done, you know, there shouldn't be a problem at all.

GENE FERCODINI: Well I think -- I think what we're concerned about is there is no testimony, or no -- nothing in there that says what they're going to do with the information, nor is there any consideration for what the extra costs would be to it, especially to a first-time home buyer who has to do these -- these types of tests, if, in fact, they have a record that it's not considered high radon, so.

REP. JOHNSON: Any questions? Thank you so much for your patience. Sorry I skipped over you my mistake.

GENE FERCODINI: Thank you. Thank you.

REP. JOHNSON: Thank you.

The next person is Anton Alder, followed by Robert Murphy, and Elizabeth Kontomerk.

Welcome, and please state your name for the record.

ANTON ALDER: My name is Anton Alder, and as you can tell I'm excited to testify. It's also exciting to hear from Dr. Kim Sanders who spoke of Dr. Katz from -- from Yale. It's nice to hear a gleaming review from our allopathics colleagues.

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I -- I live in the south end of Bridgeport with my wife and baby son who are with me today. You may have seen them coming in and out. I am currently a student of naturopathics medicine at the University of Bridgeport College of Naturopathic Medicine. I take great pride in saying that I am a student of the only naturopathic medical school on the east coast. I am actively involved in generating interest in our program as an ambassador, and I am happy to testify that for the first time ever, the University of Bridgeport has been honored with hosting the student-directed naturopathic gathering later this year. We will host students, faculty, and professionals from the United States and Canada.

I believe in this school so much that I uprooted my family from Oregon and moved here. This is important to note, because Oregon also has a naturopathic medical school. However, I feel that the University of Bridgeport provides an academically superior curriculum, and that is why I'm here today.

Having lived in Oregon, I have seen

naturopathic doctors practice in that state. I have worked with one as his assistant for two years. Oregon's scope of practice is up to date, and the students who graduate there can employ all their training in practice. That is not the case in Connecticut. The scope of practice for naturopathic doctors has not been updated in Connecticut in decades. I am here to testify that this is harming the community and the public health. The citizens of Connecticut are unable to access the full range of naturopathic primary care. This situation is also making my training at the University of Bridgeport more difficult and expensive. When graduating students are faced with staying in a state where they can't implement everything that they have learned, many are opting to leave.

As the only naturopathic medical school on the east coast, we should be attracting more students to the area, and the future of healthcare providers to Connecticut, not chasing them away. This is a concern among prospective students I have had the opportunity to speak with as a student ambassador. In fact today I met with more. One of my fellow classmates, Ryan, is a disabled veteran. He is a medically-retired US Army Captain, and a combat veteran from Bristol, Connecticut that was diagnosed with an auto-immune disease that began while he was serving in Iraq. His family now lives in Berlin, and naturopathic medicine, which is well suited to treat his disease doesn't really allow him, as a naturopathic provider in this state, to actually treat veterans and citizens of the same state that he has practiced learned to practice in.

I submit that the current scope of practice is harming the economy and the healthcare system in Connecticut. Naturopathic doctors can help

to cut the costs and fill the gaps in our stressed healthcare system. We must take advantage of the resources we already have. As I have stated already, we have an accredited naturopathic medical school right here in Connecticut, so why not use those who are already been trained, and continue to be trained right here in our state, to help address the rising needs in health care. Please give these trained professionals a reason to stay and build a better Connecticut by expanding their scope of practice to match their training.

REP. JOHNSON: Great. Thank you so much for your testimony. Are there any questions?

Yes, Representative Cook.

REP. COOK: Thank you. I'm so glad you finally made it to the chair.

ANTON ALDER: Me, too.

REP. COOK: I just have a really quick question, and I know we had talked outside, and it was -- it was really nice to spend some time with the students and to hear what you all have to say.

You're a young professional with a growing family. If we change this, will you stay in the state of Connecticut, and if we don't change it, what are the odds of you leaving the state of Connecticut?

ANTON ALDER: Well, as stated before, I am from the state of Oregon, so my family is back there, and my wife's family is from California, so yes, there is pull in that direction. But, that being said, we love it here in Connecticut and I would love to stay. I have many people that I know already are begging me to complete

my degree early so that I can start to treat them.

REP. COOK: So we have a little bit of pull, too?

ANTON ALDER: Yeah.

REP. COOK: Yeah, great.

ANTON ALDER: Quite a bit.

A VOICE: That's not going to happen.

REP. COOK: We're starting a dispute; we will stop here. Thank you, Madam Chair.

REP. JOHNSON: Thank you so much. Thank you. So the state of Oregon and California give more latitude to naturopathic doctors?

ANTON ALDER: Yes, they do.

REP. JOHNSON: I think I saw that, but you ---

ANTON ALDER: They have an extensive scope.

REP. JOHNSON: What's that?

ANTON ALDER: I said their scope of practice is much more extensive than here.

REP. JOHNSON: Great. Okay, well thank you very, very much.

And now we have Elizabeth Kontomerik? I hope I didn't brutalize your name.

ELIZABETH KONTOMERKOS: Elizabeth Kontomerkos.

REP. JOHNSON: Oh, I didn't see the "os" at the end.

ELIZABETH KONTOMERKOS: Thank you. I would like to

thank all the members of the Public Health Committee for the opportunity to speak with you today. My name is Elizabeth Kontomerkos and I'm in support of adding the naturopathic scope expansion language to Bill No. 5537.

I'm a full-time working mother of two from Fairfield. My family and I have been patients of naturopathic doctors for almost ten years, and have truly come to appreciate and rely on our ND's proactive, holistic approach to our health. Our first doctor visit is always to our ND, as I find the overall approach, exam, and diagnostic testing to be more comprehensive. In essence, our ND has become our primary care doctor, and it has been truly beneficial and life changing for our family.

NDs in general have become a more integral part of our healthcare system, and therefore many patients like me are demanding to receive a more comprehensive spectrum of qualified care from the ND of our choice.

In addition to providing excellent preventive and wellness care, my ND has successfully addressed and corrected chronic issues such as thyroid imbalance, allergies, and high cholesterol. She has opened our eyes to the effect of certain foods and environmental stressors. NDs have provided -- NDs have provided friends of ours solutions to fertility issues, post-cancer wellness care, digestive issues, immune system disease, and detection of an unidentifiable Lyme disease. How could such an astute and educated healthcare professional not then be able to write me a simple prescription? Until now my ND has had to ask me to take a second appointment with an MD or go to a walk-in clinic. This is not only inefficient, more expensive to me, and adds additional work to our already burdened

insurance system, but also delays my access to health care which, in today's world, is unacceptable.

NDs are highly educated doctors that follow a rigorous four-year postgraduate education largely comparable to that of MDs. They take professional state board exams, and are trained to serve as primary care general practice physicians. As a result, NDs graduate fully prepared to diagnose and treat patients, and prescribe medications when needed.

We, like many people in Connecticut, have come to depend on NDs for high quality primary care services including prevention, diagnosis, and treatment of illness. We should allow our NDs to practice consistent with their education and training, especially since 17 other states already have legislated this. In the states that allow NDs to prescribe medications, the track record for safety is exceptional. What worries me the most is that Connecticut's outdated law will limit the number of NDs that choose to stay in Connecticut, and as said, move to states that have updated scope of practice laws to begin their practices.

In summary, I am such a firm believer in the naturopathic approach and philosophy that for the sake of my children, and the future of all our family, I urge you to please support this important legislation. It will allow these highly-trained physicians to further benefit Connecticut patients with a more comprehensive and efficient care, while keeping our naturopathic doctors local and available.

Thank you for you time.

REP. JOHNSON: Thank you so much for your testimony and waiting so long.

ELIZABETH KONTOMERKOS: Sure, my pleasure.

REP. JOHNSON: Much appreciated. Are there any questions?

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Thank you very much for your testimony and waiting so patiently.

ELIZABETH KONTOMERKOS: My pleasure.

REP. SRINIVASAN: We appreciate that very much.

When you go to -- and I've heard this before from previous people who came in for testimony, and I'm not clear in my mind -- I was hoping you'd be able to help me with that. When you go to a naturopath for an office visit, a sick visit, obviously something like that, and they say that they spend a lot of time, take an intense history. What time frame are we talking about, you know, I mean not the first visit, I'm just, you know, not the very first visit which is always a long one --

ELIZABETH KONTOMERKOS: Right.

REP. SRINIVASAN: -- because there's a full history, so on and so forth.

ELIZABETH KONTOMERKOS: Right.

REP. SRINIVASAN: But when you go for an acute visit, that is a bronchospasm, that is urinary tract infection, whatever it is --

ELIZABETH KONTOMERKOS: Right.

REP. SRINIVASAN: Are you still spending a lot of

time with them, or is it like an MDs office where you're in and out in 15 minutes?

ELIZABETH KONTOMERKOS: No, absolutely not. You definitely spend a lot more time. I think a lot of it is primarily because they have such a history of you that they're able to use that as -- as the infrastructure and the background that generates a lot more questions. They have a fully -- a much more fully comprehensive view and scope into you as a person holistically, so it does open up a lot more dialogue about what could be going on. And the diagnostic testing, when you do go say not for a well visit, but for a -- you know, you're sick, I just find that the testing -- the type of testing that they do is just a lot more thorough. And I know this recently because I had been going to my naturopathic physician for many years, and that person was no longer available, and I had an issue, and I hadn't found a new naturopathic doctor. So until then I went to my kind of back-up MD, and I was really just disappointed in, you know, the type of -- the lack of real questions about, you know, my situation, any outside background, you know, key features that could be going on in my life, and the testing that was done was just really quick. I just didn't feel I got the -- I guess I was spoiled. Let's just put it that way. I didn't feel like I got the service that I really deserved.

REP. SRINIVASAN: Thank you. Thank you very much.

ELIZABETH KONTOMERKOS: You're welcome.

REP. SRINIVASAN: Thank you, Madam Chair.

REP. JOHNSON: Thank you. Any additional questions? Thank you so much for being with us today.

ELIZABETH KONTOMERKOS: Thank you.

REP. JOHNSON: The last person I have on the list is Robert Murphy.

Welcome, and thank you for waiting so long, and welcome to the public hearing in Public Health.

DR. ROBERT MURPHY: Good evening, co-chairs Senator Gerratana, Representative Johnson, and the esteemed members of the Public Health Committee.

My name is Dr. Robert Murphy, and I am a naturopathic physician. I have a practice - a full-time practice in Tarrington, and I happen to live out in the sticks in that far, far town of Cornwall. We're out there!

I'm here today to testify and ask that you do everything possible to move forward language to attach to House Bill 5537 to modernize the Naturopathic Medical Practice Act. The current Naturopathic Practice Act, as you have heard, is 90 years old, and has not kept pace with the advances that have been made over the decades. Expanding prescriptive authority, and defining certain office procedures for naturopathic physicians will greatly improve our ability to delivery primary care service to our patients.

This is in turn -- this in turn will reduce redundancy in care, and reduce cost to patients and insurance companies alike, including the Connecticut CMA Programs, Husky, and Medicaid, which we are now being allowed to go back into. I have made my application last week. It would also allow the University of Bridgeport Naturopathic Medicine Program, as Dr. Brady so eloquently described, to teach students without doing walkarounds, and to teach them to the full extent that other naturopathic colleges do, to the full extent that other jurisdictions

are licensed.

I've been licensed as an ND in Connecticut for the past 30 years, and also licensed as an RN in Connecticut since 1972, with a background in critical care nursing. I also served 15 years as the chair of the Connecticut State Board of Naturopathic Examiners. I was appointed by then Governor William O' Neill.

It would really be in the best interest of patients to be able to say for me to give someone antibiotics as well as the naturopathic remedies for acute Lyme disease. I practice in Litchfield County. We have the highest rate of Lyme disease of any place in the world; what a distinction. I do fill out the forms to send to the Department of Health, but I'd also like to be able to suture up a minor wound that came into my office. And I'll summarize shortly.

So I think in states which have expanded prescriptive authority to naturopaths, for example New Hampshire and Vermont, they demonstrate exceedingly safe, good safety records on close scrutiny.

Thank you in advance for your efforts in promoting the modernization of the naturopathic practice act, and I would love to take any questions.

REP. JOHNSON: Thank you so much for your time here and your good testimony, and I wonder if there's any questions?

Representative Cook.

REP. COOK: Thank you, Madam Chair. Well that's a strange thing to do for a Friday night date. But thank you for hanging out with us, and I wanted to thank you for your hospitality and

showing me around your facility last week. I learned much.

DR. ROBERT MURPHY: Thank you.

REP. COOK: And -- and I think more -- I was on board before, but I was on board more after I left, just understanding the -- the connection between it all. And I think there were so many misconceptions out there, that listening today to hear what people had to say and again seeing our students and realizing that we can, you know, start working on keeping people actually in the state instead of, you know, having them leave us so quickly is extremely important. But I did, I wanted to thank you for your service, your time, your information and knowledge, and your testimony and spending date night with us. Thank you.

DR. ROBERT MURPHY: Thank you, Representative Cook.

SENATOR GERRATANA: Thank you. Are there any more questions? If not, thank you very much for coming and testifying today, and also I'll ask, is there anyone else here who would like to testify?

Richard Malik. Is that Richard? Come forward Richard.

RICHARD MALIK: Thank you. I'm sorry for my error. I was supposed to sign up.

SENATOR GERRATANA: You were supposed to sign up. I'm sorry. That just makes you the last person. Thank you.

RICHARD MALIK: So thank you for the opportunity to testify. I am Richard Malik, a naturopathic physician with a full-time practice in Salisbury, Connecticut in the northwest corner

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of the state, and a part-time practice in Manchester Center, Vermont.

I started my Connecticut practice in 2006 and my Vermont practice in 2010. The scope of practice for naturopathic physicians in Vermont is broader than our scope of practice in Connecticut. The broader scope of practice in Vermont allows me to serve the community better and help fill the gaps where the current healthcare system is deficient. With a similar scope of practice in Connecticut, I could further improve the healthcare delivered to our state's residents.

Currently all Vermont naturopathic physicians can prescribe from a limited formulary that includes many classes of legend drugs. Antibiotics that all Vermont naturopathic physicians can prescribe include amoxicillin, used to treat upper respiratory tract infections, other penicillins, tetracyclines, including doxycycline, commonly used for treating Lyme disease, macrolides including azithromycin, commonly used for pneumonia, and Bactrim which is commonly used for urinary tract infections.

The current Vermont scope of practice also includes drugs for treating gastrointestinal parasitic infections, hydrochlorothiazide for treating elevated blood pressure, statin medications for treating elevated cholesterol, thyroid hormones for treating hypothyroidism, antiviral agents for treating shingles, short-acting and long-acting agents for treating asthma, prednisone for treating acute allergic reactions, oral contraceptive pills, and vaccinations.

I regularly prescribe these medications for my patients in my Vermont practice, and if allowed

I could do so safely in Connecticut as well. Vermont naturopathic physicians have been able to prescribe prescription medications since 1996 and due to our excellent safety record, the formulary has been expanded in 1998, 2008, 2011, and once again in 2014. The most recent expansion of the formulary is a C-change in the approach Vermont uses to regulate naturopathic physicians. It will take effect later this year. Instead of listing medications Vermont naturopaths can prescribe, the Vermont Office of Professional Regulation and Dr. Harry Chen, the Director of the Vermont Department of Public Health have decided that naturopaths should be regulated like other healthcare providers and be able to prescribe from the complete formulary of prescription medications to the extent of a physician's training and experience.

In order to qualify for this vastly expanded prescriptive authority, Vermont naturopaths must do two things: pass a pharmacology examination accepted by the Office of Professional Regulation, and their prescriptions are to be supervised for one year.

SENATOR GERRATANA: Thank you, Mr. Malik. Could you summarize for us, please? Thank you.

RICHARD MALIK: Yes. The reason why the Vermont Office of Professional Regulation changed the scope of practice for naturopathic physicians is not due to naturopathic physicians lobbying for this. It's because they saw a real need and a real benefit for the -- for the residents of Vermont.

I ask that you attach bill language to update, modernize, and expand the naturopathic scope of practice in Connecticut to House Bill 5537

please.

Thank you for your time.

SENATOR GERRATANA: Thank you, Dr. Malik. I corrected myself. Sorry, I'm trying to do two things at one time. Does anyone have -- ?

Yes, Representative Johnson.

REP. JOHNSON: Thank you, Madam Chair. Just quickly, would you mind providing us with a copy of what Vermont has done so we can see where they -- what they are doing, and compare it against -- ?

RICHARD MALIK: That has been submitted with my testimony. The law is approximately 20 pages long, and there's a short section that discusses exactly what it entails in regard to the expanded prescription authority.

REP. JOHNSON: And do they have -- this is just recently implemented? How long has this been in -- ?

RICHARD MALIK: This was passed by Peter Shumlin, the Governor, on July 1, 2013, and they're currently working on logistics of the qualification for the naturopathic physicians.

REP. JOHNSON: And did they have a legislative hearing and the whole procedure like we're doing now?

RICHARD MALIK: Exactly. And the bill was proposed to the Legislature. It passed both Legislatures and was signed by the Governor.

REP. JOHNSON: Thank you so much for that. We really appreciate it. Are there any additional questions?

Yes, Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair. Good evening and thank you for your testimony this evening. This -- the pharmacological/pharmacology exam, whatever you need to take, as you said, in Vermont, that's -- I can understand. There's a course you take; you pass the test and so on and so forth. Could you just expand on that one year of physician supervision? What does that involve and, you know, in that one year that you have to be under the supervision?

RICHARD MALIK: Yes, I want to just clarify. The pharmacology exam does not require attendance in the course. It just requires passing of the -- of the examination, and prescriptions are to be supervised for at least one year by an objective independent, supervising Vermont-licensed physician with at least five years' experience with full prescriptive authority. And that does include naturopathic physicians. So five years from now, when I have had five years of experience of prescriptive authority, I will qualify to supervise another naturopath in their supervised period.

Does that answer your question?

REP. SRINIVASAN: It does, it does. But just if you would just expand on it for a minute or two as what is the supervisory role? I mean do you present it to the MD, and the MD says yes you're right in choosing the antibiotic; I'm glad you withheld the antibiotic. Is that the kind of a role?

RICHARD MALIK: It would be supervision for prescriptions that are written that are reviewed on a regular basis, not prior to the

dispensing of the prescription, so there's just a regular supervision by a medical doctor, at this time, and I think that that's part of the logistics that the Vermont Office of Professional Regulation are ironing out at this time.

REP. SRINIVASAN: Thank you. Thank you. Thank you, Madam Chair.

REP. JOHNSON: Thank you so much.

RICHARD MALIK: This greatly expanded prescriptive scope. Our current scope we can do without any kind of supervision.

REP. JOHNSON: Okay, very good. Any other questions?

Okay, anybody else?

Thank you so much for your testimony today.

RICHARD MALIK: Thank you for your time.

REP. JOHNSON: We really appreciate it, and thank you for waiting to speak. Are there any other people who didn't sign up who would like to speak?

I guess then we have the hearing closed. Thank you so much.

Testimony in opposition to Senate Bill 257 An Act Concerning Hepatitis C Testing
Public Health Committee
March 13, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of physicians and physicians in training of the Connecticut State Medical Society (CSMS) and American College of Physicians Connecticut Chapter (ACP) thank you for the opportunity to provide this testimony to you today in opposition to Senate Bill 257 An Act Concerning Hepatitis C Testing.

Senate Bill 257 would require that physicians offer Hepatitis C (HCV) testing to any patient born between the years of 1945 and 1965. Further, it requires a physician with a patient whose test is reactive (positive for Hepatitis C) to offer care for Hepatitis C or refer to another physician for the continued care. Not only is this bill unnecessary, it codifies a medical protocol and interferes with the physician patient relationship. We feel resources would be better spent educating physicians and the public of the need for hepatitis screening for citizens born between those years as well as others at high risk, rather than mandated practice protocols.

Multiple separate and distinct national organizations currently support and have recommendations for the screenings contained in the bill: The United States Preventive Services Task Force (USPSTF), an independent panel of clinical experts created by Congress in 1984, and the Centers for Disease Control (CDC). Specific recommendations from the CDC are the following: (1) Adults born during 1945 and 1965 should receive 1-time testing for HVC without prior ascertainment of HVC risk and (2) All persons with identified HCV infection should receive a brief alcohol screening and intervention as clinically indicated, followed by referral to appropriate care and treatment services for HVC infection and related conditions. Just this week, the American Association for the Study of Liver Diseases and the Infectious Disease Society of American released their joint guideline on testing, managing and treating hepatitis C. Its testing provision mirrors the USPSTF guideline in calling for screening of the same age group as well as individuals otherwise at high risk.

A significant amount of time, effort and resources have been directed to the process to assess the need for and develop the recommendations provided. Recommendations from the CDC and USPSTF carry significant weight with physicians when developing practice protocols. Most physicians integrate these protocols into practice and adhere to them when providing care for their patients. For these reasons we believe there is no need for Senate Bill 257 and urge the committee to support education of physicians and the public regarding the need for screening rather than mandating aspects of the practice of medicine.

Please oppose Senate Bill 257

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 5
1863 – 2202

2014

March 14, 2014

Written testimony of Matthew V. Barrett, Executive Vice President, Connecticut Association of Health Care Facilities (CAHCF) in opposition to Section 7 of H.B. No. 5537 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Good afternoon Senator Gerratana, Representative Johnson and to the members of the Public Health Committee. My name is Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and sixty-seven (167) member trade association of skilled nursing facilities and rehabilitation centers. Thank you for this opportunity to submit written testimony in opposition to the provision is Section 7 of H.B. No. 5537 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

This bill proposes to impose upon any nursing facility management services certificate holder managing a nursing facility which has a decline by two stars or more to submit a written improvement plan to the Commissioner of Public Health within thirty (30) days of such decline. The improvement plan must include, among other things. (1) An assessment of patient acuity; (2) a description of the nursing facility management service certificate holder's plan to increase the staffing hours of registered nurses at the nursing facility; (3) a description of staff retraining; and (4) a description of interventions to improve quality measures that are below the state average.

We oppose these provisions because· 1) the proposed legislation makes flawed assumptions regarding the causes for decline in a nursing facility's five star rating; 2) the Department of Public Health already has sufficient recourse to address any concerns it may have regarding the quality of care provided by a nursing facility under a management service certificate holder; and 3) there is no logical basis for singling out management certificate holders rather than all nursing facility operators. Our members would welcome the opportunity to work with the Department of Public Health on measures and systems that could better achieve the goals of this legislation.

First, this legislation relies upon the assumption that a drop in a facility's 5 star quality rating is an indication of a decline in the quality of care requiring an improvement plan. We disagree that this assumption is correct given how the five star system works. A nursing facility's 5 star rating is based on a number of factors including quality measures, staffing and health inspection results. CAHCF believes that there are fundamental shortcomings in the quality measures used on CMS's Nursing Home Compare and Five Star rating system. A nursing facility may experience a decline in its five star rating for reasons beyond its control or which are not necessarily reflective of a decline in quality care. For example, the staffing rating is based only upon the two week timeframe immediately prior to survey. A facility's staffing rating may decline if in the two week snapshot period the facility had a fewer staff due to vacation or holiday

schedules, for example. Additionally, staffing numbers are not acuity based and therefore staffing hours may decline in a particular nursing facility totally appropriately based on the acuity of its residents during that two week snapshot without any corresponding decline in the quality of care provided. Similarly, health inspection ratings are extremely fragile and a decline in this area does not necessarily reflect a decline in quality. One isolated issue survey issue may cause a facility to suffer a decline in this category, thereby reducing its overall rating even though there is no decline in the overall quality of care and no indications that DPH oversight of the building is warranted.

Most significantly, federal standards require certain percentages for each five star category. For example, only 10% of nursing facilities in the state may have an overall rating of 5 stars. Similarly, 20% of nursing facilities in the state **must** have an overall rating of 1 star and therefore a nursing facility's five star rating may decline even where all of its numbers and data remain the same, simply because other nursing facility's numbers improved.

CAHCF further opposes this legislation because the Department already has sufficient recourse to address quality concerns in nursing facilities. In addition to civil money penalties, any nursing facility which has a poor inspection or which DPH believes is providing poor quality care may be subject to imposition of a consent order by the Department of Health at its discretion. The consent order allows the Department to impose any number of measures on that nursing facility in order for it to continue operations.

Finally, CAHCF opposes this bill because there is no basis for limiting this legislation only to nursing facilities who are operated under a management company.

Thank you. I would be happy to answer any questions you may have.

For additional information, contact: Matthew V. Barrett at mbarrett@cahcf.org or (860) 290-9424.

Testimony of Rachel Vincent Presented before the Public Health Committee Regarding Naturopathic Medicine Scope of Practice

March 15, 2014

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Hello and thank you to Co-Chairs Gerrantana and Johnson and all Committee members. My name is Rachel Vincent and I reside in Hamden, CT.

Freedom of choice is an important element of American Life. This freedom is especially important when it pertains to the health of our society. CT has lagged behind other progressive states by limiting that choice in healthcare and I feel it is time for a change.

As a long-time patient of a naturopathic physician I would value the opportunity to integrate a broader approach and additional treatments into my overall healing. Although I consider my ND my primary care physician there are still basic elements of care for which I have to source treatment elsewhere. This not only leads to inconvenience and additional expense but challenges to a comprehensive treatment plan. These challenges include integrating treatments from different providers, additional monetary outlay and added time constraints for multiple provider visits worsened by frustration in finding integrative partners.

Along with freedom of choice it is also important to me that I visit with a healthcare professional that provides a comprehensive and wellness model of healthcare. As opposed to merely receiving acute care, my experience with my ND over the years has been to combine treatments for diet, stress, exercise and overall wellness. This has led to a substantial decrease in acute illness and symptoms and an increase in my quality of life.

My wish is that other patients have opportunity to experience such positive treatment outcomes without the challenges associated with it. Personally, I would appreciate being able to receive a much broader scope of treatment directly from my ND. This would include the ability to receive necessary prescription medications, medical devices, nutrients by injection, in-office procedures and other similar treatment options. These treatments all lie within the training and education of today's ND, but for which I currently have to visit another physician.

My hope as a patient would be to exercise freedom of choice and choose the healthcare provider with which I am most comfortable.

Thank you for your consideration on this matter.

Regards,

Rachel L. Vincent
25 Booth Terr
Hamden CT 06518

To Whom it May Concern,

I am writing this email to lobby against Bill HB5537, Section 6

I am a graduate student at the University of Saint Joseph, majoring in Applied Behavior Analysis and Autism. I am on track to graduate this May 2014 and look forward to taking my Board Certification in November of 2014.

I am strongly against this Bill since the practice of speech and language pathology does not train for Applied Behavior Analysis methodology. The practice of a Speech Pathologist incorporates the application of principles, and procedures specific to the development and disorders of speech, voice or language. The practice of Applied Behavior Analysis is application of conditioning, both operant and classical while replacing and/or shaping Behaviors. It is because of this contradictory practices I am advocating against Bill HB 5537, Section 6.

Thank you for your time and attention to this most important issue

Catherine M. Smith
59 Merriman Street
Bristol, CT 06010

University of Saint Joseph
Autism and Applied Behavior Analysis
Graduate Student

Dear PHC Members

My name is Margaret Bayers. and I live in Fairfield. CT.

We are seeking to add our expansion language to the following bill *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. WE NEED YOU TO SUPPORT OUR EFFORTS. Our scope expansion includes three elements 1) Prescriptive authority for a defined list of drugs: 2) Authority to write orders for medical devices and durable medical equipment: and 3) Ability to perform minor procedures in-office

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Opposition to HB 5537 Section 42 [6]

Sharri Lungarini
2 Berkshire Road
Ansonia, CT 06401

To whom it may concern,'

I oppose HB 5537 Section 42 [6].

I am a mom to a special needs son, Wyatt, who benefited from ABA therapy. So much so that I went back to school to get my undergraduate in Child Studies and am in Graduate school for Applied Behavior Analysis.

As a mom ABA services would be negatively impacted by this modification to an SLP's scope of practice as Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. Just as I would not want a BCBA to provide speech and language services as they are not specifically trained, nor would I want a Speech Language Pathologist to provide services for which they are not trained.

As a student of ABA, I know that ethically a provider cannot provide services for which they are not trained and ABA is not currently within the scope of practice of Speech Language Pathologists. We are doing a disservice ethically and for treatment of our patients if this law is allowed.

As a upcoming Behavior Analyst, Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists. I do know that any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

This is a specialty that as a mom and student I understand special training is required. While Speech Language Pathologists also have unique training, the training for a Behavior Analyst does not fall in line with that training Behavior Analysis is unique and therefore should only be administered by those trained in it.

Thank you for your time and consideration,

Sharri Lungarini
SLungarini@gmail.com
203-4497249

March 13, 2014
Dear Members of the Committee:

I am writing to express my opposition to HB 5537, section 42 (6). It is my understanding that this bill will expand the scope and practice of Speech and Language Pathologists (SLP's) to include the provision of Applied Behavior Analysis (ABA) in Connecticut.

I oppose this legislation because it would negatively impact the individuals who require ABA services The practice of ABA requires proper training, education, and experience. It is not currently in the scope and practice of SLPs.

Thank you for your attention and consideration,

Sincerely,
Tania Vidosevic
2 Manor Drive
Milford, CT 06464

To whom it may concern,
My name is Giacoma Venditti I live on 10 Albert Street, in Milford, CT. I am writing this email to let you know I OPPOSE HB 5537, section 6.
Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice. I would like to protect consumers of ABA services, and the scope of practice of Behavior Analysts and other professionals who are trained, and who do already have ABA within our scope of practice

Thank you,

Giacoma Venditti, BCaBA
Senior Assistant Behavior Analyst, Classroom 205
Connecticut Center for Child Development

Amanda Dix HB 5537

To Whom It May Concern,

My name is Amanda Dix and I reside at 42 Gilbert Avenue in Hamden, CT. I am writing to oppose bill HB5537, section 6 which would allow Speech and Language Pathologists to list Applied Behavior Analytic services as a scope of their practice. As a Board Certified Assistant Behavior Analyst (BCaBA), I feel this could be very dangerous. ABA is a complex science in which extensive coursework and training is required. SLP's are not required to obtain an education or training in ABA and as such it could be harmful to consumers if they were to start providing ABA services. Please do not allow this bill to go through as it could negatively impact the consumers we service, as well as the fields of speech & language pathology and applied behavior analysis. Thank you.

Amanda Dix, M S, BCaBA
Senior Assistant Behavior Analyst
Connecticut Center for Child Development, Site 1
95 Wolf Harbor Road
Milford, CT 06461
Phone # 203-882-8810 ext 348
Fax # 203-878-9468

Brieana Guarco HB 5537

Dear Public Health Committee,

My name is Brieana and I am currently a resident in Granby Connecticut. I am concerned about Bill HB 5537. I don't support SLP conduction of ABA practice. They should have to gain the specific certification requirements to practice ABA. It is unethical to have uncertified professionals practicing without experience or licensure requirements. I disagree with this bill because it is not in the SLP scope of practice to implement ABA services. I am currently enrolled in the Masters in Autism and Applied Behavior Analysis program at the University of Saint Joseph. I am undergoing a series of coursework, a thesis, supervision and taking a certification exam to become a BCBA in the next year. I respect the SLP but I do not support them practicing ABA without the proper training and coursework.

Thank you for your time,

Brieana

To the Committee/whom it may concern,

I, Leah R. Emmons of 76 Gorman Road Unit #11 Brooklyn, CT 06234 I am submitting this electronic written testimony to oppose Bill number HB 5537, specifically Section 42 [6]. I oppose this Bill because Applied Behavior Analysis (ABA) is a treatment that is outside the scope of practice of Speech and Language Pathologists. Therefore, it would be unethical for these professionals to provide clients with such services. Furthermore, Speech and Language Pathologists are not required to complete any training that is of behavior analytic nature.Therefore, consumers of their services could be adversely impacted if this bill were passed. Behavior analysts receive rigorous, specific training and follow guidelines set forth by the BACB. These guidelines are not required to be followed by SLP's. Other professions could be negatively impacted by this change. Such professions include (but are not limited to) Board Certified Behavior Analysts (BCBAs) and School Psychologists. In accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals any possible extensions to the practices of SLP's scope of practice is required to be reviewed first. It would be unethical for this bill to be passed as the BACB states that professionals shall not practice outside their area of expertise. Speech and Language Pathologists would be doing just that.

Thank you,

Leah R. Emmons

Dear Committee Member,

My name is Christina Calabro and my address is 60 Branchville Road, Ridgefield, CT 06877 Please accept my testimony in OPPOSITION of HB 5537, Section 6 I am a parent of a child aged 10 with Autism who has an ABA program

Regards,

Christina Calabro

Sarwat Patel
HB 5537

Dear Representative Klarides and Legislative Aide Tracy Mancinelli,

It was a pleasure to talk to Tracy yesterday Just to provide my information again, my name is Sarwat Patel and I reside in orange at 34 Skyview Rd. My phone number is (203) 685-6909 and my email is sarwatpatel@ yahoo.com.

I am a 44 year old, mom of two lovely young girls. In my 20's I trained and worked as a computer engineer. When the girls were born, I chose to be a stay home mom As a parent I discovered the world of naturopathic medicine in addition to the traditional medical model. I was amazed by what I saw and took a few courses purely due to interest and no desire for a 2nd career Little did I know of what lay ahead Soon enough I found myself enrolling into a 4 year accredited naturopathic medical program at university of Bridgeport College of Naturopathic Medicine.

It has been an extremely challenging and yet rewarding 4 years of my life I come home physically drained yet emotionally uplifted with the impact I see on pts' lives. This required tremendous sacrifice of time w/ hubby and girls. I also realize that the field I have chosen is not perhaps as financially rewarding as many other health care professions But as you would know, in our lives many times we do things based on passion & purpose.

This has been one of those labors of love & commitment. I truly believe in the wellness care, which empowers patients into being partners in their health care goals Foundational work in lifestyle, nutritional as well as medicines – natural or pharmaceutical, as needed, is the way to low cost, high-quality, effective and long-term good health physically, mentally and spiritually This requires a physician to spend time w/ their patients which today's model does not allow This still remains the cornerstone of a naturopathic medical practice

Today as I write to you, I do so in many different capacities, as a resident of orange reaching out to you; a mom who wants the best wellness care possible for her loved ones; a community member who has always worked towards increasing awareness regarding good health; a 4th year ND student about to graduate, hoping to stay & practice in CT and give back to the community; and lastly a simple common citizen

who believes that our views and passion counts more that lobby dollars in supporting a cause.

As I mentioned University of Bridgeport College of Naturopathic Medicine is the only accredited 4 year naturopathic medical school east of Chicago However the scope of practice for NDs has not been updated in over 90 years. Our training includes pharmacology, minor surgical procedures and rigorous clinical and diagnostic skills in addition to other modalities. However the current scope limits aspects of our hand-on training This not only stops top notch students at times from coming to UB, but also results in many top graduates leaving CT and going to Vermont, Arizona, California and many other states with up to date scope of practice for NDs more in accordance with the training UB health clinics see 25,000 pts a year, catering to a population that is otherwise unable to afford such services. The impact of the school in our state is incredible & yet we don't remove obstacles that inhibit growth and retention

The scope expansion includes three elements· 1) Prescriptive authority for a defined list of drugs, 2) Authority to write orders for medical devices and durable medical equipment, and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- Improve healthcare access
- Improve healthcare continuity
- Improve coordination of care
- Meeting primary care needs
- Enhanced education and training
- Consistency with ND scope across states
- Cost and time savings to patients and 3rd party payers

Connecticut Naturopathic Physicians Association is testifying in the hearing on Friday & we all are seeking to add the expansion language to the following bill·

House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.

More details will be presented regarding safety data & efficacy of NDs in other states w/ a more updated scope of practice

I apologize for the length of this letter. I chose this as my path because I have seen the difference it can make in people's lives, first hand. I will continue to do my part every step of the way. Today it is reaching out to you & asking for your help and support

I will be at the hearing in the afternoon. My morning will be spent in clinic following up w/ some of my beloved pts & then I will head to the capital to ask you all to allow me to do my job in a more effective & professional manner in accordance with my training. I know your passion brought you to your office and I know you will understand mine

Yours and in health always,
Sarwat Patel

March 12, 2014

March 12, 2014

Elizabeth Kontomerkos
725 Galloping Hill Road
Fairfield CT 06824

RE: Amendment to Bill 5537

I am writing in support of adding the Naturopathic Scope Expansion language to bill #5537

My family and I have been patients of Naturopathic Doctors (ND's) for almost 10 years. I am a full time working mother of two and have placed significant importance on living a healthy and balanced lifestyle, eating right, and maintaining our bodies' equilibrium. As a result, I have truly come to appreciate and rely on my ND's holistic approach to our health especially with regards to preventative care. It has been truly life changing for our family. This is where NDs have become a more integral part of our healthcare system and therefore patients are demanding to receive a more comprehensive spectrum of qualified care from the ND of our choice.

My ND has successfully addressed and corrected chronic issues such as thyroid imbalance, allergies, and cholesterol. She has opened my eyes to the effects of certain foods and environmental stressors. NDs have provided friends of ours solutions to fertility issues, post-cancer wellness care, immune system disease and detection of an unidentifiable Lyme disease. How could such an astute and educated healthcare professional not then be able to write me a simple prescription? Up until now, the answer has been that my ND has to ask me to leave her office and make a second appointment with an MD or go to a walk in clinic. This not only is inefficient, more expensive to me, and adds additional work to our already burdened insurance system, but also delays my access to healthcare which in today's world is unacceptable.

ND's are highly educated doctors that follow a rigorous four year post-graduate education largely comparable to that of MDs. As a result, NDs graduate fully prepared to diagnose and treat patients and prescribe medications when needed.

We, like many people in Connecticut, have come to depend on ND's for high quality primary care services, including prevention, diagnosis and treatment of illness. We should allow our NDs to practice consistent with their education and training, especially since 17 other states already have legislated this. In the states that allow NDs to prescribe prescription medications, the track record for safety is exceptional.

What worries me the most is that Connecticut's outdated law will limit the number of NDs that choose to stay in CT and instead move to states that have updated scope of practice laws to begin their practices.

I am such a believer of the Naturopathic approach and philosophy, that for the sake of my children and the future of all our families, I urge you to please support this important legislation. It will allow these highly trained physicians to further benefit Connecticut patients with more comprehensive and efficient care while keeping our Naturopathic Doctors local and available.

Sincerely,

E. Kontomerkos

Elizabeth Kontomerkos

Testimony of Rhonda Boisvert
President, Connecticut Association of Residential Care Homes
Opposing
Re: Section15 of HB 5537 – AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes
Public Health Committee, March 14, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Rhonda Boisvert. I own Pleasant View Manor and Shailerville Manor and am the President of the Connecticut Association of Residential Care Homes (CARCH). I am here today to offer testimony against Section 15 of House Bill 5537. This section of the bill would require residential care homes to take burdensome and unnecessary steps in writing a resident discharge plan and perform tasks that homes are not equipped to provide or have ever done.

There are about one-hundred residential care homes in the state serving over 3,000 residents. Approximately sixty percent of the residents have behavioral health issues or a mental diagnosis with the remaining percentage being elderly. Our homes are not medical facilities and our staff does not provide medical care.

Our homes are comfortable and home-like. They do not look sterile and they do not resemble nursing homes or medical facilities. We are community based. Our staff is small. We are family. The staff works hard by cooking, cleaning and arranging medical appointments for our residents. They provide emotional support as needed. An employee must be kind and understanding to our residents. They need to act quickly in an emergency

The administration and employees are not equipped to make medical diagnoses, analyze the emotional state of a resident, or make a decision as to what would be an appropriate placement may be. House Bill 5537 would require residential care homes to take additional steps in writing a discharge plan that we are not equipped to handle. Our homes do not have social workers This bill would be burdensome and not in the best interest of the resident or the home.

Presently no resident is ever discharged from a residential care home without a plan in place The only reason to dis charge a resident would be for not paying rent, breaking house rules, endangering themselves or others in the house and the home not being able to provide the care needed for the resident. The discharge plan that is now in place is burdensome and unrealistic It often takes several months which keeps the home in turmoil and it becomes costly because we have to put extra staff in place. We also put added stress on the community services such as police, town ambulances and the emergency departments.

I urge you to remove Section 15 from House Bill 5537 This section would only create new costs and burden to our industry and require an already inappropriate amount of work in a discharge plan that doesn't work for residents, staff and administrators of residential care homes.

I appreciate the time to be heard by the Public Health Committee and welcome any questions you may have.

William Boisvert – Shailerville Manor

Connecticut Association of Residential Care Homes

Re: Section HB 5537 – An Act concerning the Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statues

Public Health Committee, March 14, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is William Boisvert and I am the owner and administrator of Shailerville Manor in Haddam Ct. I am writing this testimony to testify against Section 15 of House Bill 5537 – An act concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public health Statues

My Residential Care home is in the town of Haddam, Ct. We are in a residential community where we strive to be good neighbors with those who live around us. Our staff is caring individuals who work hard to provide a clean home, good meals and an atmosphere of providing a safe home for all who live there.

Section 15 of House Bill 5537 would require residential care homes to take additional steps in writing a resident's discharge plan to an already burdensome statue that is inappropriate and not realistic. There is no reason for a home to evict or discharge a resident unless the resident has broken house rules, has become psychiatrically or medically unstable or doesn't pay their rent. Of course, if a resident is requesting a discharge the situation is changed and finding placement elsewhere is usually not difficult. When the discharge becomes an eviction, the whole process changes. It involves a letter to DPH, an appeal process is offered to the resident, the facility hires representation and this can take several months along with increased costs to the facility At the same time, the house has to deal with someone who is causing disruption to residents and staff. Often, we have to utilize the Police, ambulance services and emergency rooms.

The truth is that the above scenario happens to often. What would you think of a resident, who is on oxygen, drunk and smoking in his room? The resident refuses all medical care that is offered. The police come the first two times that they are called, but on the third call we are told "We are not your babysitters." Other residents call their local ombudsman to complain of the house being unsafe. The ombudsman only speaks to the residents and once to the administrator by phone but they never come to visit to see for themselves what the state of the house is. Mobile Crisis is called as another one of our resources. We are told that the resident has a behavior problem and there is nothing that they can do to help us. We call the oxygen company to inform them that the oxygen is not being used properly and is endangering everyone in the home. They don't come out to assess the situation. We have made Doctor Appointments for the residents but he refuses to go. The Resident State Trooper is not happy that he has to use valuable community resources to send to Shailerville Manor He visits with the town selectwoman to voice his concern. We call DPH and make an appointment to complain of our experience and lack of resources. Would you

want your loved one living under such circumstances? This went on for six weeks What would be an appropriate discharge plan? How long would it take to place a continuously intoxicated person using oxygen a suitable place to live and who doesn't want to be discharged?

It is of my opinion that the existing statue needs revising. We don't need more inappropriate measures to implement that just don't work. Most homes have gone through similar situations. It is a degrading experience for residents and staff. It is time to get realistic and listen to our stories that are real because we have lived through it.

This bill is unnecessary and not realistic. I urge you to reject Section 15 of House bill 5537.

William Boisvert – Owner and Administrator of Shailerville Manor

Rick Liva RPh, ND
Legislative Chairman CNPA
HB 5537 Testimony

Sen. Gerratana, Rep Johnson and Members of the Public Health Committee

I come before you today to ask that you support the attachment of bill language for the modernization of the naturopathic scope of practice to HB #5537. As you may remember I testified before this committee approx 1 year ago seeking the same thing support for modernizing the 90 year old naturopathic scope of practice

As you know we went through the scope of practice process and the DPH report is forthcoming any day now

In essence the outcome of the report will detail the strong objection of the MDs. Their position is, this group of providers is not adequately educated or trained to have the level of prescriptive authority they seek If granted, it may be detrimental to public safety

I ask that you be open minded and pragmatic Historically, MDs have opposed all of their competition During the committee process we presented evidence that NDs have an exceptional safety record using prescriptive authority in other states

The MDs refuted that evidence saying it isn't sufficient to demonstrate a strong safety record or that patients are not at risk, and that this information should not be the sole source for drawing any conclusions regarding health and safety benefits associated with this request for expanded practice However it is extremely important to note that the MDs presented NO evidence or data to refute the safety information that NDs provided or to validate that patients are at risk or care has deteriorated in other states where NDs have prescriptive authority

I ask that you please review the Feb. 2013 Vermont Report entitled Prescriptive Authority for Naturopathic Physicians This report is from the Director of the Office of Professional Regulation The report was to determine if Naturopathic physicians receive sufficient academic training in pharmacology and clinical training in using all prescription drugs safely Skip forward to present day, Governor Peter Shumlin signed the legislation that allows NDs in Vermont to use all prescriptive items They have to pass a Pharmacology review exam, and have some MD oversight for a specific time period

Why do the officials in Vermont trust their Naturopathic physicians? Because they are convinced after a thorough examination of the facts that NDs are sufficiently educated and trained and they provide desired services to the residents of Vermont in a safe manner

The reality is that NDs in other states have prescribed drugs to their patients for many years without leaving debility, harm, and death in their wake If that existed to any degree it would be easy to uncover

We understand that the CT DPH and the PHC are charged with protecting the health and safety of the residents of CT This law needs to be substantially updated so the residents of CT have access to robust primary care services from Naturopathic physicians and to support the educational mission of the College of Naturopathic Medicine at the University of Bridgeport.

If not now, when, when will it be done? We are not going to go away If not this year, we will be back again and again until we have a law that reflects our education and training and mirrors the prescriptive authority enjoyed by other states

We are open to some compromise and welcome a dialogue with DPH and legislators to settle on a fair, reasonable and safe plan that sufficiently modernizes the law

Thank You

State of Vermont
Office of the Secretary of State

Office of Professional Regulation
1 National Life Drive, North Floor 2
Montpelier, VT 05620-3402

[phone] 802-828-1505
[fax] 802-828-2496
www.sec.state.vt.us

James C. Condos, Secretary of State
Brian H. Leven, Deputy Secretary

Christopher D. Winters, Director

To: Senate and House Committees on Government Operations

From: Christopher D. Winters, Director, Office of Professional Regulation

Date: February 5, 2013

Re: Prescriptive Authority for Naturopathic Physicians

HB5537

Last year, Act 116, Section 64 required the Director of the Office of Professional Regulation to prepare a report on the education and clinical training of Naturopathic Physicians as follows:

By January 31, 2013 and prior to the adoption of the rules required by Sec. 60, 26 V.S.A. § 4125(d) of this act, regarding the regulation of a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, the director of the office of professional regulation, in consultation with the commissioner of health, pharmacologists, and clinical pharmacists, shall review and prepare a report on the education and clinical training of naturopathic physicians in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training in using all prescription drugs to safely:

(A) prescribe and administer without limitation all prescription drugs;
(B) prescribe all controlled substances on schedules II through IV;
(C) prescribe all prescription drugs for both FDA-approved label indications and for off-label uses; and
(D) administer all prescription drugs by all routes of administration, including oral, topical, transdermal, transmucosal, intravenous, and intramuscular.
(2) Representatives of the University of Vermont College of Medicine and naturopathic physician medical colleges shall have an opportunity to review and comment on the draft report.
(3) The report shall recommend any limitations or conditions on the authority of naturopathic physicians to prescribe and administer prescription drugs that are found to be necessary to ensure consistency with the scope of the naturopathic physicians' education and clinical training.

There are many excellent naturopathic physicians for whom these safeguards may be unnecessary. However, in the interest of moving forward in a manner that should satisfy the concerns of all interested parties, this report includes a conservative approach to Naturopathic Physician prescribing that errs on the side of public protection.

Report on the Education and Clinical Training of Naturopathic Physicians (Act 116)

Background

In Vermont, the naturopathic profession has grown and evolved in recent years. Vermont law now requires a health insurance plan to provide coverage for medically necessary health care services covered by the plan when provided by a naturopathic physician licensed in Vermont for treatment within a naturopathic physician's scope of practice. *See 8 V.S.A. §4088d(a).* Moreover, Vermont law now recognizes naturopathic physicians who practice primary care to be primary care physicians. *Id.*

As the naturopathic profession has evolved, the ability to prescribe primary care pharmaceuticals has become essential to the practice of naturopathic medicine in order to allow naturopathic physicians to meet patient demand, provide the most effective health care for their patients, and fulfill their role in Vermont as primary care physicians. Although naturopathic physicians try to minimize the use of pharmaceuticals by utilizing natural medicines to support the innate self-healing ability of the patient, there will be cases where it is in the best interests of the patient in a primary care setting to prescribe a pharmaceutical when doing so falls within a the scope of a naturopathic physician's education and clinical training.

As a result, in 2012, the Vermont Legislature passed Act No. 116, which revised the law relating to the prescribing authority of naturopathic physicians. The law creates a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. The special license endorsement will be available to those who successfully pass a naturopathic pharmacology examination, which shall be established and made available by July 1, 2013.

Prior to the establishment of the naturopathic pharmacology examination, and no later than January 1, 2013, Section 64 of Act 116 compels the Director of the Office of Professional Regulation to prepare a report on the adequacy of naturopathic education and clinical training in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training to safely prescribe prescription drugs by all routes of administration, including controlled substances on schedules II through IV, for both FDA-approved label indications and for off-label use prescription drugs. The report is required to recommend any limitations or conditions on the authority of a naturopathic physician to prescribe that are necessary to ensure consistency with the scope of their education and clinical training. This paper is the Director's report pursuant to Section 64.

Section 60 of Act 116 further requires that the Director, in consultation and consistent with the recommendations of the Commissioner of Health, adopt rules regulating the special license endorsement that are consistent with the findings in the report. The rules shall require a

naturopathic physician to pass a naturopathic pharmacology examination in order to obtain this special license endorsement.

Finally, it is important to note at the outset that this new law authorizes a naturopathic physician to prescribe, dispense, and administer prescription medicines *within a naturopathic physician's scope of practice*. Accordingly, this law does not open the floodgates and authorize an individual naturopathic physician to prescribe all pharmaceuticals. To the contrary, it has long been the law in Vermont that it is unprofessional conduct for a naturopathic physician to perform treatments or provide services "which are beyond the scope of the licensee's education, training, capabilities, experience or scope of practice." *3 V S A. §129a(a)(13)*. Accordingly, granting naturopathic physicians the authority to prescribe starts with the most fundamental limitation or condition on that authority which is that the prescription must be consistent with the scope of their education and clinical training. To ensure consistency with the scope of their education and clinical training, this report recommends further limitations and conditions on the authority of a naturopathic physician to prescribe.

Education and Training

The Council on Naturopathic Medical Education ("CNME") was founded in 1978 and is the accepted programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges and programs in the United States and Canada and is recognized by U.S. Department of Education. CNME requires and advocates high standards in naturopathic education, and its grant of accreditation to a program indicates prospective students and the public may have confidence in the educational quality of the program.

In all regulated U.S. and Canadian jurisdictions, including Vermont, naturopathic physicians ("NDs") are required to graduate from a college which is accredited by the CNME. In these accredited programs, NDs are broadly trained in the pre-clinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural processes. NDs are educated in all of the same basic sciences and clinical diagnostic methods at the same level as medical and osteopathic doctors, followed by two years of clinical training and systems based medicine. *Kreutzer MJ, et al. Health Professions Education and Integrative Health Care. Commissioned for the IOM Summit on Integrative Medicine and the Health of the Public. February, 2009.* Their clinical education is designed to prepare them to be primary care providers. *JAMA. 1998, 280(9) 795-802* In addition to a standard medical curriculum, naturopathic physicians also study holistic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness.

CNME does not set specific standards for naturopathic pharmacology education. Similarly, the Commission on Osteopathic College Accreditation, recognized by the U.S. Department of Education to accredit colleges of osteopathic medicine, does not have specific guidelines for osteopathic pharmacology education. Likewise, for allopathic medicine education, the Liaison Committee on Medical Education does not have specific guidelines for allopathic pharmacology education. In all three professions, schools set the pharmacology curriculum.

Table 1: Comparison of Basic Science Education for Different Physician Types

	Allopathic MD	Osteopathic DO	Naturopathic ND
Anatomy	380	362	350
Physiology	125	126	250
Biochemistry	109	103	125
Pharmacology	114	108	100
Pathology	166	152	125
Microbiology/ Immunology	185	125	175

Jenson, C.B., Common Paths in Medical Education. Alternative & Complementary Therapies, Aug. 1997.

A recent comparison of the basic science education of naturopathic medical students at Bastyr University and allopathic medical students at the University of Washington showed a nearly identical credit load with 5 credit hours in pharmacology at Bastyr and 8 credit hours at UW. *Association of Accredited Naturopathic Colleges, http://www.aanmc.org/education/comparing-nd-md-curricula.php.*

For a detailed review of specific pharmacology programs at several naturopathic medicine schools, please see Appendix A attached hereto.

Above and beyond the basic academic and clinical training of naturopathic physicians, training and experience varies between individual naturopathic physicians due to specialization in different areas of medicine. Specialty organizations include the Oncology Association of Naturopathic Physicians, the American Association of Naturopathic Midwives, the Naturopathic Association of Environmental Medicine, the Institute of Naturopathic Generative Medicine, and the Pediatric Association of Naturopathic Physicians.

Finally, in addition to graduating from a college which is accredited by the CNME, many naturopathic physicians complete 1 or 2 year residency program at a school clinic. Some naturopathic physicians have completed residencies in conventional programs accredited by recognized professional organizations such as the American Academy of Cardiology.

Licensing

Naturopathic physicians take a rigorous professional board examination termed the Naturopathic Physicians Licensing Exam (NPLEX). This exam is nationally recognized as the standard for licensing NDs. Since its creation in 1986, NPLEX has followed the standards for examination development and scoring set by the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, and the American Educational Research Association.

NPLEX has undertaken psychometric evaluation of all aspects of its examination, trained

more than 100 naturopathic physicians and basic science faculty (PhDs) in item writing techniques, used the expertise of physician level reviewers to ensure relevance and quality, used trained raters and standard criterion-referenced methods to set the passing scores on all examinations, and conducted studies to assess the test's validity.

The pharmacology portion of the NPLEX assesses knowledge of prescription drugs to ensure that entry level NDs can safely treat patients who have been prescribed drugs by other practitioners. Passage of the NPLEX Part II - Core Clinical Science Examination requires that the entry-level ND know:

1. the pharmacology of commonly prescribed drugs;

2. the primary actions, adverse effects, indications, contraindications, and potential interactions with botanical medicines, nutritional supplements, and other drugs;

3. the natural therapeutic interventions that have effects similar to commonly prescribed pharmaceuticals; and

4. how to monitor and assess for therapeutic drug levels and toxicity.

Safety Record

The safety records of NDs in states with licensure are typically better than those of MDs and DOs in these states. In 2006, the California Bureau of Naturopathic Medicine contacted the licensing agencies in states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing.

The Bureau also contacted the NCMIC Insurance Company, which insures NDs in all licensing states, as well as all the naturopathic medical schools. In a letter dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications."

Additionally, the Bureau contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against licensed NDs. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and the longest histories of licensure (since 1919 and 1927, respectively). JVN found no cases against NDs for prescription negligence, and added that, "for that matter our database contained no cases against naturopaths at all."

The safety record of naturopathic physicians regarding pharmacologic substances is well demonstrated in the northwest where NDs have broad prescriptive authority. Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice

against N.D.s since the database was started in 1983 through 2010.

In Vermont, there has been only one complaint to OPR regarding a prescription by an ND.

Recommendations

Naturopathic physicians complete a four year post-graduate education that includes clinical pharmacology training to prepare them for prescribing medications commonly used in general and primary care practice. Didactic training in the uses of pharmaceuticals varies from college to college and ranges from sufficient to wanting. The Naturopathic Board Examination (NPLEX) tests for pharmacological knowledge but focuses on drug interactions and side effects and ***not on dosing and safe, effective prescribing***. Some naturopathic programs have clinical training in prescribing medications through all routes of administration ***and some do not.***

Due to the variations in both classroom and clinical training related to prescribing medications at the various naturopathic colleges, I am making the following three recommendations that will address the naturopath who has received the most limited training in pharmaceutical medications:

1. A Pharmacology Examination

In order to ensure a consistent and adequate knowledge base in prescribing medications safely and effectively, the naturopathic pharmacology examination, the passage of which will be required for the special prescriptive license endorsement, shall be the examinations given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at UVM's College of Medicine, *or a substantially equivalent course* approved by the Director, after consultation with the Commissioner of Health. The UVM College of Medicine course is a four-week, intensive pharmacology course taught every June that synthesizes medical school pharmacology. Because the course is offered by Continuing Education at UVM, it is open to non-matriculated students. It is typically populated by medical students from throughout North America who wish to gain pharmacology course credits or who wish to prepare for their board exams. There are several segmented exams during the course. In order to obtain the special license endorsement, an otherwise qualified naturopathic physician will be required to pass all of the Medical Pharmacology course exams at UVM, or the examination(s) given in a substantially equivalent course approved by the Director, after consultation with the Commissioner of Health. I will propose administrative rules that will establish the UVM Medical Pharmacology course exams as pre-approved for those seeking the special license endorsement and also a process for an applicant/petitioner to seek approval for a substantially equivalent examination associated with another school, college or university pharmacology course.

2. A Period of Prescription Review for New Practitioners

I will propose a rule requiring a prescription review process for a period of not less than 1 year by another physician (MD, DO, ND) in good standing who has been prescribing for five years or

more in Vermont. The rule will establish adequate supervision standards and requirements.

3. Prescribing Scope of Practice
The current Vermont Naturopathic Formulary includes FDA approved indications, routes and dose regimens as well as, "off-label" indications, routes and dose regimens that may be prescribed for patients and conditions the naturopathic physician is competent to treat based on that physician's training and experience. I will propose rules requiring that this continue to be followed.

While there will be those naturopaths who have received adequate training who will also be required to meet the more stringent requirements, I believe that a conservative approach will best protect the public.

APPENDIX A

PHARMACOLOGY EDUCATION AT NATUROPATHIC MEDICINE PROGRAMS

1. Boucher Institute of Naturopathic Medicine (BINM), Vancouver, BC, Canada

At BINM, students are given didactic introduction on the principles behind administration via enteral routes (oral, sublingual, rectal) and parenteral routes (IV, IM, subcutaneous), as well as by inhalation, intranasal, topical, and transdermal administration. Students also receive introductory education on the indications for administration of anesthetic medications including topical, infiltration, nerve block, IV regional, spinal, and epidural.

Emergency intravenous administration is covered in the Emergency Medicine course. A separate certification must be taken outside of the BINM program in order to be certified to administer intravenous therapies.

Students receive practical training on the all routes of administration of natural medicines with the exception of intravenous during their clinic training. The pharmacology of some controlled substances is covered in the program including opiates, amphetamines, benzodiazepines, etc. Further training in prescription of pharmaceutical substances must be taken following graduation in order for ND's to receive prescriptive rights in British Columbia. Therefore, students do not actually prescribe or administer pharmaceuticals during their clinical training. Instead, students learn about pharmaceutical prescribing in a mentored environment under the direct supervision of licensed naturopathic physicians. Clinical supervisors with prescriptive rights write prescriptions for patients in the teaching clinic as part of a full naturopathic assessment, work-up and plan which involves the students. Students are expected to research the medications that their patients are taking in order to understand potential nutrient deficiencies, side effects, contraindications and interaction with other pharmaceuticals. Students are also expected to understand interactions between pharmaceuticals as well as between a pharmaceutical and a botanical/nutraceutical product.

2. Canadian College of Naturopathic Medicine (CCNM), Toronto, Ontario, Canada

At CCNM, the ND four-year program of study consists of over 3000 hours of classroom training and more than 1200 hours of clinical experience. Naturopathic students at CCNM receive in-depth training and education in pharmacology, diagnosis and herb-drug and dietary-drug interactions.

Learning outcomes throughout CCNM's extensive four year curricula are taught to naturopathic students to enable them to competently prescribe pharmacologic agents used in primary care practice. In addition to being provided with a scientific foundation as well as specific training in pharmacology, students are educated in the prescribing competencies recently developed by the National Prescribing Service, a not-for profit organization funded by the Australian Government Department of Health and Ageing. These include obtaining full

knowledge of a patient's condition by understanding their clinical needs, conducting differential diagnoses, understanding and collaborating on treatment options and conducting follow-up treatment.

In addition to taking a 70-hour course devoted to pharmacology, students are also taught about food/drug interactions in clinical nutrition courses as well as the effective and safe therapeutic use of botanicals in botanical medicine courses. Students are also required to take the courses in specialty areas of medicine which incorporate prescribing competencies: Primary Care, Emergency Medicine, Clinical Nutrition, Botanical Medicine, In-Office Procedures I, Pediatrics, Maternal and Newborn Care and Men's and Women's Health. The Primary Care course integrates previously learned competencies into the third year program by increasing students' knowledge of first-line pharmacotherapy, current guidelines and best practices. This course also investigates how to critically evaluate therapeutic options through evidence-based risk-benefit assessment, modifiable disease factors and harm reduction in clinical practice.

Finally, during their fourth year of study, students practice the clinical skills they have learned under the direction of a licensed ND, while completing a twelve-month clinical internship at the Robert Schad Naturopathic Clinic and at five satellite clinics in Community Health Centers in Toronto. All students undergo a thorough assessment of their clinical skills throughout their internship. In addition, intramuscular routes of administration are taught in the In-Office Procedures course in the third year. To support this learning, in the fourth year as a clinical intern, students are expected to have 5 shifts as a Duty Intern – where they are assigned to be in the lab. It is there and in clinic that they practice their skills in IM. The In-Office Procedures I course accounts for approximately 67.5 hours. Duty Intern hours in clinic are a minimum of 30 hours.

The ability to provide intravenous treatment in Ontario is only allowable after one registers as an ND and passes the parenteral exam. IV therapy is available, however, at the school's teaching clinic, so students get first-hand observation of IV therapies as performed by licensed naturopathic doctors.

3. National College of Naturopathic Medicine (NCNM), Portland, OR

The pharmacology course is taught by an MD/ ND and utilizes a format whereby the basic principles of pharmacology are taught. These principles include the main clinical indications, main mechanisms of action, and the chief side effects for prototypical drugs of the major contemporary drug categories. The main emphasis of lecture material is on the clinical applications of these drugs. The relative advantages and disadvantages of the drugs presented in class are discussed

Students are taught the major drug classes commonly in use today. Prototypical medications from these drug classes are discussed at each lecture. Lecture material focuses on the clinical indication for use of these drugs, their chief mechanisms of action and their major side effect profiles. The current drugs of choice for their respective indications are reviewed. At

the end of the course, the student is expected to be able to predict the chief therapeutic effects and the chief side effects of the drugs within the major drug classes that are most commonly utilized today.

In addition to the basic pharmaceutical courses, within each specialty course (cardiology, gastroenterology, gynecology, etc.) students are taught the therapeutic options for specific conditions. NCNM students are trained to the broadest national scope of practice for an ND, and as such, both naturopathic and allopathic care including surgical and detailed pharmaceutical options are discussed for all conditions.

NCNM uses the following texts: Recommended Texts: Pharmacology, 3rd edition, editors – Harvey and Champe; Lippincott; Principles of Pharmacology 3rd edition, editors Golan et al. Lippincott; Clinical Pharmacology Made Ridiculously Simple, Olson; MedMaster Actions, Interactions and Selected Pharmacologic Agents by Zora DeGrandpre, MS, ND; Goodman & Gilman's, The Pharmacological Basis of Therapeutics, 10th ed; McGraw Hill Drug Facts and Comparisons

4. National University of Health Sciences (NHUS), Chicago, IL

Students in the Doctor of Naturopathic Medicine program at NHUS are required to take 90 hours of basic pharmacology in didactic format. In addition, there are 120 hours of botanical medicine and pharmacognasy which include the pharmacodynamic principals of many plant derived pharmaceutical agents such as anticholinergics and opiates.

Additional pharmacology training is received in the many specialty courses including Evaluation and Management, Internal Medicine/ Emergency Medicine, and Minor Surgery/ Emergency Procedures, which includes suturing, biopsy and the use of topical and regional anesthetics.

In the clinical internship at NUHS, students are instructed on the use of the prescription medications currently used by the clinic's patients under the supervision of an MD internist, including various routes of administration including oral, injectable, and topical. Intravenous therapy is currently only taught through didactic courses although the program is developing clinical training in IV therapy.

5. Southwest College of Naturopathic Medicine (SCNM), Tempe, AZ

SCNM currently requires 96 hours of didactic training in pharmacology, including neuropharmacology, cardiology, respiratory, infectious disease, dermatology, rheumatology, gastroenterology, endocrine pharmacology, and other areas. Students graduating and passing the clinical board exams are qualified family practice physicians who are able to safely prescribe many different standard treatments generally used in family practice, including controlled substances. ND students generally receive minimal clinical experience in pharmaceutical prescription during clinical training, though they can seek additional training with physicians

who prescribe pharmaceutical medications.

Graduating ND students are not qualified to prescribe in specialty areas, even though the standard DEA number would permit legal prescriptions. This includes neuropsychiatry, oncology, advanced cardiology, HIV and tuberculosis treatments, and several other areas, without substantial further training. IV administration of nutritional medicines is taught in the clinical setting.

CONNECTICUT REALTORS®
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Tel (860) 290-6601 • ctrealtor.com

Statement on

H.B. 5537 (Raised): AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

OPPOSE

Submitted to the Public Committee
March 14, 2014

By Gene Fercodini, Past President
Connecticut Association of REALTORS®, Inc.

The Connecticut REALTORS® would like to submit testimony in opposition of HB 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. The act is designed to implement the Department of Public Health's recommendations concerning various revisions to the public health statutes.

The Connecticut REALTORS® has an objection to Section 30 of the act. This section requires reporting on a monthly basis all air and radon in water reports to the Commissioner of Public Health by companies that provide for radon testing. The Connecticut REALTORS® are in favor of safe homes for the citizens of Connecticut, but we do not understand the rational for this section. The proposal requests a collection of data, to be deposited with the Department of Public Health, but it does not specify the use for this data.

The Connecticut REALTORS® believe this bill would stigmatize properties as having high radon counts when radon mitigation can be easily provided for This action could result in a property not being as marketable due to its inclusion on said report.

The Connecticut REALTORS® also believes this proposal would add a large burden of administrative costs onto both testing companies and the regulatory body. These costs would in turn be passed onto the home buying consumers and Connecticut taxpayers.

To conclude, Connecticut REALTORS® opposes this section as we believe it to be an excessive reporting requirement that does not add to the protection of the home buyer as it will unnecessarily increase costs to all involved.

Connecticut REALTORS® represents over 15,000 members involved in all aspects of real estate in Connecticut. For this reason, the Connecticut REALTORS® ask for you to oppose this section of the proposal.

Thank you for your attention to this important matter.

Robin Burke
821 Millbrook Road
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been a patient of naturopathic physicians since 1985. At that time, I was 20 and had just been diagnosed with Type I diabetes at Yale New Haven. Despite what Yale had to offer, I continued to be extremely ill. I was so sick I was having difficulty working. No MDs were able to shed light on why I was so sick. I was doing everything I had been taught to manage diabetes, but I became more and more debilitated.
A friend stepped in and took me to see a naturopathic doctor in New Haven. At the first visit he spent an hour with me, taking the most extensive history I have ever had by a doctor. By the second visit, he had blood work results and a treatment plan. Within three weeks I felt that I had been given my life back. I was able to work full time again and most of my symptoms had abated. Curiously the blood work he ordered was nothing any MD couldn't have ordered, he just took the time to inquire and look deeper, and had the knowledge and training to then do something about it.
I was so impressed by naturopathic medicine, its principals and philosophy (see below) that I moved to Portland, Oregon to work for the oldest naturopathic college in existence in this country. (Oregon is a state that supports naturopathic doctors to be able to practice to the full extent of their education and training, including prescriptive authority, as do many other states including New Hampshire and Vermont.) In my time there, I was witness to remarkable outcomes of medical cases that conventional medicine was unable to help.
I now reside back in Connecticut, my home state, where unfortunately this state has an extremely outdated naturopathic law. I have believed for years that the people of Connecticut are "missing out" on the full benefits of what naturopathic doctors are trained to provide. Currently I attribute my good health to the auspices of naturopathic medicine. I have had Type I diabetes for 29 years and I do NOT have any signs or symptoms of ANY diabetic complications. But that has taken greater effort on my part because I have to use TWO general practice doctors to accomplish what I need, an ND, and a MD to prescribe, which takes two office visits, two co-pays, and twice the time and effort. Seems silly! We need modernization of an antiquated law!
I believe the citizens of Connecticut have the right to have access to the full scope of naturopathic medicine It is extremely cost effective, safe, effective, and preventive primary care. Just to name a few areas where naturopathic medicine shines are chronic illnesses, allergies, digestive illnesses, colitis, diabetes, arthritis, even depression. If you or a loved one became ill or suffered from a chronic illness, I

believe you would be well served to have a naturopathic physician as part of your healthcare team. Please consider supporting this bill which would allow NDs to be able to treat their patients to a greater extent.

In case you are unfamiliar with what naturopathic medicine is to the full extent of practice:

Naturopathic medicine (sometimes called "naturopathy") is a distinct system of primary health care that emphasizes prevention and the self-healing process through the use of natural therapies.

The Healing Power of Nature (Vis Medicatrix Naturae): Naturopathic medicine recognizes an inherent self-healing process in people that is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Causes (Tolle Causam): The naturopathic physician seeks to identify and remove the underlying causes of illness rather than to merely eliminate or suppress symptoms.

First Do No Harm (Primum Non Nocere)· Naturopathic physicians follow three guidelines to avoid harming the patient:

- Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat;
- Avoid when possible the harmful suppression of symptoms; and
- Acknowledge, respect, and work with individuals' self-healing process.

Doctor as Teacher (Docere): Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person: Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development

Prevention: Naturopathic physicians emphasize the prevention of disease by assessing risk factors, heredity and susceptibility to disease, and by making appropriate interventions in partnership with their patients to prevent illness.

Naturopathic Practice

Naturopathic practice includes the following diagnostic and therapeutic modalities: clinical and laboratory diagnostic testing, nutritional medicine, botanical medicine, naturopathic physical medicine (including naturopathic manipulative therapy), public health measures, hygiene, counseling, minor office procedures, homeopathy, and prescription medication..

I conclusion, I sincerely thank you for your time and consideration and I would be happy to answer any questions or concerns you may have regarding this.

In health,

Robin L. Burke
821 Millbrook Road
Middletown, CT 06457
(860) 550-2188
forestnfield@gmail com

Thank you for your support and consideration

Sincerely,
Robin Burke

Erica Bauer
HB 5537

Hello!

My name is Erica Bauer, I am a graduate student currently pursuing my Master's degree in Applied Behavior Analysis, as well as certification as a Behavior Analyst. I am writing to inform you that I oppose HB 5537, Section 6 regarding the expansion of the scope of practice of Speech and Language Pathologists (SLP's) to include providing and overseeing Applied Behavior Analysis programs in Connecticut.

As a student of behavior analysis that has worked with many SLP's in my experience within the school system, I am very concerned about this proposed bill for the following reasons:

- ABA is not currently within the scope of practice for SLP's, and overseeing/providing behavior analytic programming is against their code of ethics as professionals
- SLP's are not required to take any behavior analysis classes, and are not required to obtain experience or supervision requirements towards behavior analysis during the course of their training
- I am concerned about the negative impact that this bill could have on professionals (BCBAs) that are certified to implement behavior analytic programs

Please do not support this bill!

Thank you!
-Erica Bauer
Graduate Student, University of Saint Joseph

I am writing as:
Darlynne Stevens Patrignelli
12 Briarcroft Avenue
Trumbull, CT
Registered voter
HB 5537

We are seeking to add expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. PLEASE SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Thank you,
Darlynne Patrignelli

Lisa Gregory
HB 5537

To whom it may concern,

This is written in opposition of HB 5537. My name is Lisa Gregory and I am the Principal at a school using ABA strategies to instruct children with Autism. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's which is detrimental to the implementation of ABA.

Name: Lisa Gregory
Address: 128 Carriage Path South
Milford, CT 06460

Mary Lerardi
HB 5537

Legislation,

As a parent of a seven year old boy with Autism and a teacher, I strongly oppose HB5537, section 6. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. ABA is not currently within the scope of practice of Speech Language Pathologists In the day to day education of students this bill would simply hurt the future of all Autistic children and cause more regression and developmental delays. Legislators need to see firsthand how devasting this would be for all involverd.

Mary lerardi
6 Guernsey Lane
Wallingford, CT

Holly Sickles
HB 5537

My name is Holly Sickles and live at 299 Bridgeport Ave. Milford, CT 06460 and I oppose HB 5537 Section 6.
Speech Language pathologists are not required to take any classes in behavior analysis
SLP's and Behavior Analysts each have our own areas of training and expertise.
To homogenize the two is misleading and under minds each profession.

Holly Sickles
Office Manager
Email sickles@cccdinc.org

The Connecticut Center for Child Development Inc.

Site 1 840461
925 Bridgeport Avenue
Milford, CT 06460
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Connecticut Fund for the Environment

Save the Sound®
A program of Connecticut Fund for the Environment

Testimony of Connecticut Fund for the Environment
Before the Committee on Public Health

In support of HB 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Submitted by Zachary Bestor
Legal Fellow / Attorney
March 13, 2014

Connecticut Fund for the Environment ("CFE") is a non-profit environmental organization with over 5,500 members statewide. The mission of the CFE, and its program Save the Sound, is to protect and improve the land, air and water of Connecticut and Long Island Sound. We use legal and scientific expertise and bring people together to achieve results that benefit our environment for current and future generations

Dear Sen. Gerratana, Rep. Johnson and Members of the Public Health Committee,

Connecticut Fund for the Environment submits this testimony in support of Proposed HB 5537, AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes. If passed, Section 13 would change statutory language to eliminate the requirement that a water company must include some Class III land in a sale of Class II land to a municipality, the state, or a water company. The Water Planning Council Advisory Group requested this change and the Water Planning Council recommended that the change be included in the Department of Public Health's 2014 legislative proposal. Under the current language, if no Class III land is available, an otherwise reasonable transfer of watershed to the state, a municipality, or another water company would be prohibited.

Therefore, we support this legislation and urge you to approve Section 13 of HB 5537.

Thank you for your time and consideration on this matter.

Sincerely,

/s/ Zachary Bestor

Zachary Bestor
Connecticut Fund for the Environment
zbestor@ctenvironment.org
Tel: (203) 787-0646 x 108
Fax: (203) 787-0246

Karen Burnaska

Public Health Committee Public Hearing
March 14, 2014
IN SUPPORT OF:
HB 5537, AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Dear Sen. Gerratana, Rep. Johnson and Members of the Public Health Committee,

As a member of the Water Planning Council Advisory Group, I urge you to support Section 13 of HB 5537. Section 13 changes statutory language to eliminate the requirement that a water company must include some Class III land in a sale of Class II land to a municipality, the state or a water company. The Water Planning Council Advisory Group requested this change and the Water Planning Council recommended that the change be included in the Department of Public Health's 2014 legislative proposal. Under the current language, if no Class III land is available, an otherwise reasonable transfer of watershed to the state, a municipality or another water company would be prohibited.

Please consider approving Section 13 of HB 5537.

Thank you.

Karen Burnaska
Endangered Lands Coalition/Connecticut Fund

for the

Environment

Wui Yi Wong
HB 5537

Dear Committee,

My name is Wui Yi (Jessie) Wong, and my address is 10 Spring Ridge Ct, Danbury CT 06811. I oppose HB 5537, section 42 [6].

Currently, Speech and Language Pathologist (SLP) are not required to take any coursework nor do they have any training or experience requirements related to the provision of Applied Behavior Analysis (ABA) services. Thus, ABA is not currently within the scope of practice of SLP.

Modification to SLP's current scope of practice will negatively impact the quality of ABA services for individual receiving ABA services, due to the lack of ABA related education and training as part of their training to become SLP. To illustrate, it would not be ethical for School Psychologist to expand its scope of practice to include provision of speech and language related services/therapy, since school psychologist are not required to take any coursework nor they have any training requirements related to speech and language services.

To conclude, I oppose HB 5537, section 42 [6].

Thank you for your time.

Sincerely,

Wui Yi (Jessie) Wong

TO: The Public Health Chairmen: Sen. Terry Gerratana and Rep. Susan Johnson and Honorable Members of the Public Health Committee

FROM: Margaret Miner and Maureen Westbrook, Co-chairs, Water Planning Council Advisory Group (WPCAG)

FOR: Public Hearing, Friday, March 14, 2014

RE: Testimony for HB 5537, AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes, Section 13

Dear Chairs Gerratana and Johnson, and Hon. Members of the Committee:

We write to express support for **HB 5537, Section 13.** The Water Planning Council Advisory Group (WPCAG) established pursuant to Section 25-33o of the CGS, in conjunction with the Department of Public Health, researched the language in this section, and determined that the proposed change was needed. Section 13 eliminates the requirement that a water company must include some Class III land in a sale of Class II land to a municipality, the state, or a water company. The Water Planning Council also has recommended this change in its legislative recommendations for 2014.

The requirement evidently was originally crafted to suit a unique situation. But the unintended consequence is to prohibit arrangements that would otherwise be legal and desirable.

Thank you for your consideration.

Maureen Westbrook, Connecticut Water Company

Margaret Miner, Rivers Alliance of Connecticut

Margaret Miner, rivers@riversalliance.org Maureen Westbrook, mwestbrook@ctwater.com

Lisa Carranzo

I oppose hb5537 sec 6

ABA is not currently within the scope of practice of Speech Language Pathologists thank you Lisa Carranzo 327 Laurel St East Haven Ct

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Elisabeth Boedecker
23 Castle Meadow Rc
Newtown, CT 06470
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been going to a naturopathic physician since my mother adopted me and brought me home from Russia at age 3. I have been healthy and when I got lyme disease, my naturopathic doctor treated me until I got over it and I haven't had a reoccurrence.

I want to continue going to naturopathic physicians because their approach to healing works with the body in ways I strongly believe in. Please vote in the affirmative so that naturopathic physicians can treat patients according to new the advances in their education and training.

Thank you for your support and consideration.

Sincerely,
Elisabeth Boedecker

Nancy Harper
70 Madley rd
Lebanon, CT 06249
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Thank you for your support and consideration.

Sincerely,
Nancy Harper

Sitwat Shah
16 Hayestown Road
Danbury, CT 06811
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

As a patient, I have personally experienced the beneficial impact of a comprehensive approach to health, which in my view involves both allopathic and naturopathic aspects. I really hope you will support and embrace this forward-thinking step toward the betterment of healthcare in our state.

Thank you for your support and consideration.

Sincerely,
Sitwat Shah

Melanie Kaplan
45 Fieldstone Terrace
Stamford, CT 06902
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

The scope of Naturopathic Doctors needs to be changed. Because of their ability to heal patients in ways that mainstream doctors can't, as they often consider the holistic perspective of the patient, they should be afforded additional privileges so that they can provide the maximum anmount of care that we their patients deserve such as precribing medications when required as well as providing IV nutrients when needed.
It is unfair that they are prohibited from practicing the full scope of their profession and the result is that their patients suffer the consequences.

Thank you for your support and consideration.

Sincerely,
Melanie Kaplan

Josephine nagle
145 Raymond Road
Windsor Locks, CT 06096
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support our Naturopathic physicians in Connecticut. Dr. Brady has helped me more than twenty five other MD's that I have seen in the past twenty years.
No MD could find what was the problem and he did. Please give our ND's your support and have our healthcare cover their services.

Thank you
Josephine Nagle

Thank you for your support and consideration.

Sincerely,
Josephine nagle

Jordan Goldstein
44 Lena Road
Forestburgh, NY 12777
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

As a parent who has just put my daughter through Naturopathic Medical School I am in awe with how her knowledge has exceeded the boundaries of most of the allopathic doctors I have been too and she hasn't even started practicing yet!

In truth my Naturopathic Doctor in Connecticut has made such a difference in the quality of my life without the use of feeding the pharmaceutical industry and compromising my health with prescriptions.

It is imperative you give these doctors their due for the benefit of all the people living in your state and the many of us who rely on these doctors in other states.

Thank you for your support and consideration.

Sincerely,
Jordan Goldstein

Nancy Blake
89 Clearview Ave.
Meriden, CT 06450
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I highly recommend Naturopathic Doctors in Ct., I have been going to Dr. Germaine for several years, and I have learned so much about the Natural ways of medicine, and what is good for my body... She has steered me in the right direction , and I highly recommend her to any of my family and friends. She has been a God send to me, and I will continue to go to her for as long as she is practicing . I fully support and vote to add bill language for the modernization of the Ct. Naturopathic physician scope of practice to HB 5537. Thank You,

Sincerely ,
Nancy Blake

Thank you for your support and consideration.

Sincerely,
Nancy Blake

Gwenn Rosenberg
230 cove rd
Stonington, CT 06378
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am a practicing naturopathic doctor. When I was practicing in Oregon with full prescribing rights, I was able to act as a primary care physician. My training in nutrition and preventive medicine allowed me to go beyond treating a person's chief complaint to help them avoid developing chronic diseases. I would like to be able to prescribe blood pressure medications and diabetes medications because I work with many patients who are on these medications and I help them prevent complications or worsening of their conditions. With this type of prevention, naturopathic doctors like myself can help reduce health care costs and help people function better in their homes and in their workplaces.
All naturopathic doctors are trained in pharmacology and prescribing. If we get prescribing rights, we can step up and help Connecticut face the upcoming shortage of primary care physicians Thank you in advance for considering this bill.

Thank you for your support and consideration.

Sincerely,
Gwenn Rosenberg

Mindi Englart
145 cottage street
New haven, CT 06511
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been using my naturopath, Sharon DeKadt, for 25 years as my primary healthcare provider. She works in a holistic way that medical doctors do not. At times I go to my M.D. but my naturopath is really the person I call first when a health problem arises.

Thank you for your support and consideration.

Sincerely,
Mindi Englart

Jamie Ahn
305 Jeniford rd
Fairfield, CT 06824
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Our family's primary doctors are naturopathic doctors. And now, I became a naturopathic student myself. I truly believe in healing power of our body natural way. Please do not take our rights of choosing right doctors for our family.

Thank you for your support and consideration.

Sincerely,
Jamie Ahn

Alan & Cynthia Campisi Jackmauh
129 Long Hill Road
Windsor, CT 06096
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I could never imagine life without seeing Dr. Myriah Hinchey in Hebron Ct...She has a never ending plethera of health information and ways to bring people back to health that traditional MDs have absolutely no knowledge of. Dr. Myriah helped my Autistic son immensely and myself and my husband...PLEASE VOTE FOR HB5537.....PLEASE VOTE FOR THIS...YOU ARE THE VOICE OF THE CITIZENS !!!!!! WE NEED NATUROPATHS TO BE ABLE TO OFFER EVERYTHING POSSIBLE AND IT SHOULD BE PAID FOR BY INSURANCE COMPANIES

Thank you for your support and consideration

Sincerely,
Alan & Cynthia Campisi Jackmauh

Jennifer Minery
225 Covey Road
Burlington, CT 06013
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have had the most success working with Naturopathic Doctors. I have been to a few in the past 15 years. I found that my health improved and my need for medications & needless testing diminished. I took control of my health and unlocked the healing abilities that already exist in my body. My health bills have gone down and my need to use insurance for over-testing and medicating decreased significantly.

I am currently enrolled in The Institute of Integrative Nutrition, studying to be a Health Coach. I love empowering people to take control of their health and not lean solely on medical intervention as much.

I would love to broaden the scope of services available to people. Let's start to endorse more Integrative Medicine...at the very least combining the Naturopathic and Allopathic - it is a disservice to to otherwise.

Thank you for your support and consideration.

Sincerely,
Jennifer Minery

Laura Patrignelli, registered voter in Trumbull CT.
HB 5537

To Whom It Mat Concern:

We are seeking to add expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. PLEASE SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- **improve healthcare access**
- **improve healthcare continuity**
- **improve coordination of care**
- **meeting primary care needs**
- **enhanced education and training**
- **consistency with ND scope across states**
- **cost and time savings to patients and 3rd party payers**

As a patient, firm believer, and advocate of Naturopathic medicine and treatments, I hope you will support this Bill.

Sincerely,

Laura Patrignelli

AnnaMarie March
94 Laurel Hill Road
Brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

There will be significant cost and time savings to patients and 3rd party payers.

I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Thank you for your support and consideration.

Sincerely,
AnnaMarie March

My name is Laura Bunda, 352 Green Hill Road, Madison, Ct 06443 and I oppose HB 5537, Section 42 [6].

ABA is not within the scope of the training, and qualifying credentials of SPLs. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice. Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you,
Laura Bunda, MS, BCBA

CAROL ANN LUCIA
14 STEPHANIE LN
OAKVILLE, CT 06779
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I, my children and my grandchildren have naturopathic physicians. My experience since 1984 is that their medical training is the same as allopathic doctors. Please join other states and give naturopathic physicians the scope of practice that they were trained for. It was my naturopath who diagnosed my grandson with lyme disease and this was confirmed by a blood test. She was the first to say that he needed to get a 30 day antibiotic in addition to her supplements, tinctures and homeopathics. Truly, this is complementary and not alternative. We need Naturopaths as much as we need allopathic doctors. Please don't tie their hands. Let them be the wonderful physicians that were trained to be. Thank you

Thank you for your support and consideration.

Sincerely,
CAROL ANN LUCIA

Christina Morgan
121 North Stonington Road
Mystic, CT 06355
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I believe strongly that passing this bill will be beneficial to the patients of Naturopathic physicians.

Thank you for your support and consideration.

Sincerely,
Christina Morgan

Charles Morgan
121 North Stonington Road
Mystic, CT 06355
HB 5537

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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I strongly believe this will be very beneficial to the patients of Naturopathic physicians

Thank you for your support and consideration.

Sincerely,
Charles Morgan

Gorica Adduci
81 Dennison Ridge
Manchester`, CT 06040
,HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

We need more choices in healthcare. There is a place for medical doctors and alternative doctors and therapies. They can and do coexist. People are treating themselves with vitamins and supplements without any supervision. People need expert guidance. More people need access to natural paths and other therapies. I believe the medical offices and hospitals should add an integrative health coach for their patients covered under all insurances. They would be a great liaison between the healthcare teams.

Thank you for your support and consideration.

Sincerely,
Gorica Adduci

Donna Berman
p.o.box 158
pine meadow, CT 06061
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Alternative medicine is no longer alternative. It has been integrated into mainstream medical practice and we are the better for it. Naturopaths need the power and authority they deserve.

I urge you to take positive action on the modernization of this bill.

Thank you for your support and consideration.

Sincerely,
Donna Berman

Marsha Sebare
171 East Ave
New Canaan, CT 06840
HB 5537

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

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Thank you for your support and consideration.

Sincerely,
Marsha Sebare

Philip Cohen
1 Old Mill Road
Weston, CT 06883
HB 5537

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I ask for your support to modernize the Connecticut Naturopathic physician scope of practice by adding appropriate language to HB 5537.

Connecticut is home to an excellent School of Naturopathic Medicine yet the naturopathic scope of practice in Connecticut is the most restrictive in the nation and has clearly not kept up with the times.

Thank you for your support.

Thank you for your support and consideration.

Sincerely,
Philip Cohen

Adam Breiner
5520 Park Avenue
Trumbull, CT 06611
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I am a physician that has over 1,000 patients that I serve in the State of Connecticut. At my clinic we see people from all walks of life and with various medical conditions. I continually strive to provide my patients with the best and most innovative care possible. I do so, however, with my hands tied. Far too often, a patient of mine needs a certain medication or procedure that as a naturopathic physician in the State of Connecticut I cannot provide for them. They must then waste their time and money to go to another physician to get what I have already assessed they need.

Connecticut should pride itself on having one of the oldest naturopathic licensing laws in the nation. The legislatures of the early 20th century had the compassion and foresight to give Connecticut citizens access to naturopathic medical care. However, nearly a hundred years later, it is time that Connecticut to modernize this ancient law. Much has changed since the 1920's, and while naturopathic medicine still embraces its core principles of the healing power of nature, it has evolved to include many modern advances. Many other states have licensing laws that allow its naturopathic physicians to practice to their training to provide the best care possible. It is time for Connecticut to join these prudent states.

Most importantly, it is the citizens whom you represent that you must keep in mind when voting to modernize the naturopathic scope of practice. As government becomes more and more involved in people's health care, it is tantamount to allow people the freedom of choice they deserve. There are many citizens that choose to have a naturopathic physician be their primary care giver. It is now time to allow these ND's to practice to their training so they can provide a high standard of care the people of Connecticut expect and deserve.

Thank you for your time in considering this important piece of legislation, and the support I hope you will give.

Thank you for your support and consideration.

Sincerely,
Dr. Adam Breiner

patricia greene
84 wallacks drive
stamford, CT 06902
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

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I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

My ND is the best doctor who has helped me for over 20 years He knows me well and with his treatments and daily care, I am very healthy. I am 63 and can't afford to go to numerous doctors. Why would I want to go to someone that doesn't know me. He has help me with a thyroid problem that wasn't detected when I was tested by a MD. When my ND started me on a regular routine of taking thyroid tables, I immediately had more energy, which saved me job, and my hair stopped falling out. I only want to call my ND first when I need advice. I will only contact a MD at my ND's requests. Why would I want to go to someone that doesn't know me?

Please help the CT NDs to have the access and tools to provide a better service for folks.

Thank you for your support and consideration.

Sincerely,
patricia greene

Lynn Kochiss
76 Gadpouch Rd
Cobalt, CT 06414-0212
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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As someone who has had excellent health for over 20 years as a result of support from the naturopathic group which has guided me and provided medical care, I would like to see this group of outstanding professionals and health care providers increase their ability to continue to treat me and others as our needs change or increase. This legislation would provide them with much needed support.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

Thank you for your support and consideration.

Sincerely,
Lynn Kochiss

Heather Gagliardo
HB 5537

My name is Heather Gagliardo and I oppose HB 5537, Section 42 [6]. I oppose this bill for a variety of reasons. First off, Speech Language Pathologists are not required to take any classes specializing in behavior analysis and do not receive adequate training in this area. If SLP began implementing behavior analytic strategies consumers of ABA services would be negatively impacted. Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you,
Heather Gagliardo

Heather Gagliardo
2225 Mill Plain Rd.
Fairifeld, CT 06824

Tracy Perreault
15 Stonecrest drive
Bristol, CT 06010
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please help support the freedom of choice all patients should have when making personal medical decisions for ourselves and our families

Thank you for your support and consideration.

Sincerely,
Tracy Perreault

Erica Watson
25 Lake Street
Ledyard, CT 06339
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Thank you for considering this testimony. I was healed by naturopathic methods of treatment several times; once for a neuromuscular disorder, and then for an intense viral infection. Naturopathic medicine is what I used for my children to treat their ailments and concerns. My ND, Laura Munro, has trained extensively in the areas of allopathic knowledge and application; herbal remedies; musculoskeletal manipulation and healing; mental health support; and, "Eastern" medicine treatments. All of her training supports healthy bodies throughout our region.

We need more naturopaths in Connecticut, and we need for them to have access to treat patients in hospitals. It would be a tragedy to not have our citizens have treatment plans by naturopaths. Naturopathic physicians are physicians. We have physicians' assistants, nurse practitioners, D.O.s, and other practitioners in our hospitals and other medical facilities. It is time that we encourage a nation of well, independent patients who benefit from the healing touch and treatments of naturopaths.

Thank you

Thank you for your support and consideration.

Sincerely,
Erica Watson

Adilia Douglas
15 Flora Blvd
Fairfield, CT 06824
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

All my life, myself and my children have been treated by Naturopathic doctors with great success.
I highly value the unique perspective that Naturopathic doctors bring to medical care and to better serve their patients they should be allowed to provide services such as prescribing medications when needed and many other services that as Naturopathic physicians in Connecticut are not allowed to provide.
The CT State Legislature's Public Health Committee must realize that we are living in the "21 century" not in dark ages.

Thank you for your support and consideration.

Sincerely,
Adilia Douglas

Claudio Fratarcangeli
125 Patrick dr
Fairfield, CT 06824
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have suffered most of my life with serious gastrointestinal problems Regular doctors offered no help. Finally a naturopathic dr told me to stop eating gluten and alter my diet in other ways, gave me some supplements and for the first time in 20 years my symptoms improved. Naturopaths have also helped with allergies and chronic headaches

Thank you for your support and consideration.

Sincerely,
Claudio Fratarcangeli

Christina Burns, M.A., BCBA

38 Walter Street• Chicopee, MA 01013
Phone 413-315-8182 • Fax 413-315-8182 • E-Mail. chrissyburns79@gmail com

Date: March 12, 2014

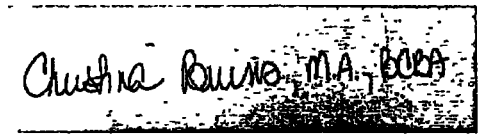
To Whom It May Concern:

As a Board Certified Behavior Analyst (BCBA) practicing in the state of Connecticut, I want to voice my **opposition** to bill number HB 5537, specifically Section 42 (6).

I have been a practicing BCBA in the state of Connecticut for the last 5 years. It is alarming to me that a bill would pass that would allow Speech Language Pathologists (SLP) to practice Applied Behavior Analysis (ABA), which I took specific coursework to learn. I currently work in a setting with SLP's as part of an interdisciplinary team. The SLP's often seek guidance from the behavior analysts and do not typically practice methodology based in ABA nor are SLP's required to take coursework related to ABA during their training.

Connecticut already has pre-existing legislation relating to Behavior Analysis and the scope of practice of Behavior Analysts. This expansion of the scope of practice for SLP's would cause confusion and negatively impact already practicing BCBA's in the state of Connecticut. Also expanding the scope of practice for SLP's would need to be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Sincerely,



Christina Burns
Board Certified Behavior Analyst

Cyndi Giordano-Donati
143 State Route 39
New Fairfield, CT 06812
HB 5337

To Whom it May Concern,

I am writing to oppose bill # HB5537 Section 42[6]. Currently Applied Behavior Analysis is not within the scope of practice of Speech Language Pathologists. SLP's are not required to take any classes in behavior analysis and do not have any training or experience requirements in the field of behavior analysis as a part of their requirements to become SLPs. As a result of this, if this bill passes the direct consumers of ABA services (children, families, school districts) will be negatively impacted as a result of the lack of training for SLP's in behavior analysis. In addition, this bill would negatively impact other professionals such as Board Certified Behavior Analysts as well as School Psychologists who receive training in behavior analysis. Any proposed bill attempting to expand SLP's scope of practice must first be reviewed in accordance with Public Act 11-209; an act concerning the Department of Health's Oversight Responsibilities relating to scope of practice determinations for Health Care Professionals.

Thank you,

Cyndi Giordano-Donati, MA, BCBA
Behavior Analyst
Aces: Consultation Services
26 Old Post Road
Northford, CT 06472
(203) 484-9501
cgiordano@aces.org

Arthur Goldweit
4 Barkwood Hill Rd
Brookfield, CT 06804
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dr. Kathleen Riley has been our primary health care physician for our family for 25 years. Her naturopathic approach has been powerful and effective, even with the most serious and comlicated health issues. Our three children have grown up strong and healthy under her care. Please endorse and expand the scope of all the vitally important naturopathic health practitioners in our state

Thank you for your support and consideration.

Sincerely,
Arthur Goldweit

Marcia Cook
P. O. Box 410
Southfield, MA 01259
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic doctors are desperately needed. It's a great feeling to be able to avoid the toxins in the modern medicine world and be able to heal naturally.

Thank you for your support and consideration.

Sincerely,
Marcia Cook

Diane Osunniyi
133 Bascom Rd.
Lebanon, CT 06249
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I fully and whole heartedly support the scope of practice to HB5537 and proposals for updating, modernizing, and expanding the Naturopathic Scope of Practice.

Thank you for your support and consideration.

Sincerely,
Diane Osunniyi

Maris Pelkey
HB 5537

My name is Maris Pelkey. I am a Board Certified Behavior Analyst and I oppose bill number HB 5537, Section 42 [6]. I oppose this bill as ABA is not currently within the scope of practice of Speech Language Pathologists. Behavior Analysts receive extensive education and oversight and must pass a examination before achieving certification in the field. SLPs are not required to take any classes or receive any training in ABA as part of their training to become SLPs. Allowing an SLP to oversee an ABA program with no training in ABA would negatively impact consumers of ABA services. Additionally, any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you for your time and consideration,

Maris Pelkey, MA, BCBA
Board Certified Behavior Analyst
35 Horton Avenue
Cheshire, CT 06410

Written Testimony Opposing HB 5537, Section 42 [6]

March 12, 2014

To Whom It May Concern:

My name is Stephanie Reinoso, and I am a graduate student at the University of Saint Josephs. I will complete my degree this May, which is a Masters in Autism and Behavior Analysis. I have also completed all my 1500 hours of field work that is required by the Behavior Analysis Certification Board (BACB) in order to be eligible to sit for a certificate exam. This Certificate is required to become a BCBA, and to oversee the practice of Behavior Analysis.

I am writing to oppose HB 5537, Section 42 [6]. Speech and Language Pathologist have no formal training in behavior analysis, and they are not required to take any course work in behavior analysis. They are also not bound to the same ethical guidelines set forth by the BACB. However, they are bound by their guidelines to only provide services within their scoop of practice. Unless they have taken approved BACB course work, and completed approved BACB field work, overseeing behavior analysis would not be in their scoop of practice. Therefore, approving SLPs to included behavior analysis in their scoop of practice without training and course work would negatively impact consumers, and currently practicing Board Certified Behavior Analysts.

I request that this bill not receive support.

Regards,

Stephanie A. Reinoso

sareinoso@gmail.com

Marianne Rozum
34 North St
Morris, CT 06763
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I suffered for YEARS with chronic sinusitis, chronic bronchitis, reactive airway disease; I was on antibiotics every month, ADVAIR (inhaled corticosteroid) twice a day, Albuterol as needed for fast action to open my airways, antihistimines, decongestants, couldn't breathe, couldn't sleep, etc.

THREE MONTHS after seeing a naturopath I was OFF ALL MEDICATIONS and never had a recurrence of symptoms in 10 years. (You have my permission to look up my medical records to verify all this).

MEDICATIONS DO NOT CURE DISEASES!!!!!
You have to alter your lifestyle (avoid certain foods) and use healing foods, herbs and probiotics to get your body back in balance so it can function normally (healthily).

Thank you for your support and consideration.

Sincerely,
Marianne Rozum

Patricia Bowen
5 Hills lane
Hebron, CT 06248
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

please support and vote for this Bill. Naturopath physicians bring a valuable services to our community that cannot be provided by anyone else.

Thank you for your support and consideration.

Sincerely,
Patricia Bowen

Janet Haley

HB 5537

My name is Janet Haley. I live at 26 Meadow Crossing, Simsbury. I am writing to express my opposition to HB 5537, Section 42 [6].

My reasons for opposing this bill are:

Speech Language Pathologists (SLP's) are not required to take course work in Applied Behavior Analysis (ABA). Additionally, there are no training or experience requirements related to the provision of behavior analytic services Therefore, ABA is not within the scope of practice of Speech Language Pathologists. I believe consumers of ABA services would be negatively affected by this modification to the SLP's scope of practice.

The scope of practice of Behavior Analysts has been defined in existing CT legislation, and the expansion of an SLP's scope of practice would negatively impact other professionals including Board Certified Behavior Analysts and School Psychologists.

Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you for your consideration of this important issue.

--
Janet Haley
District Autism Specialist

Brandie McKay Coburn
261 Jones St
Amston, CT 06231
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine focuses on proper nutrition and lifestyle for the prevention of disease and the treatment of disease. Instead of masking symptoms with expensive medications, Naturopathic medicine seeks the root cause of ailments and addresses them in a holistic manner. This approach acknowledges and respects the body/mind/spirit connection and uses scientifically proven interventions to improve symptoms, while supporting the body's healing.

A large component of this approach to medicine is patient education, empowerment and accountability. The end goal is to restore proper function to the body. Given half a chance, the body will heal itself. Removing offending diet and lifestyle habits and replacing them with healing and supportive alternatives gives lasting healing and vibrant health in the most economic and non-invasive manner possible.

Please support this initiative. It is time for the people of Connecticut to learn how to be responsible for their well being. The current methods of modern medicine are far too costly for all of us. We are becoming bankrupt, financially, physically and emotionally. It is time to restore balance and a Naturopathic approach is all about respecting and restoring balance and the body's inherent ability to heal.

Thank you for your support and consideration.

Sincerely,
Brandie McKay Coburn

Michelle Crossway
HB 5537

Good Morning,
I live in Colchester Ct and I am writing to you today to express concerns about section 6 of bill HB 5537 I believe speech and language pathologists do wonderful work and help children tremendously however, I feel as though having them be able to supervise applied behavior analysis (ABA) programs is not a good idea. One particular thing that both fields go by are our code of ethics One of the ethical codes is not practicing outside your scope of expertise Currently, ABA is outside of speech and language pathologist scope of practice Not all of them have formal training in behavior analysis. Without training are they really able to provide the best support/judgement to these programs or consumers of these programs? "Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists " Thank you for your consideration of my concerns

Best—
Michelle Crossway

Written Testimony Opposing HB 5537, Section 42 [6]

March 13, 2014

To Whom It May Concern:

My name is Rachel Fazio, and I have been working as a BCBA for about three years and in the field of ABA for about 6 years. As part of the extensive training I received in ABA, I had to have a master's degree in a related field (education) and complete 1500 hours of supervised field work in order to sit for the certification exam, standards set by the Behavior Analysis Certification Board (BACB). This Certificate is required to become a BCBA, and to oversee the practice of Applied Behavior Analysis.

I am writing to oppose HB 5537, Section 42 [6]. Speech and Language Pathologist have no formal training in behavior analysis, and they are not required to take any course work in the field either. They are also not bound to the same ethical guidelines set forth by the BACB. However, they are bound by their guidelines to only provide services within their scope of practice. Unless they have taken approved BACB course work, and completed approved BACB field work, overseeing behavior analysis would not be in their scope of practice Although their services are an invaluable asset to clients, in my experiences, unless they are serving clients in a setting where programming is supervised by a BCBA, the approach is very different. It takes careful planning and collaboration to combine services to a support a client appropriately. Therefore, approving SLP's to include behavior analysis in their scope of practice without training and course work would negatively impact consumers, and currently practicing Board Certified Behavior Analysts. It directly violates the ethical standards of a BCBA.

Furthermore, it is like asking someone trained in accounting to be qualified to work as a nurse. This would simply not even be thought of. The training is completely different. A side by side comparison of course work, standards and supervised experience can also support this.

I request that this bill not receive support

Thank you for your time,

Rachel Fazio, BCBA

Rachel.BCBA@gmail.com

Allison Gowen
3434 Route 301
Carmel, NY 10512
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Thank you for your support and consideration.

Sincerely,
Allison Gowen

Angela Manning
54 Marlin rd
Sandy Hook, CT 06482
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support Naturopathic medicine and expand the capabilities. Without their care we can not fully conquer Lyme disease. Naturopathic medicine is integral to our physical well being and many other families in CT.
Thank you for your support.

Thank you for your support and consideration.

Sincerely,
Angela Manning

HOME BUILDERS & REMODELERS ASSOCIATION OF CONNECTICUT, INC.
3 Regency Drive, Suite 204, Bloomfield, CT 06002
Tel 860-216-5858 Fax 860-206-8954 Web www.hbact.org

Your Home Is Our Business

March 14, 2014

To: Senator Terry B. Gerratana, Co-Chair
Representative Susan M. Johnson, Co-Chair
Members of the Public Health Committee

From: Bill Ethier, CAE, Chief Executive Officer

Re: **Raised Bill 5537, AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes**

The HBRA of Connecticut is a professional trade association with about nine hundred (900) member firms statewide employing tens of thousands of CT's citizens. Our members, all small businesses, are residential and commercial builders, land developers, remodelers, general contractors, subcontractors, suppliers and those businesses and professionals that provide services to our diverse industry and to consumers. Our members build between 70% and 80% of all new homes and apartments in the state each year and countless home improvement projects.

We oppose sections 30 and 47 of HB 5537 and have no comment on the remainder of this 74 page, 51 section bill.

Buried amongst totally unrelated public health provisions, section 30 requires a massive amount of radon test analysis reporting – with detailed information, including any mitigation installations and follow up analysis – to be provided to DPH. But, to what end? No explanation of the need for such extensive reports, how or in what database such reports will be stored, or for what purpose this information will be used is outlined in the legislation. We are very concerned about both the direct increased costs this could impose on real estate transactions and on homeowners and the potential liability for property owners and delays imposed on real estate transactions. And, again, for what purpose?

The five lines of section 47 impose a five-fold increase in fines for violating the lead-abatement consultants, contractors and workers provisions of our statutes. And also new, the fine would be imposed on a daily basis. We are unaware of the necessity of ramping up these fines so significantly, or for that matter by any amount.

As an organization that has worked in the past with DPH on a variety of public health issues related to housing, including lead-paint and radon, we were unaware of these proposals and express our disappointment in the department for not informing us of this effort – even more so for burying these provisions in a large omnibus bill filled with unrelated sections. These provisions, appearing here as they do, unfortunately cement our view of CT as an unfriendly place to do business and counters the good efforts done by some other agencies.

We urge you to delete sections 30 and 47 from HB 5537. Thank you for the opportunity to provide our view on this legislation.

Kathy Manizza
145 Gates Rd
Lebanon, CT 06249
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine has tremendously increased the quality of my life. As a coach, my livelihood depends on being physically fit, healthy, and strong. As I have aged (I'm 56), this has become challening at times, but with the help of my wonderful/caring naturopath, I have been able to overcome many of the physical and emotional challenges I have adjusted my diet, included nutritional and hormonal supplements, and learned to adapt to the stresses of my career. Without my naturopaths regular care and assistance, I doubt that I would have been able to continue my career as a full time coach at a state University. I would like to see naturopathic medicine taken more seriously and for these wonderful doctors to be able to perform to the fullest of their ability and immense knowledge.

Thank you for your support and consideration.

Sincerely,
Kathy Manizza

Lisa Albenze
55 sconset dr
Fairfield, CT 06824
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please vote yes to these important changes Alternatives in medicine is a critical part of Americas future in proactive health care ... My experience with naturopaths has been a positive and healthy choice for me and my family It is unproductive and COSTLY to find another doctor other than the naturopath I choose to provide a well check for my children to prescribe life saving medicine like an Epi pen.

Thank you for your support and consideration.

Sincerely,
Lisa Albenze

Amy Tibor
18 Vera Street, Apt. 1
West Hartford, CT 06119
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Legislators:

You will make many difficult and rewarding decisions during this short session but I assure you expanding the scope of naturopathic medicine will enhance the lives of so many that your actions will be felt around the world. What may seem like an insignificant change in the grand scheme of things will in fact change the lives of so many, for the better.

Thank You.

Thank you for your support and consideration.

Sincerely,
Amy Tibor

Frank Shekosky
32 w wynd ter
middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

So long as the Naturopaths show proper training, I am 100% for expanding the scope of practice. i believe naturopaths can help improve the health of our society and offer alternatives to drugs and surgery.

Thank you for your support and consideration.

Sincerely,
Frank Shekosky

Elizabeth Villa
3J Kingsley Court
Rocky Hill, CT 06067
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

With "conventional medicine" I have not found the solutions that I have found through my naturopath though my naturopath, though skilled and knowledgable, is limited in what she can administer. It is not right to limit one in a naturopathic practice to help their patients, especially when the person administering treatment is doing so in a natural, efficient, cost effective and professional manner.

This law is too old for our moden health day needs-please adjust it immediately.

Thank you for your support and consideration.

Sincerely,
Elizabeth Villa

Sharon Hannon
155 Windermere Avenue
Ellington, CT 06029
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve coordination of care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Sharon Hannon

ERIN HENEGHAN
56 APPLEBLOSSOM LANE
NEWTOWN, CT 06470
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

It is my hope that the committee will honor the health freedom of Connecticut's population and allow Naturopathic Physicians the right to better serve and heal their patients. Health Freedom is simply an inalienable right of the people and the professionals who treat them.

It is important to note, by the way, that Naturopathic Physicians boast the same education as MDs, but have even more nutritional education than MDs. In my own personal experience, Naturopathic physicians have picked up where MDs fell short in the treatment of my Lyme Disease, uterine fibroids, and high blood pressure, all cured by Naturopathy before my 36th birthday.

I urge you to expand the treatment options available to those who seek better health for themselves and their families.

Thank you for your support and consideration.

Most sincerely,
Erin L. Heneghan

Laura Kuehn
49 Hidden Lake Road
Higganum, CT 06441
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic doctors are a huge asset to the medical community. They provide a holistic approach that breaks the constraints of the disease-diagnosis-medicate approach to medicine

Personally, naturopathic medicine has helped me immensely. I have severe medication sensitivies. Mainstream physicians have nothing in their toolbag for people like me - if they can't prescribe medication, they are at a loss as to how to treat. Naturopathic doctors are able to think outside the box, using their advanced knowledge of how the body works as a whole and treat with gentle and often more effective interventions.

I have found naturopathic doctors to be highly knowledgeable how the various systems in the body interact than primary care physicians. They are also very passionate about their work and are well-read and up to date on current studies and breakthroughs.

Increasing their scope of practice would be a great service to patients, like me, who have come to depend upon their knowledge and expertise.

Thank you for your support and consideration.

Sincerely,
Laura Kuehn

Lisa Gangone
629 Ridge Road
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopath medicine is a part of my life and please consider adopting this bill. This will improve how healthcare is administered in this state and save money for the consumer while improving care for consumers. It is important for the modernization of naturopathic medine.
Thank you for considering this and this will make a significant impact on many peoples lives.

Thank you for your support and consideration.

Sincerely,
Lisa Gangone

Sharon Silbo
HB 5537

My name is Sharon Silbo, I reside in Wethersfield and I am a proud parent of an autistic 7 year old named James. I vehemently OPPOSE HB 5537, section 6 for the following reasons:

The Speech Language Pathologist my son currently works with is barely meeting his minimum requirements for Speech let alone adding ABA to the SLP's program work with my son which she has absolutely no experience teaching ABA would be an insult and a regression in his programming. PLEASE, I BEG YOU NOT TO PASS THIS LEGISLATION. IT MAKES NO SENSE AND WILL ONLY HARM ANY PROGRESS MADE BY OUR CHILDREN ON THE AUTISM SPECTRUM IN CT. AREN'T THEIR LIVES HARD ENOUGH ALREADY!

Futhermore,

ABA is not currently within the scope of practice of Speech Language Pathologists.

Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.

Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Current SLP Scope of Practice Statement:

(1) "The practice of speech and language pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language or feeding and swallowing or other upper aerodigestive functions for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals.

Michelle Becz
112 Sugar Hill Rd
Tolland, CT 06084
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am writing to urge support for this bill. Naturopath's knowledge and level of education warrant the right to prescribe certain medications and administer IV's and injections. My personal experience with naturopathic medicine has shown me their knowledge of the human body and the success I have had with their treatment has far surpassed much of the care received by traditional medical doctor's. My dermatologist's understanding of my acne was limited and she prescribed medications with very little restraint. Naturopath's seek to limit medication use and therefore I believe they would prescribe

Thank you for your support and consideration.

Sincerely,
Michelle Becz

Jeanine Patch
89 O'connell Dr
East Hartford, CT 06118
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I 100% support this!

Thank you for your support and consideration.

Sincerely,
Jeanine Patch

Martha McLaud Tonucci
16 Mt Parnassus Road
East Haddam, CT 06423
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

As a patient of Dr Rick Liva, ND, who has assisted me in innumerable ways. Often, his diagnosis has required that I also receive certain tests and care from an MD. This is a waste of time and money and it unnecessarily duplicates efforts that could initially have been prescribed by Dr Liva himself. I feel that it is critically important that House bill 5537 be amended to allow extended health care by naturopathic doctors.

Thank you for your support and consideration.

Sincerely,
Martha McLaud Tonucci

Wendy Murphy
12 Upper oparish Dr
Weston, CT 06883
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I struggled with Severe Fatique for years and my regular doctor couldnt help me told me all my blood work numbers were fine even though I had a family history of Thyroid disorders. I finally went to a Natropath and he looked at my numbers and told me that they were on the low side of fine and that those numbers might be considered very low for me since the numbers game is only an avergae. So, he treated my thyroid and Im like a new person. I dont need my daily naps just to function my hair has stopped falling out and I just feel better I feel human again. Instead of surviving I'm thriving.

Please support them, Natropath doctors think differently, look at lab results differently and we need them.

Thank you for your support and consideration.

Sincerely,
Wendy Murphy

Kimberly Shettleworth
713 Laurel Grove Rd
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

Expanding the scope of practice will improve healthcare access for the people of Connecticut

Expanding the scope of practice will improve healthcare continuity.

Expanding the scope of practice will Improve coordination of care

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Kimberly Shettleworth

Lauren Pizzoferrato
224 S Whitney St
Hartford, CT 06105
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

It would be very helpful for me to be able to acquire prescriptions from my naturopathic doctor. I trust her with my health because she has helped me to feel better than any other doctor.

Thank you for your support and consideration.

Sincerely,
Lauren Pizzoferrato

Denise Batista
23 Burr Street
West Hartford, CT 06107
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I hope that you can support this new bill to help improve and grow the naturopath profession and the help they provide. My naturopath has been the only doctor to ever truly listen to my needs and my body's needs and has been able to help me immensely. However, I sometimes have to supplement her help with the help of other MD's who can prescribe for me. It would be very helpful for me if I could just go to my naturopath for this.

Thank you.

Thank you for your support and consideration.

Sincerely,
Denise Batista

Patricia Campbell
18 Dinglebrook Lane
Newtown, CT 06470
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

It is completely inefficient and frustrating to have to go to 2 or 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

Expanding the scope of practice will Improve coordination of care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Patricia Campbell

Robert Siarkowski
360 Summer Street
Plantsville, CT 06479
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I agree 100% with the Nautropathic Physicians ..They would save millions of dollars to our health care system by keeping people healthy.

Thank you for your support and consideration.

Sincerely,
Robert Siarkowski

Julie Winkel
241 Metacomet Dr.
Meriden, CT 06450
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

The time has come to expand the scope of practice for naturopathic doctors in Connecticut.

My naturopathic doctor has essentially been my primary care physician for years, and she is the ONLY one who was able to diagnose the underlying issues I was walking around with for years, issues no "regular" doctor was able to figure out, including some of the so-called "best" doctors in CT, who just threw a few pills at me and sent me on my way.

But when I do need medication I have to pay to go to a regular doctor, with yet another co-pay. This requires taking time off for two appointments also. In addition, the co-pay for my naturopathic doc is higher, as she is considered a specialist. She should be my primary care physician.

It's also almost impossible to get a regular doctor to call and coordinate care with one's naturopathic doctor, leading to much miscommunication, confusion, frustration, and, again, more time off to make myriad phone calls. This is completely unnecessary, pointless, and punishes already beleaguered middleclass consumers.

Thank you for your consideration.

Thank you for your support and consideration

Sincerely,
Julie Winkel

Beth Ann Harney
176 Bolton Center Road
Bolton, CT 06043-7654
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am a 60 year old voter who has struggled with digestive health issues unsuccessfully for the last 10 years until I found health and well-being through my naturopathic physician. She spent time listening to my issues and offered concrete and workable suggestions that assisted me back to the vigorous state of health I now enjoy.

This holistic and patient centric health approach will be further assisted by the modernization addressed in this needed legislation. I urge you to approve HB 55.

Thank you for your support and consideration.

Sincerely,
Beth Ann Harney

Jim Vancho

Amendment to bill #5537

March 13, 2014

Dear Legislators:

My name is Jim Vancho, and I live in Fairfield, CT. I strongly support adding the Naturopathic Scope Expansion language to bill #5537. My family and I have been utilizing Naturopathic Doctors (NDs) for many years now, and are very pleased with the quality of care that we have received. I look forward to legislation that expands the services that NDs can provide to my family for several reasons.

First, it seems logical to me that NDs should be able to provide their patients with all the services that they have been trained to provide.

Second, today's healthcare system is far too complex and expensive to navigate, and allowing NDs to perform these additional services would reduce the number of extra office visits and copays to other doctors that patients need to make for basic services that can easily be performed by the ND. Indeed, this has an added benefit of cutting down on costs insurance companies need to pay for the additional claims, which would otherwise end up increasing my premiums.

Finally, I fear that if Connecticut doesn't modernize the law to allow a level of practice already permitted in many other states, NDs will eventually "jump ship" to those other states, leaving my family (and all the residents of Connecticut) with fewer options for healthcare services in general, and in particular, without the comprehensive ND care we have been accustomed to over the years.

Thank you.

Koren Ballerini
15 Behrens Terr
Monroe, CT 06468
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare continuity. It will also allow patients not to have to go to numerous doctors. It will also improve healthcare continuity and coordination of care.

Thank you for your support and consideration.

Sincerely,
Koren Ballerini

Jaimie Robertson
55 oak St
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I believe this is very important, a very crucial step, in helping future generations achieve in being healthy.

Thank you for your support and consideration.

Sincerely,
Jaimie Robertson

Keila Williams
43 Bibbins Ave
Fairfield, CT 06825
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

My Naturopathic doctor has been very helpful in my life. I now understand the value of health and wellness and the importance of taking naturopathic/homeopathic remedies that will help to cure, not disguise or alleviate symptoms. I believe Naturopathic Doctors in CT should be able to provide services such as prescribing medications when needed, giving intravenous nutrients, and many other services that as a physician in Connecticut we cannot do.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Thank you for your support and consideration.

Sincerely,
Keila Williams

patricia stevens
713 llalurel grove road
middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Please vote in the affirmative. It is time for a change. Thank you so very much.

Thank you for your support and consideration.

Sincerely,
patricia stevens

Kayleigh Shettleworth
713 Laurel Grove Rd
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

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I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve healthcare continuity.

Expanding the scope of practice will Improve coordination of care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Kayleigh Shettleworth

Jacob Shettleworth
713 Laurel Grove Rd
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

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Thank you for your support and consideration.

Sincerely,
Jacob Shettleworth

bernard cieniawa
25 shepard hill rd
newtown, CT 06470
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

They provide a very valuable health care alternative in today's health care.

Thank you for your support and consideration.

Sincerely,
bernard cieniawa

Timothy Shettleworth
713 Laurel Grove Rd
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

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Thank you for your support and consideration.

Sincerely,
Timothy Shettleworth

Iris Rivas-Nieves
961 Randolph Rd
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve coordination of care.

Thank you for your support and consideration.

Sincerely,
Iris Rivas-Nieves

Beverly B. Wood
335 Seabury Drive
Bloomfield, CT 06002
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My experience with Naturopathic Physicians has been as helpful and successful as with those who carry an MD. I know their training is substantial and they should be allowed to help their patients as much as they can. Having to duplicate appointments with an MD just because the Naturopath cannot write a prescription is inconvenient, inefficient and VERY ANNOYING! It is high time the legislators brought the Ct. Naturopathic physician scope of practice up to date. I urge you to support and encourage your colleagues to support HB 5537.

Thank you for your support and consideration.

Very Sincerely,
Beverly B. Wood

Richard Pikulski
67 Viola Drive
East Hampton, CT 06424
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Thank you for your support and consideration.

Sincerely,
Richard Pikulski

Mary Russo
1 Kelseytown Rd
Killingworth, CT 06419
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

With respect,
I request that you attach to House Bill #5537 the desires of the Naturopathic Doctors to expand the scope of their practice. This bill would allow them to serve their patients with the skills they were taught.
In this time of awareness to better health through natural remedies, it is evident to me that we need to support the doctors who are trying to guide their patients to the healing options that offer real solutions. In the Hippocratic oath, doctors vow to "do no harm". It makes sense then to allow the doctors who truly want to give people the most natural solutions, the privilege to serve.

Thank you for your support and consideration.

Sincerely,
Mary Russo

Jane O'Shaughnessy
19 Oakwood Manor
Cromwell, CT 06416
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been a patient of naturopathic doctors for the past 20+ years, and have never recieved anything but the most competent care. In my experience, these doctors take the "do no harm' pledge very seriously, more so than many M.D.s I have seen. They certainly have the training and expertise to write prescriptions and perform minor office procedures.

I see M.D.s mainly for the prescriptions that I need - if I was able to get those written by my naturopath it would free my M.D. up to take on another patient. I would think they would welcome this, since any M.D. I deal with is swamped and has extremely long waits to get an appointment.

It seems to me that adding this bill language for the modernization of the CT Naturopathic physician scope of practice could only do good - it would provide another way for CT citizens to take care of their health and would in no way step on the toes of current M.D.s.

Thank you for your support and consideration.

Sincerely,
Jane O'Shaughnessy

Patricia Charest
6 Blue Spruce Street
Middletown, CT 06457
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My Naturopathic Doctor has helped me with some health concerns and they have been resolved when other doctors could not! Please show your support!!

Thank you for your support and consideration.

Sincerely,
Patricia Charest

Ashley M Bates
HB 5537

Dear Members of the Committee,

I am writing to express my opposition of HB 5537 Section 42 (6), a bill which proposes the expansion of Speech and Language Pathology services in Connecticut to include the provision of Applied Behavior Analysis (ABA). I am a Senior Behavior Analyst at the Connecticut Center for Child Development (CCCD), a school for students with Autism, where I have worked for 2 years. Prior to my employment at CCCD, I worked for 2 years at a private agency providing behavior analytic services for children residing in therapeutic foster homes. I also hold a teaching certification in Special Education from the state of Connecticut. I always knew I had a passion for working with children with special needs, hence why I pursued a master's degree in Special Education. However, it was about mid-way through my master's year that I realized my true passion was for Applied Behavior Analysis. I realized I needed to change my path and pursue the coursework and supervised fieldwork necessary for me to obtain a board certification in ABA. I knew this would take time and dedication, but I had enough respect and passion for the science to meet the requirements in hopes of obtaining a career I loved in the future. Fortunately for me, I did meet those requirements and I do have a career I love. When I heard about what this bill is proposing, my first feeling was confusion. Is this to say that because Speech and Language Pathologists and Behavior Analysts both work with a similar population, that the jobs and qualifications are interchangeable? In comparison, would we allow a cardiologist to perform a neurosurgery just because they are both surgeons? I think such a notion would be met with the words "unlawful", "unethical", and "unsafe". After the feeling of confusion came the feelings of disappointment and anxiety. As I'm sure most of the professionals in the field of special needs services do, I refer to my students as "my kids". It disappoints me and makes me nervous to think that it is assumed "my kids" are a one size fits all population, that a bill has underestimated their complexity and value. I can only imagine how the families of these individuals feel. I have had the pleasure of working with many highly skilled SLPs and Behavior Analysts. I believe the special needs population of Connecticut should be entitled to the best possible services, and this means expertise from both of these service providers. Please consider the opinions of the very knowledgeable and concerned professionals and parents that have provided testimony and revise this section of the bill.

Thank you,

Ashley M. Bates, M A , BCBA
9 Thorson Road
Oxford, CT 06478

Kimberly Sanders
HB 5537

Hello,

My name is Kimberly Sanders, and I am a resident of Milford, Connecticut. I am writing to support the addition of an amendment to HS Bill #5537 in order to expand the scope of Naturopathic Physicians in Connecticut who are well-trained to fill the primary care role in Milford and Connecticut as a whole.

Thank you,

Kimberly Sanders

Matthew Saunders
P.O.Box 1034
Rocky Hill, CT 06067
HB 5537

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I believe that naturopathic practices and acceptance have a realistic place and proven to be viable but with distant skepticism. I would suggest that any one who is uninformed weather in good health or not research the merits of naturopathic alternatives.

In my personal experience, Using REAL food and nutrients to treat my individual needs has proven to be successful.

My naturopathic doctor and related approaches are a vital asset to my conventional physician and common methods. Both are viable and have a proper place for optimum good health.

I SUPPORT THIS BILL. Please give every CONSIDERATION WITHOUT PREJUDICE in favor to the requests of the naturopathic community.

Above all else; ADHERE TO "WE THE PEOPLES" CONSTITUTION IN THIS CASE AND ALL OTHERS.

Thank you for your support and consideration.

Thank You.
Matthew Saunders

Robin Bennett
9 Fern Hollow Drive
Granby, CT 06035
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I feel healing the body naturally is better than putting a lot of harsh drugs into your body.

Thank you for your support and consideration.

Sincerely,
Robin Bennett

Kristen Urso-Rio

HB 5537

To Whom It May Concern,

My name is Kristen Urso-Rio from Sandy Hook, CT and we are seeking to add expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. PLEASE SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to.

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Please help us make this change!

Thank you,

Kristen

Kristen Urso-Rio
Sr Acctg Ops COE Leader
GE-Global Operations Finance

Benjamin Stratford
189 Broadway Road
Trumbull, CT 06611
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve healthcare continuity.

Expanding the scope of practice will improve coordination of care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical students at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states

Thank you for your support and consideration.

Sincerely,
Benjamin Stratford

Deb Bossio
20 Settlers Lane
Sandy Hook, CT 06482
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

As a Naturopathic Physician in the state of Connecticut, I truly believe expanding the scope of practice will improve healthcare continuity and coordination of care for my patients. This expansion is consistent with ND scopes across states and consistent with our training as Naturopathic Physicians.

Thank you for your support and consideration.

Sincerely,
Deb Bossio

Philip & Virginia DiNardo
6416 willowbottom Road
Hickory, NC 28602
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

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Thank you for your support and consideration.

Philip DiNardo
Philip & Virginia DiNardo

Heather Atwood
423 Sugar Hill Road
Tolland, CT 06084
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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This is really important to me and my family's health. Please expand their scope of practice. Thank you for your help.

Thank you for your support and consideration.

Sincerely,
Heather Atwood

Corrie Fisher
6 Old Green Road
Sandy Hook, CT 06482
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My experience with Naturopathic Medicine is extremely positive! I began because I was having trouble conceiving a child and through the simple use of blood tests and natural supplements, I was able to conceive within three months! All of the conventional fertility doctors told me that there was nothing wrong with me and that I should immediately start taking fertility drugs and begin artificial insemination, which could have caused numerous side effects, been unsuccessful, been very stressful, and cost a considerable amount of money and time!! I recommend my naturopathic doctor to everybody I know for specific problems as well as for general health. I continue to see my naturopathic doctor regularly to maintain my nutrient levels and I have never been healthier.

Thank you for your support and consideration

Sincerely,
Corrie Fisher

Trish Bode
Po box 44
Elizaville, NY 12523
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Thank you

Thank you for your support and consideration.

Sincerely,
Trish Bode

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 6
2203 – 2692

2014

JOINT
STANDING
COMMITTEE
HEARINGS

PUBLIC
HEALTH
PART 6
2203 – 2692

2014

Phyllis Herman
323 Cognewaugh Rd
Cos Cob, CT 06807-1310
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I- and my family-- have been under the care of a naturopathic physician for decades, and I am a healthier, more vibrant 79-year-old because of it. My doctor (Michael Mendribil, ND) not only addresses the symptoms of whatever brings me to his office, but strengthens my immune response with appropriate herbs, supplements & foods. He takes the time (at least an hour) to listen to my concerns, and, when necessary refers me back to my medical doctor if my problem is beyond the scope of his practise.

I am willing to pay out of pocket for his services, even though a visit to a medical doctor would be covered by Medicare. His insights & knowledge and attention to my whole body & mind are well worth it... ....

Thank you for your support and consideration.

Sincerely,
Phyllis Herman

Nancy Stratford
189 Broadway Road
Trumbull, CT 06611
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please make it possible for my Naturopath to practice to the extent of his education.

Thank you for your support and consideration.

Sincerely,
Nancy Stratford

DENNIS KEYES
1460 WEST ST
GUILFORD, CT 06437
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Thank you for your support and consideration.

Sincerely,
DENNIS KEYES

Mira Debs
64 Wakefield Street
Hamden, CT 06517
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

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Dear CT State Representatives,

I am writing to encourage you to update the legislation around CT Naturopaths.

My two children and my entire family have significantly benefitted from the naturopathic practice, Whole Health, of Amanda Levitt, Joshua Levitt and Robin Ritterman in Hamden, CT. Alongside consulting traditional doctors, the naturopaths at Whole Health have all helped with my son's asthma, my daughter's allergies, and my father's migraines.

The work that they do is gentle, proactive, and helps improve the health of CT children and families in a cost-effective way, reducing the need for hospitalizations and high cost medications. Please support the expansion of their good work.

Thank you for your support and consideration.

Sincerely,
Mira Debs

HB 5537

Kristine Heslin
15 Augusta Drive
Milford, CT 06461
203-895-7213
kheslin@optonline.net

Re: Naturopathic Practice Act Modernization 2014

To Whom It May Concern:

I am writing this letter on behalf of the Naturopathic Doctors as I fully support to have their scope of medicine expanded.

My personal experience with naturopathic doctors has been nothing but positive. I started seeing naturopathic doctors about 6 years ago and feel great since working with them. Even though I see my MD for annual physicals, I know that my ND is providing me with additional options/support that I do not necessarily get from my MD. Such as talking to me about diet and nutrition, exercise regimens, vitamins, and a more holistic approach to things. Often many times being a natural remedy.

One area I found to be life changing was when I went to my MD about infertility issues who then referred me to a specialist who was strongly recommending in-vitro. We had 3 failed attempts at artificial insemination and then he said that in-vitro was probably going to be the only way we would conceive, it was then that I decided to see an ND. After working with the ND for 7 months and getting my vitamins and body where it should have been (thyroid issue in which no one tested me for previously), I was able to conceive NATURALLY!

I think it would be wonderful for NDs to be able to have their scope expanded and I do believe that expanding their scope could benefit MDs as well.

Please support this act! It would allow NDs to practice to their fullest and would benefit so many people.

Sincerely,

Kristine Heslin

Ann Morris
42B Heritage Village
Southbury, CT 06488
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Only because of the extraordinary care and insight from my Naturopaths, am I here today!!!
This HB 5537 bill absolutely must be up-dated!

Thank you for your support and consideration.

Sincerely,
Ann Morris

Virginia Meza
18 Comstock
Brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

As a lyme disease sufferer with no health insurance, Naturapathic medicine has been my savior. The physicians who I was treated by were knowledgeable and educated me in a wholesome, holistic way that help me take conscious decisions in how to take of myself. Something I have never received from MD's.
Please make this happen, put it out in the mainstream, so we can all be able to afford an alternative that works. I know it from own experience.

Thank you for your support and consideration.

Sincerely,
Virginia Meza

Michael Sembos
75 Rosewood Ave.
New Haven, CT 06513
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine is real, and more effective than many approved treatments, without the ill side-effects of drugs. It has helped me in many ways. This needs to be addressed.

Thank you for your support and consideration.

Sincerely,
Michael Sembos

Annette Kovatch
98 Lillis Rd
New Milford, CT 06776
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Expanding the scope of practice will improve healthcare assess for the people of Connecticut.

Expanding the scope of practice will Improve coordination of care.

Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

Thank you for your support and consideration.

Sincerely,
Annette Kovatch

Evelyn Ross
93 McManus Road South
Patterson, NY 12563
HB 5537

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic doctors have helped me without prescribing harmful drugs. When i experienced hot flashes, i was told to use evening primrose oil and.it worked great. My sister was given HRT by her medical doctor and had awful side effects.

Naturopaths dont give you harmful products. Don't suppress their beneficial work. Thank you

Thank you for your support and consideration.

Sincerely,
Evelyn Ross

A. Mark Kaplan
39 Center Street
Brewster, NY 10509
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have suffered with sinus and allergy problems along with stress related aliments as a result. My immune system was so over worked that I would either have a cold or sinus infection monthly. Once going to Dr. Michael Gazsi, my naturopathic doctor, my immune system has been improved and strengthened. I am not sick often and when I am it is not for weeks. I miss work very infrequently and my anxiety is well under control without medicine and constant therapy sessions. But most important, the help I get from my naturopathic doctor has no side effects, one cure does not cause another major health problem. I feel healthier and confident that I am healing not just masking a symptom. Thank you for your time and consideration

Thank you for your support and consideration.

Sincerely,
A. Mark Kaplan

Bonnie Summers
17 Olmstead Place
Norwalk, CT 06855
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Thank you for your support and consideration.

Sincerely,
Bonnie Summers

Marina Franzoni
481 Waterville Road
Avon, CT 06001
HB 5537

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Expanding the scope of practice will improve healthcare assess for the people of Connecticut.

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Expanding the scope of practice will meet primary care needs.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

The expansion is consistent with ND scopes across states, particularly New England states.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Marina Franzoni

Ellen Lewis
25 Crescent Place
Monroe, CT 06468
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

As a former faculty member at the Naturopathic College in Oregon with a very expansive scope, and a current faculty member in the Naturopathic Clinic at the University of Bridgeport, I see the impact that the limited scope has had on the education of students at UB. This scope expansion is ESSENTIAL to the education of our future physicians.

I relocated back to my homestate of Connecticut to bring naturopathic care to a community that is demanding it. In order to provide the highest quality of care to my patients and meet their primary care needs, changes need to be made to the current scope

I wholeheartedly support the proposed scope changes and request you consider them as well. Healthcare is changing. The proposed expansion is consistent with scopes across states.

Please feel free to contact me with any questions.

Thank you for your support and consideration.

In Health,
ELLEN LEWIS, ND

Kathleen Odell
363 Cushman Road
Patterson, NY 12563
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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I beleive it is important for people to have the opportunity and have available to them the benefits of Naturopathic therapies to enable them to be the healthiest they can be which can lead to prevention of illness or diseases. There is a place for medical doctors as well as naturapathic doctors. The best formula is when they can work together for the best well rounded care.

I have MS and my Naturopathic doctor has helped me immensely in making my body work the best it can. (I wish my insurance company could realize it's benefits as well; it can be so much cheaper!)

Thank you for your support and consideration.

Sincerely,
Kathleen Odell

Michael Mendribil
8 1/2 Howard Ave
Norwalk, CT 06855
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Naturopathic Doctors have helped me, my family and friends to improve our health, and they could do more provided they were allowed to practice as they are trained.

Expanding their scope of practice will improve our access to healthcare in Connecticut, save patients - and third party payers - time and money.

Naturopathic Medical training is rigorous, and expanding the scope of practice will enhance the education and training for medical students at the University of Bridgeport College of Naturopathic Medicine. This would help make the program more attractive to students and patients alike. Each year thousands of patients are treated at the UB Naturopathic Medical Clinic.

Lastly, this expansion is not new. Modernization of the scope of practice in other states has been successful, and safe. The record for prescribing naturopathic physician has been impeccable Can't we make it consistent with Naturopathic Scopes across states, particularly those in New England

So please support and vote YES to add bill language for the modernization of the CT Naturopathic Physician Scope of Practicde to HB 5537.

Thank you for your support and consideration.

Sincerely,
Michael Mendribil

Sandra DePaola
11 Colony Road
Canton, CT 06019
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

It is ridiculous that this law has not been changed. I trust my Naturopath more than I do physicians. Main stream medical push pill after pill and can you tell me what benefit out ways the risk of sudden death - think about that for a while.

Thank you for your support and consideration

Sincerely,
Sandra DePaola

Brandy Miller
133 South Lake Drive
Brewster, NY 10509
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been using my naturopath, Dr Michael Gazsi, for ten years. When I first visited his office, I was incredibly unwell and discouraged. I was only twenty-four years old, and crippled by fatigue and pain. Once a runner, I was horribly depressed from my inability to even walk a flight of stairs. After meeting with doctors, including rheumatologists, I decided upon alternative medicine due to the life-threatening side effects of many of the medications prescribed to me. Dr Gazsi transformed my health and I have recommended his services to friends, family, and even strangers Under his care, my health has improved beyond my expectations. Not only am I able to run again, but I have the energy necessary to live a happy, and fulfilling life. Without his alternative care therapies and supplements, I would probably still be suffering from the disabling pain and fatigue I experienced upon first meeting with him.

Thank you for your support and consideration.

Sincerely,
Brandy Miller

Carol Blood
48 Clapboard Ridge Rd
Greenwich, CT 06830
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I, as well as my son, have been Naturopathic patients for the past two years. Our ND was able to cure a chronic condition in my son which had baffled pediatricians for years.
I have had ongoing health issues which our ND diagnosed, but was not able to prescribe medications I needed. I had to visit a MD and have bloodwork duplicated to come to the same conclusion since my ND was not able to prescribe commonly used medications.
Please support HB 5537 to ensure better healthcare access for the people of CT.

Thank you for your support and consideration

Sincerely,
Carol Blood

Kerry Niebrzydowski
619 Washington Ave.
Niagara, WI 54151
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

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Thank you for your support and consideration.

Sincerely,
Kerry Niebrzydowski

Sandra Visser
7 park lane
brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My son (now 14) had reactions to his vaccines when he was a baby. Those reactions caused loss of speech and focus. Through Naturopathic and Homeopathic medicines he regained his speech and focus. He still has some learning challenges but without the alternative medicine he might never have had the opportunity for a normal life. Not everyone with similar reactions has fared as well. On the traditional medical side he was given many tests, diagnosis' and a wait and see attitude, none of that seemed to help him.

By supporting changes in this bill might also help these doctors be more recognized and accepted by more insurances and allow families to afford alternative medical options.

Thank you for your support and consideration.

Sincerely,
Sandra Visser

Elizabeth Smith, M.S., B.C B.A
P.O Box 1004
Bethel, CT 06801
(860) 946-0362

Public Health Committee
Hearing Friday, March 14, 2014 at 9:00 am
Testimony Regarding: Bill HB 5537 section 42 (6)
In Opposition

To Whom It May Concern:

My name is Elizabeth Smith and I am a Board Certified Behavior Analyst (B.C.B.A., certification #. 1-13-14094) practicing in Fairfield County, Connecticut. It has been brought to my attention that Bill HB 5537 has been proposed to expand the scope of practice of Speech and Language Pathologists (SLP's). In a regard to section 42-6, which includes a provision to include applied behavior analysis services in the scope of the practice of SLP's, I must oppose

To include applied behavior analysis (ABA) procedures as being within the scope of practice should require the individual to demonstrate that they have sufficient training in coursework and/or experience. Currently, ABA is not within the scope of practice of SLP's as written by the Public Health Committee, Chapter 399, Sections 20-408. SLP's are not currently required to take coursework and/or complete training and experience requirements related to the provision of behavior analytic services. However, the scope of practice of Behavior Analysts and ABA has been defined in Connecticut legislation in Public Act No. 09-115. This Act also states that a behavior analyst certified by the Behavior Analyst Certification Board (BACB); a licensed physician, or a licensed psychologist are the only positions approved to provide and supervise behavior analytic services. In order to become a Behavior Analyst, specific coursework and training is required before taking an exam to become Board Certified In addition, Public Act No. 11-228 states that no person shall be able to use terms such as "board certified behavior analyst" without certification from the BACB Allowing ABA procedures to be used within the scope of practice of SLP's when in the absence of official certification is likely to create confusion for consumers, a lower quality of service, and negatively impact the fields of Behavior Analysis and Applied Behavior Analysis as a whole.

Due to the issues discussed above, allowing ABA procedures to be considered within the scope of SLP's is likely to negatively affect consumers of ABA services and the field of Applied Behavior Analysis. Without the proper coursework, training, experience and certification, ABA should not be included in the scope of practice for SLP's.

Thank you for the opportunity to express my concerns. I am happy to answer any questions you may have.
Respectfully submitted,

Elizabeth Smith

lorayne beinke
208 Newtown ave.
norwalk, CT 06851
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

to whom it may concern, I wanted to let you know that if it was not for the naturalpaths I would have not been able to get all the toxins out of my body from lyme. I can't take antibiotics so this was the only way I could of gone. I know that if it wasn't for them I would be dead. I have a lot of issues from the lyme and they have helped me thru it and I am finally feeling better and gaining weight back. Please support the naturopathic phusican scope of practice HB5537, it is very important to me and my health.. Thanks for listening, Lorayne Beinke

Thank you for your support and consideration.

Sincerely,
lorayne beinke

Rebecca Stadnicki
92 Lancaster Road
Bristol, CT 06010
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been treating with naturopathic physicians for about 8 years. They have helped me when traditional medicine could not. I have been able to take care of conditions with supplementation and diet and I am no longer on any medications.

Thank you for your support and consideration.

Sincerely,
Rebecca Stadnicki

Andrew Rubman
Southbury Clinic
Southbury, CT 06488
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I agree with the above and assure you that sufficient outcomes data exist to not only substantiate safety but also efficacy of naturopathic primary care With barriers removed for equal-status collaborative care for our citizens, underlying patient health can improve and cost savings realized. Please consider this modest first step in modernizing our practice act in keeping with our didactic and clinical education and the needs of our patients.

Thank you for your support and consideration.

Sincerely,
Andrew Rubman, ND

oby okwuka
p.o.box 133
brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine has saved a lot of lives of people including mine whose body react badly to Western Medicine. The practice is natural therefore not harsh on the body with minimum side effects. Support in funding and likewise to advance more training and education is needed for the professionals in this field in order to maximize its benefit for the patients. If we all have equal rights then the Federal government should be addressing this for the benefits of the consumers.

Thank you for your support and consideration.

Sincerely,
oby okwuka

Maria Main
79 Pine Hill rd
Burlington, CT 06013
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I read that the law should be updated to expand the scope of practice for naturopathic physicians

Thank you for your support and consideration.

Sincerely,
Maria Main

Roger Letso
HB 5537

Good afternoon.

I am writing to OPPOSE HB 5537, section 6. It is bad for the children and it is bad for both professions.

This bill, if it passed, would inappropriately expand the scope of practice of Speech and Language Pathologists (SLP's) to include the practice of Applied Behavior Analysis (ABA) within Connecticut. ABA is not currently within the scope of practice of this profession. SLP's receive no substantive ABA training or field experience as part of their requirements to become an SLP and therefore there is absolutely no logical or meaningful purpose in awarding them the right to practice in the field of ABA. It would be a disservice and a travesty to all children that need ABA services and it would be a disservice to the parents and families of those children as well. It would also place an unfair burden on SLPs as they are not trained in the science of ABA and would not serve the needs of the students. Having SLPs practice ABA would also reflect badly on those who have chosen ABA as their profession and who are serious dedicated practitioners in the field. Does it make sense to license an electrician to be a plumber just because they both work in construction? I don't think so.

ABA is not currently within the scope of practice of Speech Language Pathologists and there is no reason it should be.

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation. To expand the scope of an SLP's of practice would negatively impact other professionals, including but not limited to, Board Certified Behavior Analysts and School Psychologists.

As well as being a parent, I am employed by an agency in the special education field that employs both SLP's and Behavior Analysts. They both require rigorous but vastly different training and skill sets These disciplines are not the same by any stretch of the imagination. Being an SLP does nothing to qualify an individual to practice ABA nor to supervise that discipline.

Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training, or supervision, or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice

Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals. This has not occurred.

To summarize, I OPPOSE HB 5537, section 6, and I urge you to protect special needs children and adults in this great state of Connecticut by defeating this bill.

Thank you for your consideration

Sincerely,

Roger Letso
93 Poverty Hollow Road
Newtown, CT 06470

Catherine Foley & Ted Faraci, Gilmore Manor
Connecticut Association of Residential Care Homes

Re: Section HB 5537- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.
Public Health Committee, March 14, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, we are Catherine Foley and Ted Faraci, owners/administrators of Gilmore Manor in Glastonbury and members of the Connecticut Association of Residential Care Homes. We are writing this as **testimony against Section 15 of House Bill 5537**- An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes.

The Connecticut Association of Residential Care Home includes the majority of the over one-hundred homes in the state. We serve about 3,000 residents, about sixty percent of which have behavioral health or mental health diagnoses and the remaining percentage being elderly. Residential care homes are not medical facilities nor do we provide medical care. We do not have anyone on staff qualified to assess or diagnose medical or mental health issues. Nor can we make recommendations for living arrangements for residents who are beyond our abilities for providing care.

Section 15 of House Bill 5537 would require residential care homes to take additional steps in writing a resident discharge plan and perform tasks that we are not equipped to do or have ever done Residential care homes are made up of small staffs and have limited funding. We do not employ doctors, nurses, licensed social workers or any other certified professionals. It is beyond the scope of our operations. We not offer medical diagnoses, analyze resident emotional states, or make determinations as to what would be an appropriate placement This proposal would require us to do so for all residents who leave our facility

The vast majority of our discharges are the result of a resident having a physical or mental health decline, which requires hospitalization. They are then typically discharged directly from the hospital into a more appropriate level of care. This is because the hospital has staff that are qualified to make the determination for where they would best be served. The mental heath authorities should be involved in planning all other discharges (i.e., those not involving hospitalization), as they have the training and resources to assist people in their moves. Frankly, it is a waste of our time to have to provide testimony against such an ill conceived bill. We need to focus our attention on our residents, facilities and staff. This takes time away from our core responsibilities.

The proposed language would be inappropriate, burdensome and costly I urge you to reject Section 15 of House Bill 5537.

Thank you for your consideration.

Catherine Foley and Ted Faraci
Gilmore Manor, Inc.

Thomas Nelson
124 Great Plain Road
Danbury, CT 06811
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I support legislation to expand the scope of naturopathic physicians. The medical profession needs more options to provide the excellent healthcare that we all need at an afforbale price. Naturopaths are an important link in this chain of health

Thank you for your support and consideration.

Sincerely,
Thomas Nelson

Emma Gruber
68 Old Stamford Road
New Canaan, CT 06840
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine

Thank you for your support and consideration.

Sincerely,
Emma Gruber

Jacqueline Germain
376 Old Marlborough Tpke
Portland, CT 06480

HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been a practicing Naturopathic physician in CT for the past 31 years. I am proud to be part of multi-generational family medical care. Most of my patients view me as their "primary" physician as they come to me first with any medical concern.

It is frustrating for me, and even more frustrating for them to be sent off to another physician for treatment that I cannot give them because of our restricted practice law. Too often, the next physician repeats testing that I have just performed burdening the insurance system and the patient in terms of their time and energy. They want to be treated by me and I want them the have the continuity of health care they so desire. Thank you for your kind attention.

Thank you for your support and consideration.

Sincerely,
Jacqueline Germain

Emily Walker
185 Paper Mill Rd
Marlborough, CT 06447
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Please stop limiting Connecticut's naturopaths. We, as a state, are so behind!

Thank you for your support and consideration.

Sincerely,
Emily Walker

Carmen Acosta
35 Paradise Court
Stratford, CT 06614
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I support the modernization of CT Naturopathic physician scope of practice.

Thank you for your support and consideration.

Sincerely,
Carmen Acosta

Nancy Gruber
68 Old Stamford Road
New Canaan, CT 06840
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Expanding the scope of practice will improve healthcare access for the people of Connecticut

Expanding the scope of practice will improve healthcare continuity.

Expanding the scope of practice will Improve coordination of care.

Expanding the scope of practice will meet primary care needs.

The expansion is consistent with ND scopes across states, particularly New England states.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Nancy Gruber

Robert Forster
97 Carriage Road
Wilton, CT 06897
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Naturopathic care has been vital to resolving chronic lyme disease for both myself and my daughter for the past 5 yrs. We have both finally reached a level of wellness that no medical doctor was able to achieve for us. Along the way, we required certain treatments that we had to go to an out of state medical professional. It would have been much more beneficial for us to be treated by our naturopath in CT.

I encourage you to expand the scope of these doctors in CT for the benefit of your constituents.

Thank you for your support and consideration.

Sincerely,
Robert Forster

Virginia Grasso
675-16 Newfield Street
Middletown, CT 06457
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Kathleen Riley, N.D. has been my naturopathic doctor for at least 7 years. Her service has had a positive impact on my life I believe that naturopathic medicine contributes to quality of life.
Please support the updating of this law.
Thank you.

Thank you for your support and consideration.

Sincerely,
Virginia Grasso

Vina McDermott
HB 5537

To whom it may concern

It has come to my attention that a bill has been raised (HB 5537 section 42 [6]) before the Department of Public Health that would expand the scope of practice of Speech and Language Pathologists (SLP's) to include provision of Applied Behavior Analysis (ABA) within Connecticut

ABA is not currently within the scope of practice of Speech Language Pathologists. The scope of practice of Speech and Language Pathologists in the State of Connecticut, as written in the Department of Public Heath, Chapter 399, Section, 20-408, includes·

"The practice of speech and language pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language or feeding and swallowing or other upper aerodigestive functions for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals, and includes screening individuals for hearing loss or middle ear pathology using otoacoustic emissions screening, screening tympanometry or conventional pure-tone air conduction methods, including otoscopic inspection."

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing Connecticut legislation, Public Act No. 09-115.

"Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior.

Speech Language Pathologists are NOT REQUIRED to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's Due to this fact, consumers of Applied Behavior Analysis services would be negatively impacted by this modificationto an SLP's scope of practice.

Behavior analysis and the scope of practice of Behavior Analysts have been defined in existing CT legislation, and this expanstion of an SLP's scope of practice would negatively impact other professionals including Board Certified Behavior Analysts and School Psychologists.

Behavior analysts go through a rigorous study of the science of behavior and applied behavior analysis, intensive practicum/field experience, and an examination that SLP's have not completed in their training.

I urge you to vote NO and not allow this Bill to pass

Thank you very much,

Vina McDermott, MS, BCBA
Board Certified Behavior Analyst

Ilse Gerdes
32 mortimer ST
New Canaan, CT 06840
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

Thank you for your support and consideration

Sincerely,
Ilse Gerdes

Christine Egri
303-2 Grassy Hill Rd
Lyme, CT 06371
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I strongly support and urge you to vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537.

If my ND was allowed to dispense antibiotics, I would only go to her as my primary care physician.

Thank you for your support and consideration.

Sincerely,
Christine Egri

PHYLLIS LAWLOR
479 PROSPECT ST
TORRINGTON, CT 06790
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support this cause. It is very important

Thank you for your support and consideration.

Sincerely,
PHYLLIS LAWLOR

Joanne Ferreira
237 Naubuc ave
East Hartford, CT 06118
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

My naturopathic doctor has helped me so many times with issues my md could not find any resolution for I use both sources to achieve the best health and would not be in the great health I am in today without my N.D.

Thank you for your support and consideration.

Sincerely,
Joanne Ferreira

Kathleen Riley
49 Old Farm Dr
Newington, CT 06111
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been licensed to practice as a Naturopathic physician in Connecticut since 1985. In my family oriented practice, I am frequently the primary healthcare provider. At times care becomes inefficient when the need for Vitamin B12, insulin, or treatment for Strept throat necessitates a referral. My colleagues in states with modernized legislation save patients time and money in these simple situations.

Students from the University of Bridgeport, College of Naturopathic Medicine, who preceptor with me, frequently do not stay in Connecticut due to the antiquated practice law.

Please enhance Connecticut's ability to provide optimal health care by attaching the updated Naturopathic physician scope of practice language to HB 5537.

Thank you for your support and consideration.

Sincerely,
Kathleen Riley

Maureen C. Moriarty
42 Crescent Drive
Bristol, CT 06010
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been a patient of a naturopathic physician for exactly 10 years, this month. I am over 62, and am not on any pharmaceutical prescription medication for any of my physical ailments. I credit my partnership with my naturopath for this accomplishment. Those of us who follow natural medical protocols are willing to take personal responsibility for our health, and are much more proactive in keeping ourselves healthy. I trust my naturopath, and consult her on every condition or ailment I experience. By the way, I am not "allowed" to list her as my primary care physician on my insurance card - even though she is my pcp. It's time we, as a society, acknowledge the indispensable service that naturopathic physicians provide. It's time to update the legislation governing their scope of practice in the State of CT. I appreciate this opportunity to make a statement in favor of something about which I feel so deeply.

Thank you for your support and consideration.

Sincerely,
Maureen C. Moriarty

K. Grant
9 Daynard Drive
Canton, CT 06019
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Dear Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee:
I am in strong support of adding bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. I encourage you to do the same and to vote in favor of it The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Thank you for your support and consideration.

Sincerely,
K. Grant

Richard Malek
88 Pease Ave.
Southport, CT 06890
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

This is long overdue. These colleagues go through extensive training and education and deserve to be recognized as equal members of the medical community.

Thank you for your support and consideration.

Sincerely,
Richard Malek

Al Ferreira
237 Naubuc Ave.
East Hartford, CT 06118
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve healthcare access for the people and save healthcare costs for all. My N.D has solved many of my health issues before the became chronic conditions.

Thank you for your support and consideration.

Sincerely,
Al Ferreira

Joan Thomas
22 George St
Seymour, CT 06483
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I had acid indigestion which never stopped. My MD gave me pills for the acid indigestion. I went to an ND who gave me licorice to make my stomach feel better then simply told me to stop drinking tea as it was the tanic acid in the tea which was the factor. I was advised to drink only herbal Tea I did and never have had the acid indigestion since then.

I had had digestive issues for over 30 years with pain in my stomach are if I did not eat every 3 - 4 hours. I went to an ND at Breiner Whole Body Center and through their EAV testing it was found I had gluten intolerance as well as lactose intolerance and was advised to make the necessary dietary changes which I did. I do not get that discomfort any more and what is more important if one is allergic to it gluten it does effect the brain causing depression and contributing to Alzheimer"s disease Gluten sensitivity can cause untold harm to the body if one does not take it out of the diet. None of the countless MD's I ever talked with had any idea of what caused this discomfort even though they performed countless tests.

We need ND to be able to prescribe meds instead of sending people to MDs who don't know what they have been trained in.

Thank you for your support and consideration.

Sincerely,
Joan Thomas

Christine Dunn
225 Houston Avenue
Bridgeport, CT 06606
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am asking you to vote strongly in favor to support the Naturopathic Physician's of Ct. for the modernization of them in practice to HB 5537.
I so much more want to used natural means to help me if needed, and these Physicians who have the trained expertise need to be able to use this knowledge in a more updated means.

Thank you for your support and consideration.

Sincerely,
Christine Dunn

Eileen Sinnott
9 Gerber Court
Mount Kisco, NY 10549
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My sons and I have received more effective help with our health care issues from our Naturopathic Physician, Dr Adam Breiner, than we have from any of the medical doctors we have seen over the years. He is thoughtful, cautious and extremely well informed, and his mission is to find the cause of our health problems rather that simply treat the symptoms With out a doubt, he should be able to prescribe medication and give intravenous treatment when needed. Please support this bill.

Thank you for your support and consideration.

Sincerely,
Eileen Sinnott

tom cassesi
66 lake osiris rd
walden, NY 12586
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration

Sincerely,
theresa cassesi

Lynda D'Amico
150 Bay Street
Jersey City, NJ 07302
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine has virtually changed my life. After going to regular MD's for a year and a half, spending an enormous amount of money both through my insurance company and out of pocket expenses, it was a naturopathic doctor that was able to accurately find out why I was having seizures.

Because of treatment recommended by my naturopath doctor, my seizures have gone away and I feel better than I ever had.

Naturopathic medicine takes a comprehensive holistic look at a person to support them on the road to wellness in mind, body, and spirit.

Thank you for your support and consideration.

Sincerely,
Lynda D'Amico

Lou Gazitano
19 Great Heron Lane
Brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

It's important to give individuals the full scope of naturopathic treatment. Why not expand to except the advances made in the field? While medical doctors are important so are nd's. To me the first step for a patient is to seek natural remedies, vitamins and minerals, and selected proven therapies. Obviously if a person gets in an accident our medical doctors and surgeons do an important life saving job. Their specialists (heart, cancer , etc) are also critically important.

The bottom line is the human body has a great capacity to heal itself given the direction of naturopathic doctors. Let them be a greater part of the overall health program.

Thank you for your support and consideration.

Sincerely,
Lou Gazitano

Jennifer Vangele . Stratford . CT registered here to vote.

HB 5537

We are seeking to add our expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. WE NEED YOU TO SUPPORT OUR EFFORTS.Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs: 2) Authority to write orders for medical devices and durable medical equipment, and 3) Ability to perform minor procedures in-office

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Richard Hermes
6 Linda Lane
Bethel, CT 06801

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Internal Medical Doctors failed me, but Naturpathic Doctors came through. Give them a chance.

Thank you for your support and consideration.

Sincerely,
Richard Hermes

Ann M. Sullivan
HB 5537

Attention: The Public Health Committee,

I disagree with the legislation HB-5537 section 42 [6]for the below mentioned reasons·

1. ABA is not currently within the scope of practice of Speech Language Pathologists.
2. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.
3. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.
4. Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.
5. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Please protect the rights of both consumers and Board Certified Behavior Analysts for the above mentioned reasons,

Sincerely,
Ann M. Sullivan, M. S., BCBA
20 Steele Road
New Hartford, CT 06057

Janice Peterson
400 Bank ST
New London, CT 06320
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

The modernization of the CT Naturopathic physicians is a must.
Please consider it.

Thank you for your support and consideration.

Sincerely,
Janice Peterson

Barbara Bailey
72 Glen Ave
West Prange, NJ 07052
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

Thank you for your support and consideration.

Sincerely,
Barbara Bailey

Richard Meskill
258 Buddington Rd
Shelton, CT 06484
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dr Adam Breiner has helped our family immensely with our medical problems through the years but we wish he would be able to offer more services. Dr Breiner has helped us more than any MD that we have gone to. Naturopaths look at the pt as a whole person not each medical problem individually. He is a doctor and has the ability to do more than the state allows. One of Dr Breiner's specialties is Lyme disease and patients with Lyme would benefit from IV therapies that help with Lyme disease. Naturopathic physicians should also be allowed to write prescriptions when needed and to do minor surgery as the need arises.

Thank you for your support and consideration.

Sincerely,
Richard and Joyce Meskill

Joanne Wheatley
25 Mai Road
Amston, CT 06231
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My son was very sick last winter 2013. He had been on 4 Z (antibiotic) packs in the time span on 4 months and had a chronic bronchial cough that would NOT go away. His regular doctor wanted to label him asthmatic after 15 years of being totally healthy. I was at my wits end, my friend suggested I go see Dr. Hinchey. Thank god I did she met with us took a complete medical history. She ran some blood test and we went back in a week. She started my son on Grapefruit seed extract to attack the cough. She was a lifesaver. He quickly responded to the vitamins and the cough was no longer there in a month. We have since stayed on her recommended vitamins for my son and he has not had even one cold a year later. I am so thankful for Dr. Hinchey she cured my son in one month. He is very healthy, he just turned 16 and swam for his school for the first time this year. I owe his amazing health to Dr. Hinchey she is very smart and a great doctor! Thank you!

Thank you for your support and consideration.

Sincerely,
Joanne Wheatley

Elizabeth Martin
164 Cedar Hill Road
Bridgewater, CT 06752
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support and vote to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537.

Thank you for your support and consideration.

Sincerely,
Elizabeth Martin

Lynnette Guidaa
15 Aspen Drive
Cheshire, CT 06410
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve healthcare access for the people of Connecticut.

Expanding the scope of practice will improve healthcare continuity.

Expanding the scope of practice will Improve coordination of care.

Thank you for your support and consideration.

Sincerely,
Lynnette Guidaa

Zoe Macerollo
6 Hampton Court
Farmington, CT 06032
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please take this bill seriously and expand the scope of practice for ND's. Being a newcomer from Europe and South Africa I was dismayed to find that the healthcare system here was complicated, antiquated and difficult to navigate.
I have a highly competent and excellent ND who has never misdiagnosed, been unethical or mistreated me in any way. Please do the right thing and bring the state of a changing modern healthcare system up to speed in 2014 where MD's and ND's can work together for the good of the patient, instead of having us run around for prescriptions to medicines, MRI's etc to complete our health care.

Thank you for your support and consideration.

Sincerely,
Zoe Macerollo

Jennifer Hazen
14 ruth cross rd
colebrook, CT 06098
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am writing in support of CT Naturopathic physicians.. I feel that they are a great asset in our community and I hope they will be given the ability to practice with an expanded tool medicines and modalities. I feel that when a person is willing to make the necessary changes in there life to live a healthier life its unfortunate that the ND cant use the same practices that other states have. Not everyone wants to settle for a quick fix. please consider the good they can offer if given a chance the same chance other states already have..
thank you
Jennifer

Thank you for your support and consideration.

Sincerely,
Jennifer Hazen

Patrick O'Leary
HB 5537

Good Evening,

My name is Patrick O'Leary, and I am a Board Certified Behavior Analyst (BCBA). I am writing in opposition to HB 5537, specifically Section 42, 6. Applied Behavior Analysis (ABA) is not in the scope of practice for Speech-Language Pathologists (SLPs). SLPs have extensive background and training on increasing the speech and language repertoires of learners. However, they are not required to take any courses in behavior analysis, nor do they have any training or experience in the provision of behavior analytic services as part of their training to become SLPs. Including the provision of applied behavior analysis into the scope of practice for SLPs imposes a negative impact onto consumers of ABA.

BCBAs have extensive graduate and post-graduate training in the delivery of behavior analytic services. Specifically, I took 5 graduate level courses; 1500 hours of supervised practicum; passed a certification exam and am required to attain 32 continuing education credits in behavior analytic service provision every 2 years to maintain certification. These qualifications and ongoing professional development in behavior analysis are not required by SLPs. In summary, I oppose HB 5537, Section 42, 6 as it will negatively impact consumers of applied behavior analytic services

Patrick O'Leary, M.A., BCBA
ACES – Center for Autism Spectrum and Developmental Disorders
26 Old Post Road
Northford, CT 06472
(203) 484-9501
poleary@aces.org

Lisa McDaniel
9 Stoneridge Circle
Stamford, CT 06902
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support this initiative

Thank you for your support and consideration.

Sincerely,
Lisa McDaniel

Katherine Bade
67 Pilgrim Lane
Manchester, CT 06040
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have benefited greatly from both homeopathic and naturopathic health care for more than 25 years. I fully support An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes and am asking you to do the same. A concrete example of how this bill will benefit both patients and the health care system is that NDs will be able to prescribe insulin to treate diabetes. Other states allow naturopaths to prescribe insulin but Connecticut currently does not. Patients who prefer naturopathic health care have to go to 2 doctors to care for this disease, which is an unnecessary drain on health care dollars. Given that the incidence of diabetes is rising dramatically, more people are coming into the health care system as a result of the Affocdable Care Act, and there is a shortage of endocrinologists, it is to everyone's advantage to have more doctors able to treat this disease with the insulin some patients need. Please support this bill! Thank you.

Thank you for your support and consideration.

Sincerely,
Katherine Bade

Rebecca DeLutri
1 Tead Rd
Brookfield, CT 06804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am tired of going to 3 different doctors. If the ND's were allowed their "true" training level/ scope of practice in the state of CT I would only have to see the ND for primary care.

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine.

Thank you for your support and consideration.

Sincerely,
Rebecca DeLutri

Mary McCleary
80 Lyncroft Road
New Rochelle, NY 10804
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dr. Gaszi is an especially competent naturopath, who has helped many patients in the Westchester/Fairfield area.

Thank you for your support and consideration.

Sincerely,
Mary McCleary

Jean Connors
24 Getty Circle
Fairfield, CT 06824
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My naturopathic doctor correctly diagnosed and is treating mt health problem without antibiotics after mainstream MDs failed after over 7 years to provide me relief. NDs need to have a broader range of modalities available to the, in order to help their patients. Please support and ote in the affirmative for bill HB 5537.

Thank you for your support and consideration.

Sincerely,
Jean Connors

Melanie Savage
51 Brennan Road
Amston, CT 06231
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see my naturopathic doctor in Connecticut who is also licensed in other states that extend prescriptive authority to naturopathic physicians. Because of the limited scope of practice in Connecticut my naturopath must send me to a medical doctor who writes the prescriptions that the naturopath develops in my treatment plan. CT Naturopathic doctors should be given the same prescriptive authority similar to other states like Arizona, Vermont, and New Hampshire.

Thank you for your support and consideration.

Sincerely,
Melanie Savage

Krystine Rohner
480 Bunker Hill Road
Coventry, CT 06238
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic doctors are critical to the ongoing health of Americans. Their methods of treating the entire human being is an all-inclusive practice that allows their patients to pursue health over disease control. Please support this bill that supports the Naturopathic doctors.

Thank you for your support and consideration.

Sincerely,
Krystine Rohner

GEORGE MULVANEY
275 KEELER DR
RIDGEFIELD, CT 06877
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Dear esteemed members of the Public Health Committee:

I ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Sincerely,
George Mulvaney

Thank you for your support and consideration.

Sincerely,
GEORGE MULVANEY

Ingrid Boedecker
23 Castle Meadow Rc
Newtown, CT 06470
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

For the past 35 years, my primary care physician has been a naturopathic doctor. I credit her with my current good health and am very thankful that at a healthy 64 years of youth, I am not and never have been regularly on any prescription medications.

In a sophisticated state such as CT, I consider it outdated that I do not have free choice to have a physical examination, as required for my job in a public school, be completed by my primary doctor, who happens to be a naturopathic physician licensed by the same state of CT Just as the practice of medicine has changed over the past 90 years, so has the practice of naturopathic care, and so must the laws governing the scope of naturopathic practice. Please represent my interests with your affirmative vote..

Thank you for your support and consideration.

Respectfully,
Ingrid C. Boedecker

nancy koury
31 halsey drive
old greenwich, CT 06870
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

My primary Doctors have been Naturopathic for over twenty years in the state of CT. Expanding the scope of practice for Naturopathic doctors will improve healthcare continuity,create significant cost and time savings to patients as well as third party payers, as well would be consistent with most Naturopathic Doctors scopes of practice across states, particularly throughout the New England states.Please I urge you to support and vote yes to add bill language for the modernization of the CT Naturopathic Physician scope of Practice to HB 5537.

Thank you for your support and consideration.

Sincerely,
nancy koury

Dianne Crowe
38 Northbrook Court
East Hartford, CT 06108
HB 5537

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I feel that it would be very beneficial if Nd's privileges were increased. Their training is exceptional. I strongly feel that they should be allowed to write rx so that they do not have to refer a patient to a md I feel that this would decrease the costs to individuals as well as insurance companies.

Thank you for your support and consideration.

Sincerely,
Dianne Crowe

Barbara Gill
22 Strang Rd.
Derby, CT 06418

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Expanding the scope of practice will improve healthcare continuity

Thank you for your support and consideration.

Sincerely,
Barbara Gill

Alyssa Annello
24 South Bartlett Road
Quaker Hill, CT 06375

March 13, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

The philosophy of Naturopathic medicine is to find and treat the cause of disease, there are so many chronic illnesses that people suffer with every day. As Naturopaths, we spend a half-hour to an hour with each of our patients, in this time we are able to educate, empower, and support our patients in healing. The scope of practice for NDs in Connecticut currently limits the modalities available to heal their patients With the proposed scope expansion, NDs will be able to use the tools they have been extensively trained in to provide health care for their patients.

Our education consists of a four year post graduate degree, including two nationally recognized board exams, a basic science exam and a clinical exam We spend two years in clinical settings, such as local doctors offices, on campus clinics, and hospitals We receive 72 hours of didactic training in pharmacology related to all clinical areas and additional training in major drug classes used in specialties such as cardiology, pediatrics, and gastroenterology, and can write prescriptions when necessary. We also receive 171 hours of didactic training in botanical pharmacognasy, and 120 hours of didactic training in nutrition. Other classes include, emergency medicine, pediatrics, gynecology, neurology, oncology, and gastroenterology, among others

Our training is extensive in all areas of the proposed scope expansion, I hope you support the modernization of the scope of practice for NDs in Connecticut.

Thank you for your support and consideration

Sincerely,
Alyssa Annello

I oppose HB5537

Meredith O'Connell
185 Hoyt Street
Darien, CT 06820

I'm writing in strong opposition to Bill HB 5537 Section 42 (6).

I have worked in New York, Pennsylvania, Massachusetts and CT in various capacities with children and adults with disabilities, including autism, for over 20 years. I have educated, trained and supervised graduate students working toward BCBA certification. And, I have worked closely with many Speech Language Pathologists (SLPs) in educational settings. I strongly believe that SLPs, who are not Board Certified Behavior Analysts (BCBA), do not have the competencies to practice Applied Behavior Analysis. As typically trained, ABA is not currently within the scope of practice of SLPs. These professionals are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. If your bill passes, I strongly believe that consumers of ABA services in the state of CT would be negatively impacted by this modification to an SLP's scope of practice. As you know, Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you,

Patrick Heick, PhD BCBA-D
School Psychologist & Behavior Analyst

Andrew Kontomerkos HB 5537

10 Rutlee Drive

Trumbull CT 06611

Dear PHC Members,

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades. These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Thank you,
Andrew Kontomerkos

As a BCBA, I oppose HB 5537, section 6 Speech Language Pathologists do not currently take the necessary classes in behavior analysis, nor do they receive the proper training/supervision hours by a BCBA. The science of behavior analysis has decades of research, and the application of that research requires significant training and proper oversight.

Sincerely,

Elizabeth Cranmer, BCBA

Committee: Public Health Committee

Issue: Opposition of HB 5537, Section 6

Date: March 12, 2014

The following testimony is provided in opposition to House Bill 5537, section 6. This bill would expand the scope of practice of Speech Language Pathologists (SLP's) to include provision of Applied Behavior Analysis (ABA) within Connecticut.

We are three Connecticut SLP's licensed by the Department of Public Health, who provide services to children with autism. We have each enrolled in graduate training programs with coursework concentrating in Applied Behavior Analysis. One of us is a doctoral level speech language pathologist and a doctoral level Board Certified Behavior Analyst (BCBA-D) Because Speech Language Pathologists are not required to take any classes in ABA, nor do they have any training or experiences requirements related to the provision of behavior analytic services as part of their training, we have each pursued this additional training outside of our SLP coursework.

Since the ground-breaking research of Ivar Lovaas was published in 1987, applied behavior analysis (ABA) has become synonymous with providing effective evidenced-based treatment to individuals with autism spectrum disorder (ASD). ABA is now the nationally recognized leading treatment for individuals with ASD and has been validated by hundreds of peer reviewed journal articles. Behavior analysis has also been recognized by a variety of regulatory bodies and well-respected individuals (The National Research Council, 20011, The Maine Administrators of Services for Children with Disabilities, 20002, The New York State Department of Health – Clinical Practice Guidelines, 19993, The U.S. Surgeon General's Report, 19954.)
Since 1998, the Behavior Analyst Certification Board (BACB) has been the single governing body for professionals working in the field of applied behavior analysis Under certification, the field has thrived resulting in increased numbers of BACB certificants and the creation of new graduate training programs with coursework concentrations in applied behavior analysis (ABA). Behavior analysis and the scope of practice of Behavior Analysts has been defined by existing CT legislation.

Behavior Analysts work with some of the most vulnerable and disabled populations with autism in the state. ABA is not currently within the scope of practice of Speech Language Pathologists, and it is worth noting that the great majority of licensed Speech Language Pathologists would not meet the minimum course requirements or supervision standards for approval to sit for the Behavior Analysts Certification Board examination. The American Speech Language Association's (ASHA) Journal, Language Speech and Hearing Services in the Schools, 2008 survey revealed that "current (SLP) professionals have an unbalanced understanding of autism and have some insecurities regarding their abilities to provide effective services to these students....the results of the survey suggest additional preparation is needed to better prepare SLP's to provide services to autism." Further, a presentation at the 2013 ASHA conference (Gerenser & Koenig, 2013) discussed the lack of knowledge of autism and behavioral interventions (88% of respondents had not received any coursework in the area), and concluded that "SLPs will need to understand and respect the ABA framework " Finally, the "Knowledge and Skills Acquisition" standards that are defined by ASHA's Council for Clinical Certification does not provide a requirement for students to take a course in autism or in functional behavior assessment

Expansion of an SLP's scope of practice would negatively impact consumers of ABA services. Further, any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Please oppose HB 5537, to ensure that the citizens with autism of the State of Connecticut receive the consumer protections they require to guarantee access to effective treatment.

Kathleen Dyer, Ph.D., CCC-SLP, BCBA-D
Denise Emma, MA, CCC-SLP
Maegan Kiger, MS, CCC-SLP

Marilyn Kolwicz
180 Meadow Street
Milford, CT 06461

Attention DPH Committee Members:

I would like to say I oppose HB 5537, section 6.

The reason being that Speech Language Pathologists are not required to take any classes in behavior analysis,
nor do they have any training or experience related to the provision of behavior analytic services as part of their training to become SLP's.
Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.

Antoinette Chaves HB 5537
73 Silver Street
Meriden, CT 06450

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please help us help the people of CT by giving us the tools we need to heal people naturally and effectively. This will only benefit you and your family members that live here in CT and will get us up to speed with all the other ND licensed states who already have this broader scope of practice.

Thank you for all your efforts and consideration! Please help make CT a better and healthier state!

Thank you for your support and consideration.

Sincerely,
Antoinette Chaves

Kristin Kleis HB 5337
13 Olympic Drive
Danbury, CT 06810

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic medicine has saved my life and can do some much good for the citizen's of our state. Please support these doctors any way you can!

Thank you for your support and consideration.

Sincerely,
Kristin Kleis

Christina Gazsi HB 5537
34 Rolf Dr
Danbury, CT 06810

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to.HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I see a Naturopath first for any of my medical issues He has, on occasion, advised me to go on antibiotics and I would then have to see another doctor It would save me time and my Insurance $$$ if my Naturopath was able to prescribe the antibiotics instead of having to send me elsewhere.

Thank you for your support and consideration

Sincerely,
Christina Gazsi

Amanda Levitt HB 5537
30 Swarthmore street
Hamden, CT 06517

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been practicing as a Naturopathic Physician for 11+ years in the state of CT Prior to my move here, our profession's primary care status in Washington state allowed for a much broader scope of practice. While I am passionate about natural medicine and use natural modalities as first line treatment, the addition of a broader scope would allow me to serve my patients more fully Our practice has excellent relationships with MD specialists in all areas of medicine, and we give and receive referrals regularly. There are certainly times when my limited scope of practice limits my care A simple prescription for an antibiotic, birth control pill, or thyroid hormone are well within my educational training It costs patients an extra visit and copay to see another provider to obtain these services, when I am capable, but not allowed in my practice. In our scope of practice, I can draw blood, but not administer a vaccine or injection, which is much easier and requires less skill than phlebotomy. Our law is quite antiquated and is due for updated language and scope. I appreciate your attention to this issue and hope that you will help us serve our patients with a broader scope.

Thank you for your support and consideration.

Sincerely,
Amanda Levitt, ND

Linda Kamp HB 5537
28 Outlook Road
New Milford, CT 06776

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Please support HB 5537 I have been with my naturopath for over 20 years and would appreciate her having a larger scope to practice.

Thank you for your support and consideration

Sincerely,
Linda Kamp

Karen Miller HB 5537
287 Main Street North
Bethlehem, CT 06751

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

We are all trying to reduce health care costs. By updating and expanding the scope of practice for the CT Naturopathic physician, we will be accomplishing not only a reduction in health care costs, but improving the quality of care for the citizens of CT I urge CT elected officials to modernize the CT Naturopathic physician's scope of practice.

Thank you for your support and consideration.

Sincerely,
Karen Miller

Maren Cornish HB 5537
42D Powder Mill Road
Stratford, CT 06614

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

As a naturopathic physician currently in private practice, an expanded scope of practice would enable me to more efficiently care for patients It would also provide cost savings to both patients and private insurers by decreasing the need for referrals to primary care physicians for simple procedures that we are trained to perform. This scope of practice change is consistent with naturopathic physician scopes across several states and would improve healthcare access for individuals in Connecticut. Please do consider the modernization of our practice scope. Thanks very much.

Thank you for your support and consideration.

Sincerely,
Maren Cornish

Kathleen Semeraro HB 5537
135 Brewster Road
Bristol, CT 06010

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

My primary care doctor is a ND and he has helped cure my sciatica through accupuncture No physical therapy, chiropractor or medical doctor could do this for me. Unfortunately, when I had a cold that turned to a virus, my ND could not prescribe an antibiotic. I had to go to a clinic, which cost me close to $200 so I could get the medication I needed. If my ND had the legal ability to prescribe a simple antibiotic, it would have saved me money and time. I am in full support of this bill being passed and becoming a law

Thank you for your support and consideration

Sincerely,
Kathleen Semeraro

Charles Craig HB 5537
136 Chimney Hill Road
Wallingford, CT 06492

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopaths need this expanded scope of practice so that they may offer broader services to those that have tried the "traditional" medical path and are not getting the help that is needed to restore them to full or better health.

Thank you for your support and consideration

Sincerely,
Charles Craig

Brian Crouse HB 5537

Hello

I am Brian Crouse, I live at 56 Park Ave., Apt 302, Bridgeport, CT. 06604.

I am a 51 year old student at the University of Bridgeport College of Naturopathic Medicine and the University of Bridgeport Acupuncture Institute.

I support the expanded scope of practice for licensure of CT ND licensure and strongly support this as ut is described in bill #5537.

Brian Crouse
UBCNM ND candidate 2016, UBAI MS, LAc candidate 2016
cell: 631-831-2655
Bassdeliguy@me.com
BCrouse@my Bridgeport edu

Dorina Ademi HB 5537
56 Manor Circle
East Hartford, CT 06118

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

This means so much to me as a patient, and soon to be naturopathic doctor.

Thank you for your support and consideration

Sincerely,
Dorina Ademi

Agatha Lassauze HB 5537
213 Weekeepeemee Rd
Bethlehem, CT 06751

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

As a person whom uses Naturopathic Medicine, it is vital to the freedom of the patient to use a doctor with the knowledge and the credentials; no matter whether the doctor is allopathic or naturopathic.

Thank you for your support and consideration

Sincerely,
Agatha Lassauze

Nan K. Crowley HB 5537
111 Oil Mill Rd
Waterford, CT 06385

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I sincerely believe that the time has come, in particular based on the number of years of education it takes to become a naturopathic doctor, for the state legislators to give them the equivalency of a medical doctor.
It is important to mention, that should this scope of practice increase, I as a patient would not only save money and time, which would lead to a greater convenience as my medical needs would be met by one physician who would look at me as a "whole" person versus just pieces of my body.

Thank you for your support and consideration.

Sincerely,
Nan K. Crowley

Jonathan Goodman HB 5537
13A2 Lakeshore Drive
Farmington, CT 06032

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I am an ND in practice in Bristol and Bloomfield and a resident of Farmington. I want to better serve my current and future patients by offering medical services commensurate with my training Thank you.

Thank you for your support and consideration.

Sincerely,
Jonathan Goodman

Stacey Nelson HB 5537
PO Box 225
Bridgewater, CT 06752

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

THANK YOU !

Thank you for your support and consideration

Sincerely,
Stacey Nelson

Dena Mastrangelo HB 5537

Hello

I am Dena Mastrangelo, I live at 30 ST Roch Ave, Greenwich CT 06830

I am the Director of HR for a non-profit and the mother of an 18 year old son
I support the expanded scope of practice for licensure of CT ND licensure and strongly support this as it is described in bill #5537.

Thank you,
Dena Mastrangelo

Laura Munro
2329 Glasgo Road
Griswold, CT 06351

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Naturopathic Physicians have been adequately trained to prescribe, use, and safely monitor the prescription drugs they are seeking. They receive 100hours of pharmacology training, a mere 8hours less than Doctors of Osteopathy (DO), and 14 hours less than MD's. Jenson, C.B. Common Paths in Medical Education. Alternate &Complementary Therapies, Aug 1997.

To further support my belief that ND's are qualified to prescribe as proposed in the Bill HB5537 the following are segments from a document written by Christopher Winters, Director of the Office of Professional Regulation of the State of Vermont regarding the safety records of ND's: In 2006, the California Bureau of Naturopathic Medicine contacted the licensing agencies in all states that allow NDs to prescribe. None of these states reported any patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing They also contacted the Jury Verdicts Northwest (JVN), a legal database who records court cases in Washington and Oregon (2 states with the broadest prescriptive authority and largest number of NDs) -JVN reported no cases against NDs for prescriptive negligence, and added "for that matter our database contained no cases against naturopaths at all," and they noted there were no judgments for malpractice against ND's from 1983, when the database was started, through 2010.

In addition, implementation of Bill HB5537 will:

- improve patient care for Connecticut residents
- offer the ability to fill the Primary Care Physician deficit currently present in the state of CT
- decrease duplication of medical services by decreasing the cost, inconvenience, and time to, me, the patient; as well as decreasing the cost to insurance companies and state funded medical plans.
- ensure the safety of Connecticut residents with respect to the potential drug interactions with some natural treatments, such as herbs, based on the extensive education an ND receives in botanical medicine and pharmacognosy
- allow the Naturopathic Doctoral didactic and clinical education program offered at University of Bridgeport to keep pace with the national educational trend and scope of practice enjoyed by other states such as: Vermont, New Hampshire, Maine, Arizona, Oregon, Washington State, Hawaii, Kansas, Montana, Idaho, Utah, and the District of Columbia

- afford Naturopathic Doctors a greater opportunity to co-ordinate patient care, collaborate with Medical Doctors, as well as other types of clinicians
- update the hugely antiquated Naturopathic Physician laws, bring Connecticut up to pace with the modern education of today's Naturopathic Doctors.

Thank you for your support and consideration.

Sincerely,
Laura Munro

Division of Health Sciences

David M. Brady, ND, DC, CCN, DACBN
Vice Provost, Health Sciences

Testimony of David M. Brady, ND Presented before the Public Health Committee Regarding Inclusion of Language on Naturopathic Medicine Scope of Practice in H.B. No. 5537 (RAISED): AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

March 15, 2014

Hello and thank you for allowing me to participate in this critically important process. I would like to specifically thank the Co-Chairs, Senator Gerrantana and Representative Johnson, as well as all of the Committee members, several of which have taken the time to meet with me and discuss the issues at hand, for which I am very grateful. My name is Dr. David M. Brady and I am a naturopathic doctor licensed in CT and VT and a dual-board certified clinical nutritionist. I live and am in part-time private practice in Trumbull, CT but I spend the bulk of my professional time serving as the Vice Provost of the Division of Health Sciences, Director of the Human Nutrition Institute, and an associate professor of clinical sciences at the University of Bridgeport. I have previously also served as the Dean of the College of Naturopathic Medicine. That being said, I would like to provide for the members of the committee by perspectives as an educational administrator, and educator, and a clinician in the field of naturopathic medicine.

How the Current Law and Scope Affect the University's College of Naturopathic Medicine:

The antiquated naturopathic licensing law in the State of Connecticut, with its very limited scope of practice, as compared to other States, continues to provide a significant impediment to the University in efficiently meeting the educational mission of its naturopathic medical program. We are charged by the Council on Naturopathic Medical Education (CNME), the federally-recognized programmatic accreditor for naturopathic medical schools, with educating naturopathic doctors to meet the comprehensive standards and competencies to prepare them for practice in any State, including those with scopes of practice which include pharmaceutical formularies, various routes of administration of therapeutic

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David M. Brady, ND, DC, CCN, DACBN
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agents, and minor office procedures not included in the scope of the antiquated CT naturopathic licensing law. The Naturopathic program at UB is forced to find alternate methods of meeting our accreditor- required comprehensive educational standards and competencies by having to send students and interns to out-of-state for components of their experiential training, having to provide additional MD/DO staffing to supervise elements of training that our ND faculty is adequately trained to supervise, and forcing us to rely on patient clinical scenario simulation for certain elements of training due to the outdated CT ND scope restrictions.

The current law also greatly limits the scope of health care services we can provide to our community members who visit our *UB Clinics*, both at the on-campus *Health Sciences Center* and our surrounding community-based outreach clinics, where collectively over 25,000 patients are seen per year, mainly folks from the needy greater Bridgeport area who have no insurance coverage and who are of very limited financial means and have no other avenue to access such care. This situation also serves to limit the recruitment of premier faculty as well as limiting research options and reducing the opportunities for our graduates within the State of Connecticut after graduation, forcing them to relocate to States with more inclusive modern licensing laws with scopes of practice acceptable to them to begin their careers. Stated frankly, Connecticut has the only accredited College of Naturopathic Medicine east of Chicago, which is licensed and accredited by the CT Office of Higher Education, yet the State's current practice law creates a non-competitive landscape where the program and its graduates are unable to thrive and maximally contribute to the States growing health care workforce needs.

What We Seek:

Inclusion of previously submitted language in to **HB 5537** regarding a modernization of the scope of practice for naturopathic physicians consistent with their contemporary education, training and competency which includes a defines pharmaceutical prescriptive authority, the ability to perform defined minor office procedures necessary for portal-of-entry primary care practice, and

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the ability to write orders for defined medical devices and durable medical equipment.

The Need:

As our state is impacted by the influx of the newly insured, an expanded pool of qualified primary care providers will be required, while there is already a well-documented physician and primary-care provider shortage with projections for this to significantly worsen. The dean of the Stamford School of Medicine, Dr. Halstead Holman, at a recent commencement ceremony apologized to the graduates for not preparing them adequately for over 80% of the patients they will face in practice, referring to those with chronic complex disease which require comprehensive lifestyle-modifying approaches in addition to medications. During the scope committee process with DPH we submitted substantial amounts of data showing that NDs in states with modern scopes of practice deliver primary care less expensively, with better patient satisfaction, and with equal outcomes and less risk. Naturopathic physicians are not in competition with our physician colleagues but are simply looking to be part of the solution to the problems plaguing our health care system and our population.

Naturopathic Medical Education and Training:

A licensed naturopathic physician (ND) attends a four-year, graduate-level naturopathic medical school and is educated in all of the same basic sciences as an MD, but also studies holistic and lifestyle medicine approaches with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician also studies clinical nutrition, botanical medicine, psychology, and counseling. A naturopathic physician takes rigorous professional board exams, known as the NPLEX, so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician. The naturopathic medicine curriculum at an accredited program generally exceeds 5,000 hours over four years with approximately 1,400 of those hours in clinical training with significant patient management responsibility. The University of Bridgeport, College of Naturopathic Medicine is

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one of 7 programs in North America accredited by the Council on Naturopathic Medical Education (CNME), the federally recognized programmatic accreditor for ND training in the United States, and the only program east of Chicago.

How Naturopathic Medical Education Different Than Conventional Medical Training:

Naturopathic medical education is clearly organized a bit differently than that of conventional allopathic medicine – especially in the second two years – but it is no less encompassing or rigorous in its way. While MDs/DOs complete clerkships (courses in various medical specialties) in which they see no shortage of patients, their role is primarily observational: they are not primarily responsible for patient care. Third- and fourth-year ND students, in contrast, have increasing opportunities for hands-on clinical training and practice, often at their schools' teaching clinics and various off-site community clinics, which offer diverse patient populations.

Thus, naturopathic medical students graduate prepared to begin practice and to diagnose and treat patients, whereas MD/DO students are required to complete residencies after graduation in order to gain direct patient management clinical experience.

Naturopathic residency opportunities, unlike conventional medical residencies, are not required or funded by the federal government. Nonetheless, there are residency opportunities are available, and the naturopathic medical community is working to create more all the time. In place of such a residency, many new NDs choose to practice with an experienced ND before setting up their own practices.

Residencies also serve a different purpose in conventional medicine as they are almost always hospital-based. NDs typically work in outpatient settings rather than hospitals. Since the vast majority of residency training occurs in hospital and institutional settings controlled by conventional medicine, it is generally true that NDs are denied access to such opportunities. It seems unfair to me that the naturopathic educational paradigm should be criticized for not having compulsory

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residency training by those who deny access to the very facilities and institutions where that residency training takes place.

It must be emphasized that naturopathic physicians are *differently* trained, not insufficiently trained. Even the differences are not always viewed as significant. In a recent decision to expand NDs' ability to prescribe drugs consistent with their scope of practice, Dr. Harry Chen, the Vermont Health Commissioner, stated, "I looked at the training that they go through...and discussed how they treat [patients] in their clinics. And essentially they're following the same exact protocols that [MDs] are using." (quoted from "Shumlin Administration Wants to Expand Prescriptive Authority of Naturopaths." Kinzel, Bob, Vermont Public Radio News, October 2, 2013)

Why Is Prescriptive Authority In-line with the Philosophy of Naturopathic Medicine?

The modern licensed naturopathic medical professional is trained with an engrained philosophy which puts emphasis on prevention and upstream intervention using all evidence-based tools available to him/her within the limits of their education and training. The naturopathic physician trained at a CNME-accredited 4-year naturopathic medical program uses elements which have emerged in the scientific literature as essential in the prevention and management of chronic complex disease, including lifestyle intervention (i.e., diet, exercise, stress management, etc.), physical medicine (i.e., heat, cold, hydrotherapy, manual mobilization and manipulation, etc.), natural therapeutics (i.e., nutrients, botanical medicines, etc.), and the conservative use of prescription medications where appropriate. Since the ND is trained as a "generalist" and essentially practices in a primary care role, there is very often an obvious need to use modern pharmaceutical agents when appropriate. However, the ND is inclined to use these agents very judiciously and conservatively, and not the at the expense of the other critical elements and components to ultimate healing and wellness, such as the lifestyle modifications referenced previously. There is nothing within the naturopathic philosophy that precludes the use of prescriptive agents, the majority of which are modifications of natural compounds, which is apparent when considering the fact that the vast majority of states and

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jurisdictions which license or register naturopathic physicians have a scope of practice which includes a prescription agent formulary. NDs have a proven track record of using prescriptive agents in clinical practice in a safe, efficacious and cost-effective manner. This is also clearly defined in the short definition of naturopathic medicine below, as adopted by AANP (American Association of Naturopathic Physicians) in 1989, which clearly includes prescriptive agents.

What the Experience in Other States Has Shown About Safety and Cost Savings:

Our opposition, who is under marching orders from their national organization to oppose all scope of practice expansion for any profession at all costs no matter the rationale, will state that our proposal will create a public safety concern and that they are the only providers who are capable of delivering proper care. I would encourage you to ask them to supply any objective data to back up such assertions, as by the admission of their own organizations, such as the Physician's Foundation, they have no such evidence that the MD/DO provides superior and more cost-effective care. They make the same assertions on every scope of practice request by any other profession, including even here in Connecticut in the past several years regarding the nurse practitioners, optometrists, podiatrists, psychologists, and others. They say that patients will die in the streets and that the sky will fall and somehow that never happens as these responsible professions continue to evolve and play larger roles needed by the stressed health care system.

The reality is that we are not asking for anything new or novel for naturopathic physicians. The experience in other states with prescriptive authority for NDs has shown that they use medication judiciously, safely, and perhaps more conservatively than their medical counterparts. The report conducted by the Vermont Office of Professional Regulations (submitted as an appendix) included surveys of multiple States in the Pacific Northwest and found no action against the professional licenses of NDs related to prescribing and an analysis in 2010 of the Jury Verdicts Northwest database from 2005 through 2010 showed no cases against naturopaths for prescription negligence, and for that matter no cases against naturopaths at all. NCMIC, the largest malpractice insurance carrier

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servicing the ND profession reported in 2010 that is has never opened a claim based on an allegation against a naturopath involving prescription medications. Other malpractice carriers, such as the Washington Casualty Group reported that their loss experience with NDs serving as primary care providers is five times lower than that with family practice and internal medicine physicians, while the Wood Insurance Group reported that their assigned actuarial risk and premium rates for insured NDs practicing primary care is 50% of that for MD/DO primary care providers.

Meanwhile, a Blue Shield of Washington study found that utilizing NDs as primary care providers reduced costs for chronic and stress-related illness by up to 40% cut costs of specialist utilization by 30%, and that NDs treated 7 out of the top 10 most expensive medical conditions more cost-effectively than MDs or other conventional providers. NDs delivering the same Medicaid services in Oregon are 57.5% more cost-effective than MD/DO/NP primary care providers delivering the same services.

Fairness, Equity, and Freedom of Choice:

In the end, what we are asking for is nothing more than fairness and equity as a profession and to be able to practice to the full extent of our contemporary education, training and competency and to participate fully in helping to address the significant challenges of our health care system. This includes providing adequate numbers of the critically-necessary trained professionals with the knowledge domains and competencies to comprehensive approach to chronic complex diseases which are costing our society so much in terms of health care expenditures and poor health outcomes. Naturopathic doctors' are uniquely positioned to offer this with their focus on therapeutic life changes and integrative care. The health care consumers are clearly seeking naturopathic physicians and crave care models where they are encouraged to actively participate in their own recovery and improved health and vitality and we support their freedom of choice to do so. With the implementation of the Affordable Care Act and the impending provider shortages, we sincerely hope that we have passed the days when politics and self-serving economic turf battles trumped logic, data, truth, and freedom of choice in health care policy.

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I sincerely thank you for your time and consideration and I will take any questions that you may have.

Sincerely,

David M. Brady, ND, DC, CCN, DACBN
Vice Provost, Health Sciences
Director, Human Nutrition Institute
Associate Professor of Clinical Sciences
University of Bridgeport

Testimony of Anton Alder Presented before the Public Health Committee Regarding Inclusion of Language on Naturopathic Medicine Scope of Practice in H.B. No. 5537 (RAISED): AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

March 15, 2014

I would like to start by thanking Co-Chairs Gerrantana and Johnson, and all Committee members.

My name is Anton Alder. I live in the south part of Bridgeport with my wife and baby son who are with me today. I am currently a student of naturopathic medicine at the University of Bridgeport, College of Naturopathic Medicine. I take great pride in saying that I am a student of the only naturopathic medical school on the east coast. I am actively involved in generating interest in our program as an ambassador and I am happy to testify that for the first time ever, the University of Bridgeport has been honored with hosting the student directed Naturopathic Gathering later this year.. We will host students, faculty and professionals from the United States and Canada. I believe in this school so much, that I uprooted my family from Oregon and moved here. This is important to note because Oregon also has a naturopathic medical school. However, I feel that the University of Bridgeport is academically superior and that is why I am here today. Having lived in Oregon, I have seen naturopathic doctors practice in that state. I worked for two years as a naturopathic doctor's assistant. Oregon's scope of practice is up-to-date, and the students who graduate there can employ all their training in practice. That is not the case here in Connecticut.

The scope of practice for naturopathic doctors has not been updated in Connecticut in decades. I am here to testify that this is harming the community and the public health. The citizens of Connecticut are unable to access a full-range of naturopathic primary care. This situation is also making my training at the University of Bridgeport more difficult and expensive. When graduating students are faced with staying in a state where they can't implement everything they have learned, many are opting to leave. As the only naturopathic medical school on the east coast we should be attracting more students to the area and

future health care providers to Connecticut, not chasing them away. This is a concern among prospective students I have had the opportunity to speak with as a student ambassador. One of my fellow classmates, Ryan, is a disabled veteran. He is a medically retired US Army Captain, and a combat veteran from Bristol, Connecticut that was diagnosed with an autoimmune disease that began while he was serving in Iraq. His family now lives in Berlin, Connecticut. Naturopathic medicine, which is well suited to treat chronic diseases like his, helped bring his autoimmune disease under control and now Ryan would like to do the same for Connecticut veterans and citizens. However, under the current scope of practice, he can't, even though he is trained to do so.

I submit that the current scope of practice is harming the economy and the health care system in Connecticut. Naturopathic doctors can help to cut the costs and fill the gaps in our stressed health care system. We must take advantage of the resources we already have. With an accredited naturopathic medical school right here in Connecticut why not use those who have already been trained, and continue to be trained right here in our state, to help address the rising needs in healthcare? Please give these trained professionals a reason to stay and build a better Connecticut by expanding their scope of practice to match their training.

Sincerely,

Anton Alder
Naturopathic medical student

120 Rennell Street
Bridgeport, CT 06604

The Voice of Behavior Analysis in Connecticut

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www.ctaba org

Testimony of Solandy Forte, CTABA President, Legislative Committee member on behalf of the CTABA Executive Council & Legislative Committee
In Opposition of Section 42 (6) of HB 5537 AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statues Public Health Committee Friday, March 14, 2014 Public Hearing

Senator Gerratana, Representative Johnson and members of the Public Health Committee,

The Connecticut Association for Behavior Analysis (CTABA) is a professional organization that seeks to assist in the development and advancement of the field of behavior analysis within the state of Connecticut through research, education, and dissemination of information. CTABA represents Board Certified Behavior Analysts (BCBA) in Connecticut, with a current membership of over 400 persons certified by the Behavior Analysis Certification Board (BACB) and is an affiliated chapter of the Association of Behavior Analysis International (ABAI) and the Association of Professional Behavior Analysts (APBA). CTABA is honored to represent the field of applied behavior analysis (ABA) in Connecticut.

This testimony is written in opposition of HB 5537, Section 42 (6), raised before the Public Health Committee that would expand the scope of practice of Speech and Language Pathologists (SLP's) to include a provision of Applied Behavior Analysis (ABA) within Connecticut.

ABA is not currently within the scope of practice of Speech and Language Pathologists. The scope of practice of Speech and Language Pathologists in the State of Connecticut, as written in the Department of Public Heath, Chapter 399, Section, 20-408, includes:

> "The practice of speech and language pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language or feeding and swallowing or other upper aerodigestive functions for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals, and includes screening individuals for hearing loss or middle ear pathology using otoacoustic emissions screening, screening tympanometry or conventional pure-tone air conduction methods, including otoscopic inspection."

Further, as part of the graduation requirements to become a Speech and Language Pathologist, there is no required course work or supervised experience requirements related to Applied Behavior Analysis. These professionals do not have the training, supervised experience, nor have they passed a national examination in behavior analysis to be considered as qualified ABA service providers.

Consumers of ABA services would be negatively impacted by the modification to include ABA services to fall within the scope of practice for Speech and Language Pathologists. It is imperative that consumers of ABA have qualified professionals to provide these services. When unqualified professionals supervise ABA services, consumer protection is jeopardized, there is a risk of lawsuits, and it may result in poor application of ABA methods. More importantly, consumers receiving services by unqualified professionals may not experience the same level of treatment success as those who receive services from those qualified in ABA. By hiring qualified providers of ABA using the standard of the BACB, consumers are ensured the best-practice methods and the best possible treatment success.

Behavior Analysis and the scope of practice of Behavior Analysts have been defined in existing Connecticut legislation, Public Act No. 09-115:

> "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior.

Additionally, any proposed expansion of the scope of practice for Speech and Language Pathologists must first be reviewed in accordance with the Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

While this written is in opposition to HB 5537, Section 42 (6), the Connecticut Association for Behavior Analysis (CTABA) is not opposed to those Speech and Language Pathologists who hold a dual credential, that is a both a Licensed Speech and Language Pathologist and a Board Certified Behavior Analyst. Those individuals with both credentials have ABA in their scope of practice.

Testimony of Rachel Vincent Presented before the Public Health Committee Regarding Naturopathic Medicine Scope of Practice

March 15, 2014

HB5537

Hello and thank you to Co-Chairs Gerrantana and Johnson and all Committee members. My name is Rachel Vincent and I reside in Hamden, CT.

Freedom of choice is an important element of American Life. This freedom is especially important when it pertains to the health of our society. CT has lagged behind other progressive states by limiting that choice in healthcare and I feel it is time for a change.

As a long-time patient of a naturopathic physician I would value the opportunity to integrate a broader approach and additional treatments into my overall healing. Although I consider my ND my primary care physician there are still basic elements of care for which I have to source treatment elsewhere. This not only leads to inconvenience and additional expense but challenges to a comprehensive treatment plan. These challenges include integrating treatments from different providers, additional monetary outlay and added time constraints for multiple provider visits worsened by frustration in finding integrative partners.

Along with freedom of choice it is also important to me that I visit with a healthcare professional that provides a comprehensive and wellness model of healthcare As opposed to merely receiving acute care, my experience with my ND over the years has been to combine treatments for diet, stress, exercise and overall wellness. This has led to a substantial decrease in acute illness and symptoms and an increase in my quality of life.

My wish is that other patients have opportunity to experience such positive treatment outcomes without the challenges associated with it. Personally, I would appreciate being able to receive a much broader scope of treatment directly from my ND. This would include the ability to receive necessary prescription medications, medical devices, nutrient therapy by injection, in-office procedures and other similar treatment options. These treatments all lie within the training and education of today's ND, but for which I currently have to visit another physician

My hope as a patient would be to exercise freedom of choice and choose the healthcare provider with which I am most comfortable.

Thank you for your consideration on this matter

Regards,

Rachel L. Vincent
25 Booth Terrace
Hamden CT 06518

March 12, 2014

From: Michelle A. Hessberger, ND, MS, LAc, Dipl Ac

To: CT State Legislative Members

Re: Inclusion of Language on Naturopathic Medicine Scope of Practice in H.B. No. 5537 (RAISED): AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Dear Legislators,

I thank Co-Chairs Gerrantana and Johnson as well as all Committee members for this opportunity.

My name is Michelle Hessberger and I am a Connecticut licensed naturopathic physician. I live with my family in Milford, CT and work with patients clinically in our Milford and New Haven offices with Dr. Artemis Morris.

While I consider myself a fairly recent graduate of UB, I have practiced full-time starting in January of 2011. During this time, I have helped many patients but have also experienced delays in the care of my patients due to the antiquated ND laws here in CT.

For example, a 56-year-old woman, whom I have successfully treated for high cholesterol and hives, presents with sudden onset of burning urination and increased urinary frequency. Her urinalysis and culture reveals she has a urinary tract infection and is infected with *E. coli*. The sensitivity testing clearly shows several antibiotics that could easily and quickly eradicate the infection, of which Bactrim DS would be best at a dose of 1 daily for 10 days. However, her care is delayed because she cannot get in to see her primary care physician for at least a month and I am not allowed to prescribe here in CT despite being trained in uses and doses of antibiotics.

Another patient, a 51-year-old female, presents with an abscess that has formed around part of an old abdominal surgical scar, and she would like me to drain it for her. It is located right around her waist where her pants continuously rub and chafe the area. While it is a simple incision and drainage that is so small as to not require stitches, I am not allowed to perform this procedure in CT because of the antiquated ND laws. Hence my patient has to suffer for two more weeks of putting on hot compresses to allow it to fully come to the surface on its own because her earliest appointment with her MD is 3 months out.

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sparkharmony@gmail.com

I treat patients of all ages and had an 18-year-old female who came into my office this past week for work with diet and lifestyle management. She has a genetic condition called Spinal Muscular Atrophy where she has difficulty walking and requires braces for her legs to help improve her mobility. She is also experiencing curvature of the hands and hyperflexion of several fingers, which is making it difficult for her to write. She could definitely use some wrist and hand braces at night and at rest that would help straighten and stretch out the muscles and tendons that are twisting her fingers, thereby allowing her improved use of her hands. However, I am currently not allowed to prescribe any medical devices here in CT.

In regards to medical devices and pharmacology, I have a 42-year-old obese male patient who is borderline diabetic and is having some clear spikes in blood sugar levels that would warrant testing of blood sugar levels at home and possibly metformin. His next office visit with his PCP is not until 6 months from now and we are awaiting his lab results to determine the next course of action. While we are working with diet and lifestyle to reduce his obesity and insulin resistance, it would be immensely helpful if he could monitor his blood glucose levels at home after meals with a glucometer to determine if his blood sugar levels would warrant prescription interventions. Unfortunately, I am not allowed to write a prescription for a glucometer and test strips or for metformin.

I bring forward these cases as just a small number of examples of how I could help my patients better if I was allowed to practice in CT as naturopathic physicians are allowed to practice in states like Oregon, Arizona, and Vermont. I ask all of you to vote for these changes in the law not just for myself, but specifically to allow my patients better access to the healthcare they deserve.

Thank you for your time and consideration.

With deep respect and my sincere gratitude,

Michelle Hessberger, ND, MS Cellular and Molecular Biology, LAc, Dipl Ac

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Yale-Griffin Prevention Research Center

David L. Katz, MD, MPH, FACPM, FACP
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Yale University
School of Epidemiology
and Public Health

March 11, 2014

From: David L. Katz, MD, MPH, FACPM, FACP

HB5537

To: Members, the CT State Legislature

Re: Practice Act Modernization and Scope Expansion for Naturopathic Physicians

***David L. Katz, MD, MPH,** (D.H.L.), **FACPM, FACP** is the founding director of **Yale University's Prevention Research Center**. He earned his BA from Dartmouth College; his MD from the Albert Einstein College of Medicine, and his MPH from the Yale University School of Public Health. A clinician, researcher, author, inventor, journalist, and media personality, Dr. Katz is the recipient of numerous awards and recognitions, including an honorary doctoral degree and nominations for the position U.S. Surgeon General. A two-time diplomate of the American Board of Internal Medicine, and a board-certified specialist in Preventive Medicine/Public Health, he is recognized globally for expertise in nutrition, weight management, chronic disease prevention, and evidence-based holistic care. Dr. Katz founded the **Integrative Medicine Center** at Griffin Hospital in Derby in 2000, and directs the center to this day- working side by side with naturopathic physicians in direct patient care. In that context, he has participated in the post-graduate training of naturopathic physicians in evidence-based integrative care for over a decade. Dr. Katz represents Yale University on the Steering Committee of the **Consortium of Academic Health Centers in Integrative Medicine.** He is President of the **American College of Lifestyle Medicine** www.davidkatzmd.com*

Dear Legislators:

I have worked extensively and closely with naturopathic physicians in every context relevant to the advancement of medicine: direct patient care, teaching, and research.

While I have been richly rewarded by all of these collaborative activities, I focus now on the first and most relevant of them, patient care.

Naturopathic physicians are rigorously trained, completing a 4-year program of post-graduate education just like their allopathic counterparts. The basic science curricula are identical, and training then diverges Allopathic trainees are more intensively trained in hospital-based and acute care settings, with a predominant emphasis on drugs, and surgery; whereas naturopathic trainees focus more particularly on ambulatory care, and a range of treatment modalities encompassing pharmacotherapy, nutriceuticals, mind-body medicine, and hands-on treatment methods.

These approaches to training are overlapping, and complementary. Because of the similarities, allopathic and naturopathic can and should interact as efficiently and constructively as all physicians do in the collaborative process of patient care. Because of the differences, naturopathic physicians can often meet the needs of patients when allopathic physicians cannot They are particularly adept at meeting the needs of complex patients; providing holistic care plans; finding alternatives to pharmacotherapy when such approaches are poorly tolerated; and addressing chronic symptoms when diagnostic clarity is elusive.

130 Division Street • Derby, CT 06418
Tel 203 732 7194 • Fax: 203 732 1264 • Cell 203.671 6863
Katzdl@pol.net • David katz@yale.edu

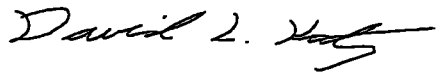
Of course, the acumen and proficiency of naturopathic physicians varies as widely as that of allopaths; no level of training is a substitute for personal attitude, and aptitude But in general, naturopathic training produces professionals ideally suited to meet the primary care needs of Connecticut residents. The overall quality of medical practice in our state, and the satisfaction of patients here, will be advanced by offering naturopathy as a primary care choice. This should occur in a context of collaboration so that professionals in both disciplines can and do call on one another for assistance whenever warranted, just as generalists routinely call on their sub-specialized colleagues now.

In my first-hand experience, naturopaths are devoted, knowledgeable clinicians. They are well versed both in what they know, and in what they don't- perhaps the cardinal requirement of all clinicians. They have a good working knowledge of pharmacotherapy and suitable alternatives; offer a wide array of safe and effective treatments; and understand when and why to call for consultation. Working with naturopaths for the past 15 years, I have been impressed by their professionalism, often inspired by their dedication, and much enlightened by their many important insights.

There is a need for more primary care providers in Connecticut, and in my opinion, based on years of rare, first-hand knowledge, I submit that naturopathic physicians are ideally suited to play this role and offer this service. The important objectives of access to care, patient autonomy, holism, and lifestyle medicine will all be advanced with the modernization of naturopathic scope of practice in CT.

With conviction, confidence, and passion- and behalf of the many patients who will be the true beneficiaries- I encourage and implore you to support this legislation.

With my respect and sincere thanks,



David L. Katz, MD, MPH, FACPM, FACP
Director, Yale University Prevention Research Center

Director, Integrative Medicine Center
at Griffin Hospital

Patti Handy HB 5537
383 Lebanon Avenue
Lebanon, CT 06249

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been under the care of an ND for more than a year now and the changes in my overall health have been remarkable! I have lost nearly 20 pounds, I feel wonderful and a digestive condition that has plagued me for years has been completely resolved. My ND treats my whole body, both physical and emotional, not just symptoms. I am a true believer in what Naturopathic medicine can do It is time to update the laws regarding Naturopathic practice, to bring the traditions of Eastern medicine into the light in the Western world and to make Naturopathic care a more viable choice for health and well being Thank you for considering this when you vote on HB 5537

Thank you for your support and consideration

Sincerely,
Patti Handy

Keith Zeitlin HB 5537
37 Applewood Rd
Branford, CT 06405

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

In the last 14 years of practice in the state of Connecticut I have had innumerable patients who have required prescriptive therapy for their immediate well being. The inability to prescribe even basic antibiotic therapies have endangered these patients and has required additional patient time and resources. Having been trained in pharmacology and drug/herbal/nutrient interaction, I am more then capable of determining which basic non-schedule pharmaceutical to use for specific disease states. I maintain a Washington State license which allows me to have a DEA number for schedule substances In order to maintain that license I am required to maintain continuing pharmaceutical education. This safely and simply allows me to ensure a continued knowledge of prescriptive treatment for the safety and well being of my patients. It is a danger to public health that here in Connecticut I am able to diagnose conditions like acute Lyme disease or Streptococcal infection and am unable to prescribe the required treatment.

Thank you for your support and consideration

Sincerely,
Keith Zeitlin

Jennifer Stagg HB 5537
100 Simsbury rd, suite 208
Avon, CT 06001

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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As a naturopathic physician practicing since 2006 in the Hartford Hospital Avon Wellness Center I have served thousands of patients and continue to work with specialists and primary care doctors to coordinate and manage their care. In many instances, it has been extremely inconvenient and costly for the patient to need to schedule an additional office visit with another doctor to prescribe medications that I have been trained to prescribe and manage. This costs our health care system extra dollars that we can no longer afford. Furthermore, expanding our scope of practice here in Connecticut will help fill the deficit in primary care in our state.

Thank you for your support and consideration

Sincerely,
Jennifer Stagg

Joshua Levitt HB 5537
2838 Old Dixwell Ave
Hamden, CT 06518

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Please, please take the time to understand the education, training, and clinical practice of naturopathic physicians in Connecticut When you do .you will realize that we are a valuable asset to the healthcare community and that we are practicing under legislation that is grossly outdated and out of sync with the current education, training and clinical practice of modern naturopathic medicine.

Thank you for your support and consideration

Sincerely,
Joshua Levitt

nina Anderson HB 5537
561 shunpike rd
sheffield, MA 01257

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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We do business in CT and use an ND in that state. We are in support of alternative health practices

Thank you for your support and consideration.

Sincerely,
nina anderson

Lori DiBiase HB 5537
25 Mudry Farm Road
Brookfield, CT 06804

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I strongly urge you to expand the scope of practice for Naturopathic Medicine, particularly in the New England States. I sort the help of a Naturopathic Doctor due to recurrent bouts of Erhlichia from a tick bite. After seeking the advice of many traditional medical doctors, only to be put back on antibotics that was not helping me, I finally got some relief from my Naturopathic Doctor Because tick-born diseases are prevalent in New England, it is particulary important to expand the the scope of practice for ND care

Thank you for your support and consideration.

Sincerely,
Lori DiBiase

MICHELLE JEAN HB 5537
3 MAIN DR
BROOKFIELD, CT 06804

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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PLEASE AGREE

Thank you for your support and consideration.

Sincerely,
MICHELLE JEAN

kate flax HB 5537
5202 w calle montuoso
tucson, AZ 85745

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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I, my late husband Robert Breer, and our daughter Sally Breer have all benefited enormously from naturopathic care over the years, often when allopathic medicine had no answers for us. Please take the time to bring this practice of medicine into the 21st century.

Thank you for your support and consideration

Sincerely,
kate flax

Suzanne Letso HB 5537

Dear Sen. Gerratana, Rep. Johnson and Members of the Public Health Committee:

I am writing in opposition to HB 5537, Section 42 #6, which would expand the Scope of Practice of Speech Language Pathologists (SLP's) to include provision of Applied Behavior Analysis or "ABA".

I am an employer of both SLP's and Board Certified Behavior Analysts (BCBA's) and require the specific expertise that both of these professional disciplines contribute to the education of people with autism and other disabilities.

SLP's provide vital and unique services to people of all ages, with a wide variety of disabilities and medical conditions. However, their education, training, and practice does not include ABA Likewise, BCBA's have a course of study, supervised experience, standardized testing, and anarea of practice that is completely different than that of an SLP.

My organization requires the expertise of both, but these professions are completely different and this expansion of an SLP's Scope of Practice without any training or education in Behavior Analysis will not be in the best interests of the children of Connecticut who require ABA to make meaningful educational and therapeutic progress.

This expansion of an SLP's Scope of Practice would impinge on the Scopes of Practice of other professionals including BCBA's, School Psychologists, Physicians and Psychologists.

This expansion of an SLP's Scope of Practice would be contrary to several existing laws in Connecticut.

Public Act 09-115 states that insurance funding for ABA services must be provided or supervised by (i) a behavior analyst who is certified by the Behavior Analyst Certification Board, (ii) a licensed physician, or (iii) a licensed psychologist. Expanding an SLP's Scope of Practice would be contrary to this law.

CT General Statutes 10-76ii – Provision of ABA Services defines Behavior Analysis and the Scope of Practice of Behavior Analysts. The purpose of this statute was to ensure that ABA programs are overseen by individuals who are properly educated and trained when these services are publicly funded. An expansion of an SLP's Scope of Practice to include ABA would amend this statute to include individuals who do not have any training or education at all in the provision of ABA services

Public Act 11-209, an Act Concerning the Department of Public Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professions established a process for submission and review of requests to revise an existing scope of practice or to establish a new scope of practice prior to consideration by the General Assembly. This request for an expansion of an SLP's Scope of Practice did not go through that required review process, and therefore should not be considered as a legislative action.

In addition to being a School Administrator and BCBA, I am also the parent of a son with autism. He has benefited from the expertise of both SLP's and BCBA's. But I know first hand as a parent that an SLP alone does not have the knowledge, experience or skill sets needed to design and implement an ABA program. Both parents and school districts will have a much more difficult time discerning who istruly qualified to provide these types of services in a meaningful way for their child if this provision is allowed to pass.

An expansion of an SLP's Scope of Practice to include ABA without concurrent inclusion of any education or experience requirements will mean that thousands of children will be deprived of the specific ABA expertise they need to implement their individualized special education plans (IEP's).

On the flip side, there is a chronic statewide shortage of SLP's in the state to meet the needs of our children in public schools. An expansion of an SLP's Scope of Practice will also mean that these important professionals are spread even thinner, and their valuable SLP training and expertise is compromised.

Yours truly,

Suzanne Letso, M.A., BCBA
93 Poverty Hollow Road
Newtown, CT 06470

Barbara Tucciarone HB 5537
177 Carmen Hill Rd 2
New Milford, CT 06776

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I went to my naturopath when my medical doctor could not figure out what was wrong with me. I was sent for blood tests and to other doctors, still no answers. I decided to go to a naturopath because I could not live a productive life feeling unwell and could no longer work a full day. My naturopath found what the problem was and within 3 months time I was feeling healthier. After 1 year I continue to follow his instructions and am feeling well. I believe expanding the scope of practice will improve coordination of care and that I could have been diagnosed more quickly saving time and money.

Thank you for your support and consideration.

Sincerely,
Barbara Tucciarone

Paul Sheahan HB 5537
121 Shagbark Dr.
Derby, CT 06418

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

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Naturopathic medicine has helped me with my illness far more than standard medicine Please help the naturopathic doctors to continue their good work.

Thank you for your support and consideration

Sincerely,
Paul Sheahan

Sharon Hunter
67 Fennbrook Road
West Hartford, CT 06119

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

The current outdated scope of practice law prevents CT residents from getting alternative primary health care they want and need. It infringes on the rights of naturopathic doctors (NDs) to practice what they have been educated and trained to do

The University of Bridgeport College of Naturopathic Medical program has difficulty in meeting its educational mission efficiently because of the current law The Connecticut ND scope of practice is extremely limited compared to other States

What's required is a change and modernization of scope of practice as other states have done with old Naturopathic practice acts. This update would

- -Improve healthcare assess
- -Provide better continuity of care
- -Provide better coordination of care
- -Enhance medical education and training at UBCNM
- -Address primary care needs
- -Help make consistent licensing and practices across states
- -Retains UB graduated NDs in the state

ND education and training is very comparable to MDs.

CT would be among other progressive states to significantly expand and modernize the ND scope of practice (Arizona 2002, Washington 2005, Hawaii 2009, Vermont 2013 and California). The track record of safety in these other states is stellar

It is time to modernize the 90 plus year old CT naturopathic scope of practice. It is long overdue.

Thank you for your support and consideration.

Sincerely,
Sharon Hunter

elizabeth gionfriddo HB 5537
35 matilda dr
bristol, CT 06010

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Please support this!

Thank you for your support and consideration.

Sincerely,
elizabeth gionfriddo

Andrea Cummiskey HB 5537
7 Betkshire Way
Simsbury, CT 06070

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Please support this effort. My family has benefitted and continues to benefit greatly from the knowledge and expertise of our Naturopathic Doctor

Thank you for your support and consideration.

Sincerely,
Andrea Cummiskey

Elli Scarfi HB 5537
69 Woodcrest Lane
Danbury, CT 06810

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

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Please consider supporting this bill. My family fully supports our naturopathic community. It is time that we expand our view of their significance for our health needs

Thank you for your support and consideration.

Sincerely,
Elli Scarfi

Silvana Leggiero HB 5537
120 Briggs Avenue
Yonkers, NY 10701

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Expanding the scope of practice will be beneficial in so many ways and be consistent with Naturopathic scope of practice law in other New England states as well. Healthcare access will be improved, primary care needs will be met, healthcare continuity will improve for patients, and cost and time savings to patients will be significant, which is especially of importance in these challenging healthcare times.

In addition, expanding the scope of practice will enhance education and training for medical students at the University of Bridgeport College of Naturopathic Medicine, to help to keep the high standards of this program

Please strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. Thank you in advance for your support and consideration.

Thank you for your support and consideration.

Sincerely,
Silvana Leggiero

Kerry Eastman HB 5537

113 Wyldewood road

easton ct 06612

We are seeking to add our expansion language to the following bill *House Bill 5537 An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. WE NEED YOU TO SUPPORT OUR EFFORTS Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs: 2) Authority to write orders for medical devices and durable medical equipment, and 3) Ability to perform minor procedures in-office

These changes are necessary for the people of Connecticut in order to

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Thank you!!

Margaret Rague HB 5537
161 East Avenue
Norwalk, CT 06851
March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

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Dear People:
1) CT lacks sufficient primary care physicians and has for a long time;
2) CT naturopathic physicians (NDs) are trained as primary care physicians,
3) NDs are trained to both prescribe drugs and also to take people off of drugs and help them institute less invasive and more effective healing remedies,
4) CT has the only accredited naturopathic medical school in the State;
5) graduates of that school are leaving CT and going to States with a full scope of practice-i e , "brain drain"
6) You can correct this situation.
7) If you need any help, feel free to call upon me.

Margaret Rague, JD, ND
Member, NYS Bar since 1980
Member, CT Bar since 1988
Licensed ND in State of CT, since 2012
Member, NYANP
Member, National Association of Naturopathic Physicians Member, OncANP Member, EndANP Owner, Aloha Natural Healing Center, LLC
161 East Avenue-Suite 204
Norwalk, CT 06851
203 286 6172
www alohanaturalhealingcenter com
Author, monthly column,The Hour
Author, St. John's Wort and Depression. The Magic of Science Author, The Senate Reservation Power and the Connally Amendment, NYU School of Law, Journal of International Law and Politics, Fall, 1979
Author, NYC Bar Association (International Human Rights Committee) position paper in support of passage of the Genocide Convention

Thank you for your support and consideration

Sincerely,
Margaret Rague JD, ND

Kim Romano HB 5537

Hello my name is Kim Romano and I live in Southbury, Connecticut. I am writing to you with the hopes to add expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. PLEASE SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
  improve healthcare continuity
  improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
  cost and time savings to patients and 3rd party payers

I truly appreciate any help you can give for this matter.

Sincerely,

Kim Romano

todd gosart HB 5537
9 cortland pl
oxford, CT 06478

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

We have been using naturalistic medicine for over 15 years. We use it to treat many illnessnesses from minor to major such as sore throats to cancer. Our family has seen results. We support the bill amendment.

Thank you for your support and consideration.

Sincerely,
todd gosart

Christen Laughlin HB 5537
181 Willow Springs
New Milford, CT 06776

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

I personally had no success getting treatment with my wonderful MD. They wouldn't go past my blood test results being within normal range, no matter my symptoms. I was lyterally going bald, and as a 27 year old woman that was really hard! I went to a Naturopath and they looked deeper - they found I have a thyroid condition even though, yes - my blood labs come back with medical ranges They treated me with natural supplements and my hair not only stopped falling out all together, but started growing back in right away. We need these doctors, we need their dedication and their outside of the box thinking! We need them to be able to practice what their being trained and educated in!

Thank you for your support and consideration

Sincerely,
Christen Laughlin

Gregory Troeger HB 5537
44 Avonwood Rd
Avon, CT 06001

March 12, 2014

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Naturopathic medicine is critical to the well being of the public. There approach should be varied in scope to allow for then to directly provide the best form of care for their patients This should include all for of prescription drugs and natural supplement legal to the medical community.

Thank you for your support and consideration.

Sincerely,
Gregory Troeger

Jawad Majeed HB 5537
305 Walnut st
Green Lane, PA 18054

March 12, 2014

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Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537, The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Please support Naturopathic doctors in the state of Connecticut by my modernizing their scope of practice. I have many friends and family members who are residents of CT, who enjoy their Naturopathic doctors, and would love to benefit as patients by seeing their doctors have full scope of practice.

Thank you for your support and consideration.

Sincerely,
Jawad Majeed

Donna Cipriano HB 5537
21 Rek Lane
Prospect, CT 06712

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Please support our Naturopatic physicians Much can be gained with Naturopati physicians work with our medical physician on our health issues.

Thank you for your support and consideration

Sincerely,
Donna Cipriano

Elleen Chips HB 5537
212 Mulberry Point Road
Guilford, CT 06437

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I'm sure I speak for the many people who believe that naturopathic medicine is extremely beneficial to our health and should be included in the modernization and the updated education of future practitioners of this valuable health care alternative. We urge you to vote affirmative.

Thank you for your support and consideration.

Sincerely,
Elleen Chips

Darin Ingels HB 5537
2425 Post Road
Southport, CT 06890

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am a naturopathic physician and have been practicing in CT since 2001 I work mostly with children with autism and special needs, specifically addressing issues surrounding their diet and nutrition. I have had multiple instances over the years where a patient needed something that my scope of practice does not currently allow, but I am well trained in performing. It is a logistical problem for myself and the patient to find another doctor willing to perform these duties. Please help allow myself and my colleagues the opportunity to practice as trained, so that we ultimately help improve the health and well being of our patients.

Thank you for your support and consideration.

Sincerely,
Darin Ingels

Steven Dzik HB 5537
288 Mountain Road
Wilton, CT 06897

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Expanding the scope of practice will improve healthcare access for the people of Connecticut and will help meet primary care needs likely to be in a deficit with the expansion of care due to the Affordable Care Act. There will be significant cost and time savings to patients and 3rd party payers, and coordination of care will be improved

It is consistent with ND scopes across states, particularly New England states.
Additionally and most importantly to our state, it will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine

Thank you for your support and consideration

Sincerely,
Steven Dzik

Teres Boniello HB 5537
862 C, Heritage Hills
Somers, NY 10589

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I found Dr. Gazsi to be very helpful to me and to my husband.He got me through the most difficult time of my life & is still helping me with all of the right supplements that myself and my husband need. He is sincere,honest and has always been right. Please take all this into consideration since it is of such importance. Thank you.

Thank you for your support and consideration

Sincerely,
Teres Boniello

Bruce Chips HB 5537
212 Mulberry Pt. Rd.
Guilford, CT 06437

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Support and vote for adding language to HB 55

Thank you for your support and consideration.

Sincerely,
Bruce Chips

Vaughn Bowman HB 5537
1011 Hope ST
Stamford, CT 06907

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Given the growing popularity of alternative medicine I find it absolutely critical to enable those who specialize in such medicine to continue providing safe and effective answers to those patients in need. Naturopathic Physicians are the ONLY board certified specialists who can bridge the gap between allopathic and holistic care and yet the scope of practice has not significantly changed in 90 years. I urge you to consider allowing licensed ND's the expanded scope to utilize our education and training so that we may be of greater benefit to thousands of patients here in Connecticut. Thank you for your time and attention in this matter.

Thank you for your support and consideration.

Sincerely,
Dr. Vaughn Bowman, ND

Julie Silich HB 5537
1 e hayestown rd
Danbury, CT 06811

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

ND are amazing in offering solutions to problem not often recognized by mainstream Doctors

Thank you for your support and consideration.

Sincerely,
Julie Silich

Colleen Brunetti HB 5537
42 Maple Hollow Road
New Hartford, CT 06056

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Through the years, I have found naturopathic means of treating an excellent first line of defense for many everyday things. Much more critical though, as a patient with a chronic and life-threatening illness, naturopathic medicine has become a crucial part of my treatment.

My combined use of naturopathic and allopathic medicine to treat my disease has produced health results far exceeding the expectations of any medical practitioner. My recovery and relative good health in the face of a disease that should have disabled or killed me can not be explained by one modality of treatment alone, and I am convinced it is a combination of approaches that has allowed my personal miracle. My wish is that every patient has access to and the ability to utilize the same options.

Thank you for your support and consideration.

Sincerely,
Colleen Brunetti

Jud Richland HB 5537
818 18th Street, NW
Washington, DC 20006

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Passage of HB 5537 will give the citizens of Connecticut the opportunity to select the health care provider whom they believe can best meet their health care needs.

Thank you for your support and consideration.

Sincerely,
Jud Richland

Linda Butler HB 5537
362 Quaker Farms Road
Oxford, CT 06478

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I am writing this to you in support of Naturopathic Medicine. I am a registered nurse and I have found naturopathic medicine to benefit myself and my family.

Health Care is a mess in this country and NP are by far more effective and less of a financial strain on our health care system.

Everyone should have a NP as well as a PCP. Insurance companies need to wake up! Main stream American's need to wake up! Get out of the box!

Let's update and modernize this very important scope of practice. For a better world.
Thank-you

Thank you for your support and consideration.

Sincerely,
Linda Butler

Danielle Sunter HB 5537 sec. 6

To whom it may concern,

My name is Danielle Sunter. I live at 229 Branford Road, Unit 102, North Branford, CT 06471.

I am writing because I oppose HB 5537, section 6. Applied Behavior Analysis is not in the scope of practice for Speech and Language Pathologists. It would be absolutely inappropriate to allow them to provide ABA services for our students when they have not taken courses in ABA. ABA is a field in its own right and students deserve to have appropriate providers oversee these services (Board Certified Behavior Analysts). As a BCBA in the public schools, I truly respect Speech and Language Pathologists and work closely with many of them. Just as I would not consider myself to have the same skills in speech and language, I do not consider SLPs to have the appropriate skills for ABA.

Different fields have different specialties. Just because SLPs and BCBAs work with similar populations, does not mean their skill sets are one in the same. They both offer expertise in different areas for students with special needs. You would not go to see a physical therapist to have your eyes checked!

Thank you for taking the time to read this,
Danielle Sunter, MS, BCBA

James Hoko HB5537

Public Health Committee,

The delivery of ABA services is crucial for many students in CT and beyond. It requires very specific study, training, and supervision to be successful and truly help kids. HB 5537 would permit SLPs to delivery a service that is not currently within their scope of practice, in an area in which they are not required to take any classes or fulfill any experience requirements. This bill passed into law would create a situation in which the quality of ABA services would vary greatly, a situation in which children would not be provided adequate services. While ABA includes includes instruction related to communication which many SLPs might be proficient in providing (dependent upon their specific training histories), ABA is much broader and includes tasks which do not typically involve an SLP. These include but are not limited to severe aggression, self-injury, stereotypies, social skills, adls, etc.

Rather than artificially expanding the SLP scope of practice, children are best served by combining the differing expertise of the BCBA and the SLP. HB 5537 would negatively impact children, families, BCBAs, School Psychologists, and others. Additionally, the expansion of SLPs scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals. Please think about this carefully. BCBAs take great pride in their training, practice, and continuing education and every SLP I have spoken to about this has opposed it. How can their preparation be replaced by an artificial expansion of a scope of practice?

Families count on us to do the right thing. HB 5537 is not the right thing. Please think about this carefully. The trials and stresses families of children with developmental disabilities are significant and ongoing. We need to be up front and open about the services we are really qualified to provide them.

Thank you for your time. Please contact me with any questions.

James A. Hoko, Ph. D., BCBA-D
Program Administrator - ACES ABA Autism Programs
Assistant Director - ACES Behavior Services Center

email: jhoko@aces.org office 203-484-9501 (x12303) cell: 203-641-9036

Melissa Sutton HB 5537

Dear Members of the Public Health Committee,

Please oppose HB 5537, Section 6.

Applied Behavior Analysis is not currently within the scope of practice of Speech Language Pathologists. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

Thank you for your consideration.

Sincerely,

Melissa Sutton, MS, BCBA

Kristine Saccone HB 5537

Dear Committee -
Speech and Language Pathologist (SLP)'s do many good things for people, but this profession is not interchangeable with the provision of behavior analytic services. ABA is not currently within the scope of practice of this profession. SLP's receive no substantive ABA training or field experience as part of their requirements to become an SLP Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals

Thank you for your consideration in this matter.

Kristine Saccone
15 Crown St
Trumbull, CT

Kaitlin Cormier HB 5537

Address: 77 Central St. Apt.2 Bristol CT 06010

***I OPPOSE HB 5537, Section 6.**

To whom it may concern-

-Applied Behavior Analysis is not currently within the scope of practice of Speech Language Pathologists (SLP's). Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.

-Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice, as would the field of Applied Behavior Analysis as a whole.

-Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

-Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you for your time,

Kaitlin Cormier, M.A., BCBA
Associate Director of Recruitment; and
Early Intervention Associate I
BEACON Services of Connecticut
160 West Street, Suite F&G
Cromwell, CT 06416
kcormier@beaconct.org
Office: (860) 613-9930
Cell: (860) 338-9121

Gabriella True
91 Hartwell Road
West Hartford, CT 06117
gaztrue@yahoo.com

Attention: Public Health Committee
Email: PHC.Testimony@cga.ct.gov

Subject: Testimony for Public Hearing on HB 5537, section 6
Friday, March 14th at 10:30, LOB, Hartford.

I have a child with Autism who receives both ABA and SLP services. ABA is not currently within the scope of practice of this profession. I am against HB5537, section 6.

SLP's are invaluable to many people and thus help many people, but this profession is not interchangeable with provision of behavior analytic services. The current SLP scope of practice statement is at the heart of this testimony. SLP's and Behavior Analysts each have our own areas of training and expertise, and a defined scope of practice that is derived from that training, as well as by state laws. Please help protect consumers of ABA services, and the scope of practice of Behavior Analysts and other professionals who are trained, and who do already have ABA within our scope of practice. SLP's receive no substantive ABA training or field experience as part of their requirements to become an SLP.

In addition, there is a requirement in Connecticut (Public Act 11-209) that any profession must first submit a request to the Department of Public Health for a Scope of Practice Review prior to submitting legislation to revise an existing scope of practice which should have been submitted prior to proposing this expansion of an SLP's existing scope of practice. According to the Public Health Department Records, no submission or review of an expanded SLP scope of practice was conducted prior to this proposed legislation.

Thank you for your attention.

Gabriella True

Andrea Sansonetti HB 5537, Sec. 6

Good Morning,

I am writing this morning to **OPPOSE HB 5537, Section 6**. SLPs can be very critical to educational needs for children with special needs, however to allow an SLPs scope to include the provisions under Applied Behavior Analysis services not only would negatively impact my son's educational needs, it would also negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

SLPs are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.

SLP's are not equipped with the necessary skill set to implement programming regarding behavior.

To provide additional provisions to other professionals that expand their Scope of Practice without ensuring they are properly training to provide such services is reckless and dangerous to a population of children that can not advocate for themselves.

Sincerely,
Andrea Sansonetti
56 Beacon Court
Bridgeport, CT 06605

Audrey Gifford HB 5537

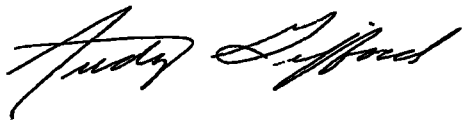
To the members of the Public Health Committee:

RE. HB 5537, Section 42 (6)

I am a mother of a daughter who was diagnosed with autism in 1987, and also a Board Certified Behavior Analyst with over 20 years of experience providing Applied Behavior Analysis (ABA) services to children with autism. My daughter was given speech therapy for 2 years before she received any ABA treatment. ABA turned my daughter from a mute, incontinent, and severely handicapped little girl into the financially independent, college educated, married, wonderful woman she is today I understand that she is not typical, but she is not alone With intensive, quality ABA treatment somewhere between 20-50% of children with autism may be able to be as independent as she is. Many children my teams have worked with after I was trained have also been able to achieve this "best-outcome" (non-handicapped) status.

While the speech therapists who worked with her (and the many with whom I have worked professionally through the years) were caring and talented individuals, they were not trained in ABA The course work and practicum that is needed to become a speech pathologist does not include training in ABA. I am writing to ask you to OPPOSE HB 5537, Section 42 (6). This legislation would allow speech therapists to provide what they may hope is ABA, but without training and board certification in that field they are not qualified to do so. These children and their families deserve a chance for the most rigorously researched and most effective therapy (ABA) for autism spectrum disorders Allowing untrained individuals to try to provide this reduces the chances that the children will receive the quality services they need by *trained* professionals in the ABA field The children are very likely to be more handicapped than they would have been with intensive, quality, ABA therapy. This is a waste not only of their futures, but of the taxpayer dollars spent on ineffective treatment, as well as future dollars spent supporting adults who might have been able to become as independent as my daughter is

Thank you very much for your consideration,



Audrey Gifford, BCBA, M. Ed.

97 Derek Drive

Tolland, CT 06074

860-454-8649

Pam Noce HB 5537

I am writing to let you know that I am not in favor of expanding the scope of practice to include Applied Behavior Analysis services. I have a son who is on the autism spectrum and has had the good fortune of benefiting from many services from many professionals including speech and language pathologists and certified behavior analysts In fact, I credit ABA for many of the great strides he has made. I am certain that having trained behavior analysts in his life has been the most valuable part of his education

Speech and language pathologists are very helpful but they ARE NOT trained behavior analysts I firmly believe you would be doing our children with special needs a grave disservice by passing this bill

Sincerely,

Pam Noce
15 Brockett Farm Rd
North Haven Ct

Lori Mastrogiacomo HB 5537, sec 6

To whom it may concern:
I am writing to oppose HB 5537 section 6, which proposes that SLPs be allowed to practice Applied Behavior Analysis (ABA). ABA is not covered in required coursework or supervised practice for SLPs, and as such they do not receive proper training to provide ABA services. Consumers (e.g., children with autism) would be negatively affected if individuals without proper training were allowed to deliver ABA services.
Thank you for your consideration of this matter.

Lori Mastrogiacomo, M.A., BCBA
Board Certified Behavior Analyst
83 Saint George Ave
Stamford, CT 06905

Felicia Morgan HB 5537

To Whom It May Concern,

I am a licensed psychologist and Board Certified Behavior Analyst in the state of Connecticut. I oppose HB 5537, Section 6 for the following reasons:
1. ABA is not currently within the scope of practice of Speech Language Pathologists.
2. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.
3. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.
4. Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.
5. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

In summary, the ability to practice Applied Behavior Analysis with competency and effectiveness involves a rigorous combination of instruction, ongoing training and supervision, and competency evaluation. Allowing untrained individuals to engage in this practice is unethical and harmful to public consumers.

Thank you for your attention to this matter.

Sincerely,

Felicia Morgan, Ph.D., BCBA-D
Licensed Psychologist
Board Certified Behavior Analyst

Finessa Slater HB 5537

To Whom it May Concern:

My name is Finessa Slater and I am a Board Certified Behavior Analyst (BCBA) who resides at 226 Laurel Street, East Haven, CT.

I am writing in **opposition** of HB 5537, section 42 (6). Applied Behavior Analysis (ABA) is currently not in the scope of practice of Speech Language Pathologists (SLP). Becoming a BCBA requires national certification which includes coursework, supervised experience, and an examination (See below). . Simply adding that ABA falls under the scope of another professional's practice would not provide the qualifications needed to implement ABA appropriately and effectively. Allowing SLPs to practice behavior analysis without board certification would negatively impact those clients requiring services.

Thank you for your support this matter.

Finessa Slater, M.A., BCBA

1. **Coursework:** The applicant must complete 225 classroom hours of graduate level instruction in the following content areas and for the number of hours specified·
   1. Ethical considerations - 15 hours
   2 Definition & characteristics and Principles. processes & concepts - 45 hours
   3 Behavioral assessment and Selecting intervention outcomes & strategies - 35 hours
   4. Experimental evaluation of interventions - 20 hours
   5. Measurement of behavior and Displaying & interpreting behavioral data - 20 hours
   6. Behavioral change procedures and Systems support - 45 hours
   7. Discretionary behavior-analytic content - 45 hours

2. ***SUPERVISED INDEPENDENT FIELDWORK (1500 hours BCBA):*** To qualify under this standard at the BCBA level, supervisees must complete 1500 hours of Supervised
Independent Fieldwork in behavior analysis.
include at least 1 supervised hour.

3. The Board Certified Behavior Analyst Examination has approximately 150 questions.

Kimberly Marshall HB 5537

To Whom it May Concern.

My name is Kimberly Marshall and I live at 53 Osborne Hill Road in Sandy Hook As a practicing Board Certified Behavior Analyst. I am writing to express my concern about Bill HB 5537 Section 42 (6) and the negative impact it would have on consumers of Applied Behavior Analysis Speech Language Pathologists are not required to take courses in behavior analysis as part of their training and certification and therefore Applied Behavior Analysis is currently not within their scope of practice I appreciate you taking my concern into consideration when this bill is heard on Friday. March 14th

Sincerely,
Kimberly Marshall

Karen Simon HB 5537

I respectfully submit this document as my testimony regarding this issue named above.
My name is Karen Simon, I have been an education advocate in the state for 15 years and am also a mother of a child with autism. I am extremely concerned with this section of HB5537 that allows SLP's to deliver ABA services to our kids, and am struggling with where this idea could have even emanated from as it is so beyond what would constitute safe practices for our children.

The part of the bill that allows speech and language therapists to deliver ABA services to children with autism is incredibly misguided and reckless with regard to the safety of our children. Applied Behavior Analysis or ABA is mind altering therapy that can cause immense damage to our children if done incorrectly.

Someone who obviously has no idea of what ABA is, how it is implemented, the kind of training that is required and how quickly things can go wrong must have been behind this effort.

It is troubling that parents involved with ABA programs, Behavior Analysts and Behavior Therapists were not consulted on this to gain an understanding of the science behind implementing ABA programs.

To me it is as bad as casually deciding to have a cardiac specialist perform brain surgery just because they are both doctors and work in hospitals.

Speech Therapy is important to our children and I applaud the dedicated SLP's in our schools, but they would tell you themselves that they do not have the skill set to administer ABA programs to our kids. More importantly, the SLP's current work load in every district is so stretched to the breaking point that I find this proposal almost laughable. Many districts report that they can't even find SLP's to handle all the kids requiring speech therapy let alone ABA.

Behavioral therapy comes from a place of data driven analysis beginning with administering a baseline assessment , writing ABA programs addressing the deficits noted in the assessment and analyzing data taken on the child during the course of his day to determine the effectiveness of the programs. Also it tracks and analyzes the behavior of the child particularly what is getting in the way of his learning. Misunderstanding the data collection process and not knowing how to correctly interpret the data can cause regression in critical academic, social and behavioral areas and cause serious problems for the parent in the home and community environments.

This is my layman's attempt to explain the complexities of this therapy, I gladly defer to those experts that have studied the science of Behavioral Therapy and have years of administering successful ABA programs in this state such as The Institute of Professional Practice, The Center for Growth and Development, Ct. Center for Child Development, ACES, BDES and other BCBA's across the state.

I am speaking as a parent of a child that has an excellent ABA program, a highly skilled BCBA who worked side by side with the SLP, OT, PT and as a result is able to be fully included in his home school.

I know the importance of the professionals working with my child to each having an expertise in everyone of these critical areas for best outcome.

I am also speaking as an advocate to hundreds of children who can be doing so much better in all areas if we required MORE training and oversight in administering ABA programs and definitely not opening it up to inadequate supervision by overworked SLP's.

Karen Simon (203) 257-6520

Marcie Daken HB 5537, Sec. 6

My name is Marcie Daken of 266 Petrose Circle, in Orange, CT.

I am writing regarding to tell you that I OPPOSE **HB 5537, Section 6**.

ABA is not within the scope of practice for Speech and Language pathologists

To the members of the Public Health Committee:
RE: HB 5537, Section 42 (6)

As a certified Behavior Analyst for the past 32 years (first as Florida certified and then for the past 14 years as a Board Certified Behavior Analyst) I have seen a forward progression in both the training criteria of practitioners and the legal protection of students with behavioral disorders. The current BCBA certification program is in place because of the gross abuses that took place in behavioral treatment in the past due to delivery by untrained, unmonitored individuals. Board Certified Behavior Analysts (BCBAs) are required to have Master's Degrees, at least six graduate courses in Applied Behavior Analysis, 1500 hours of supervised internship and the passing of a rigorous certification exam. In addition there is a system of oversight and strict Ethical Guidelines. This level of preparation and supervision is imperative in providing protections to the clients that we serve.

I currently practice as the team leader for the River Street School Outreach program providing in-school consultation in thirty-one school districts throughout Connecticut. In this capacity, I have the opportunity to work with many professionals including Speech Pathologists. I have great respect for the skills and expertise in Speech Therapy that they bring to the table. I rely on this expertise to work collaboratively for the best interests of the students that we serve. I would not consider myself prepared to work as a Speech Pathologist and they could not replace the expertise that I provide.

I am also a Professor in the Elms College Department of Communication Disorders. I teach two Master's Level courses in the sequence that prepares students to take the BCBA certification exam. Many of our students are Speech Pathologists who are coming back to school to get additional training in Applied Behavior Analysis. They are doing this because the preparation for Speech Pathology certification does not include intensive training in ABA.

The State of CT recognized the unique expertise of Board Certified Behavior Analysts when it passed Public Act No. 09-115 defining the scope of practice of Behavior Analysis and prescribing who can provide ABA services.

I am writing to ask you to **OPPOSE HB 5537, Section 42 (6).** This legislation would allow speech therapists to provide services that they are not trained to provide. It would represent a step back in the protections that the legislature created in 2012. Allowing untrained individuals to deliver behavioral programming is dangerous and ineffective.

Thank you very much for your consideration,

Caroline C. Redpath

Caroline C. Redpath, M.S., BCBA
Board Certified Behavior Analyst

17 Ruops Road
Tolland, CT 06084
(860) 872-4732

Linda Schraml HB 5537

I am writing to OPPOSE HB 5537, section 6.

Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP,s.

Our children deserve the best they can get.

Sincerely,

Linda Schraml
60 Plane tree Road
Stratford, CT.06461

Donn C. Sottolano HB 5537

Dear Sir/Madam,

Hopefully, you will receive substantial testimony regarding the inappropriateness of this proposed change to the scope of practice of Speech Language Pathologist Given that consideration I will be brief and address what I believe is a serious consideration with regards to this issue. The 'Scope of Practice' as described by the American Speech-Language-Hearing Association (ASHA) is clear regarding qualifications for practicing clinical services and does not include 'applied behavior analysis'. Please note that in order to provide clinical servicers SLPs must obtain a 'recognized' degree, obtain postgraduate experience, and pass a national examination. Coincidentally, these same requirements are in place in order to become a *'Board Certified Behavior Analyst'* (see below). Neither ASHA nor the BACB (Behavior Analysis Certification Board) specifies that a SLP can provide applied behavior analysis services or a BCBA can provide speech-language-hearing services. In fact it is considered unethical to practice a therapy for which you have no training. It is quite disturbing to me that within our State there seems to be a somewhat common misconception, or cavalier attitude, that 'anyone' can do applied behavior analysis. Let me assure you that is not true. A well-intentioned but untrained person can in fact cause serious jeopardy to children with autism and other disabilities by exacerbating behavior such as self-injury, aggression, stereotypy etc. as a result of the absence of academic preparation and clinical supervision in applied behavior analysis.

Please take into consideration why the field of Applied Behavior Analysis has grown exponentially over the past decade . . . why would this be so if SLPs and others already working with our student population had the skills necessary to mitigate behavior excesses and deficits.

Finally, my best friend is a SLP and my administrative collaborator is a licensed SLP now working as a Vice Principal; both are shocked at the proposed legislation given they have never been trained in applied behavior analysis That from the people whom you are proposing to recognize as having training and expertise (how else could it be in their scope of practice) in applied behavior analysis.

Eligibility to sit for the BCBA certification examination requires completion of Sections A and B below and compliance with all other rules and requirements of the BACB.

A. Degree Requirement:

Possession of a minimum a master's degree that was conferred in behavior analysis or other natural science, education, human services, engineering, medicine or a field related to behavior analysis and approved by the BACB from any of the following:

1. A United States institution of higher education listed in the CHEA Database of Institutions and Programs Accredited by Recognized U S Accrediting Organizations; OR

2. A Canadian institution of higher education that is a member of the Association of Universities and Colleges of Canada or the Association of Canadian Community Colleges; OR
3. An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States as demonstrated by World Education Services or by a member of the National Association of Credential Evaluation Services.

B. Training and Experience Requirements

OPTION 1: COURSEWORK OPTION

1. **Coursework:** The applicant must complete 225 classroom hours of graduate level instruction (see Acceptable Coursework below) in the following content areas and for the number of hours specified:
   1. Ethical considerations - 15 hours
   2. Definition & characteristics and Principles, processes & concepts - 45 hours
   3. Behavioral assessment and Selecting intervention outcomes & strategies - 35 hours
   4. Experimental evaluation of interventions - 20 hours
   5 Measurement of behavior and Displaying & interpreting behavioral data - 20 hours
   6. Behavioral change procedures and Systems support - 45 hours
   7. Discretionary behavior-analytic content - 45 hours

2. Categories of Supervised Experience

3. **SUPERVISED INDEPENDENT FIELDWORK (1500 hours BCBA, 1000 hours BCaBA)**

4. To qualify under this standard at the BCBA level, supervisees must complete 1500 hours of Supervised Independent Fieldwork in behavior analysis. To qualify under this standard at the BCaBA level, supervisees must complete 1000 hours of Supervised Independent Fieldwork in behavior analysis. A supervisory period is **two weeks**. In order to count experience hours within any given supervisory period, supervisees must be supervised **at least once** during that period for no less than **5%** of the total hours spent in Supervised Independent Fieldwork. For example, 20 hours of experience would include at least 1 supervised hour.

Donn C. Sottolano, Ph.D , BCBA-D
Director ACES Behavior Services Center
31 Temple Street, North Haven, 06473
203-234-7611 (Office)
203-234-7180 (Fax)
203-786-0029 (Emergency Number)

Leslie Michniewicz-McCarthy HB 5537

Dear Committee members,

I am writing to urge you to oppose HB 5537 section 6.

My name is Leslie Michniewicz-McCarthy M.S., BCBA, M.S., CCC-SLP BCBA #1-01-0521
CCC-SLP#0003875
1318 Little Meadow Road
Guilford CT, 06437

ABA is not currently within the scope of practice of Speech and Language Pathologists. As someone who is certified in both areas I can assure you that no formal training of ABA principles or experiential requirements related to providing ABA services was required in my Speech and Language education curriculum at Southern Connecticut State University To merge the two crucial yet very distinct speciality areas would be detrimental to not only the consumers of these services, but those providing services with no formal training!

It is also my understanding that there has been no submission to change the scope of practice of the Speech and Language Pathologist to the Department of Public Health prior to this proposed change in Legislation as required by Public Act 11-209.

Please vote no on HB5537 section 6.

Thank you for your time,
Leslie Michniewicz-McCarthy , M.S., BCBA, M.S., CCC-SLP

Terrell Reichow HB 5537

As a Speech Language Pathologist in Connecticut, I strongly oppose HB 5537. This bill aims to add ABA to the scope of practice for SLPs. While I have a lot of experience in many areas of practice, in NO way to I, or my colleagues, feel that we have the appropriate training to provide ABA services. This is NOT within the scope of our training, aside from some inservices that we have received. Please oppose this bill, as it would be a huge mistake in the services to the special education students of Connecticut.

Terrell Reichow, MA, CCC-SLP

Christina Ayoub HB 5537

To whom it may concern,

I am writing this email to oppose the bill (HB 5537) which has been raised before the Department of Health. This bill expands the scope of practice for Speech and Language Pathologists to include provision of Applied Behavior Analysis (ABA) ABA is not currently within the scope of practice of this profession. SLP's receive no substantive ABA training or field experience as part of their requirements to become an SLP

In addition, there is a requirement in Connecticut (Public Act 11-209) that any profession must first submit a request to the Department of Public Health for a Scope of Practice Review prior to submitting legislation to revise an existing scope of practice which should have been submitted prior to proposing this expansion of an SLP's existing scope of practice. According to the Public Health Department Records, no submission or review of an expanded SLP scope of practice was conducted prior to this proposed legislation.

SLP's do many good things for people and I greatly appreciate their help and support when collaborating with them with the students I work with, but this profession is not interchangeable with provision of behavior analytic services.

SLP's and Behavior Analysts each have our own areas of training and expertise, and a defined scope of practice that is derived from that training, as well as by state laws. Please help protect consumers of ABA services, and the scope of practice of Behavior Analysts and other professionals who are trained, and who do already have ABA within this scope of practice.

A hearing on this proposed legislation is scheduled for this coming Friday, March 14th at 10 30 am at the Legislative Office Building in Hartford. I am requesting that the members of the Public Health Committee take into account the concerns stated above and work to protect all ABA consumers.

Thank you for your help,

Christina Ayoub

MSW, BCBA

87 Millstone Road

Wilton, CT 06897

Shauna Giannuzzi HB 5537

Hello, my name is Shauna Giannuzzi, I am a BCBA in CT I OPPOSE HB 5537, Section 6 I believe that the scope of practice of Speech and Language Pathologists (SLP's) should not be expanded to include provision of Applied Behavior Analysis (ABA) within Connecticut. They're coursework does not require them to take any courses in behavior analysis and therefore they will not be educated to be responsible for practicing ABA and overseeing it This would also effect the children's progress and would not allow them a free and appropriate education because SLP's are not educated enough in ABA to make it appropriate for the children who receive ABA services Also, this would negatively impact other professionals who use ABA, as well as others who do not. Thanks for your time!

Sincerely,

Shauna Giannuzzi
20 Third St.
Windsor Locks, CT 06096

Catherine Vancho, Milford Community
"I support adding the Naturopathic Scope Expansion language to bill #5537"
27 Windsong Lane, Milford, CT 06460
Registered to Vote: Meadowside School, Milford, CT

"The Naturopathic profession is seeking to modernize and update their 90 year old practice act in order to provide more comprehensive care to their patients. Please support attaching the ND Scope Expansion Act language to House Bill 5537 at the public hearing taking place this Friday".

Public Hearing Schedule:
WHEN: Friday, March 14, 2014 WHERE: Legislative Office Building, Hartford, Conn., Room 1D

Attention: Public Health Committee

I am personally writing to you to gain your support in the effort to expand the legal scope of Naturopathic Doctors (ND's) in the State of Connecticut. It is imperative that we stand behind our ND's and the community to not only enhance their value when servicing the community but to grant them the rights they deserve to practice to their capacity, given they have extensive education, training and clinical experience that your regular MD and nurse practitioner has.

In my view, patients should be able to go their preferred ND for their primary care services, and not have to make a separate appointment to see a conventional MD for prescription drugs or minor in-office procedures. This not only impacts patients time-wise and emotionally by delaying care but it restricts them from the "one-stop" service they deserve with the ND they are comfortable with.

It is my hope that the Naturopathic Modernization Act 'Scope of Practice' will be updated and implemented sooner than later. After all, it is already legislated in 17 states. Let's see this happen in Connecticut! Not only will this affect our economic growth in a positive way by keeping our best ND's local and available to their patients, but overall, our community will benefit tremendously by adopting these changes.

I appreciate your time in allowing me to share with you how passionate I am about this topic and I hope I made a good impression. It is well worth the time and effort. Might I add that I have a tremendous love for nature!

I look forward to hearing your thoughts. Please feel free to respond via email at cathyvancho@gmail.com.

Sincerely,

Cathy Vancho
Milford Community

Luisa Tanno
111 River Street, #2
Milford, CT
(203)915-6847
tannol@aol.com

March 12, 2014

RE Amendment to Bill 5537

I am writing in support of adding the Naturopathic Scope Expansion language to bill #5537.

Having worked as an administrator in a Naturopathic Medical Practice, I have seen countless patients have their healthcare needs met through the expertise of these physicians. I know the holistic and methodical way in which they treat each individual and every malady. They are unique in their approach but are equal to their MD counterparts in education and training.

Naturopathic physicians complete four years of post-graduate medical training They are licensed by the state of Connecticut and are covered by most insurance carriers in the state. They can order diagnostic testing and are qualified to act as primary care physicians But they are limited by outdated laws

Connecticut has one of only five accredited Naturopathic Medical Schools in the country, The University of Bridgeport, College of Naturopathic Medicine (UBCNM)! It is my hope that we will continue to be leaders in this field of specialized medicine and not allow ourselves to fall behind!

It is also important to offer graduates of this fine program the incentive to continue practicing in Connecticut by allowing them to use the full scope of their skills

I have seen patients having to be referred elsewhere for simple prescriptions that NDs are fully capable of prescribing themselves, resulting in increased cost to the patient and certainly, inconvenience

The proposed Scope Expansion is already legislated in 17 states. It is my understanding that in these states where NDs have the ability to prescribe prescription medications, their track record for safety is above average for physicians as a whole

I have personally benefited greatly from the care of naturopathic physicians through my many years as a Milford resident. Please support this important legislation, allow these highly trained physicians to continue helping individuals and to do so more comprehensively

I hope that you will give voice to my support at the hearing!

Sincerely,
Luisa Tanno

Kathleen Cannon HB5537

Hello,

I am emailing to let you know that I support expanding the ND scope in CT, and as such support adding an amendment to bill #5537.

My name is Kathleen Cannon, and I live in Norwalk and am registered to vote in Ledyard or Norwalk (just moved, so in the process of changing things).

Thank you,

Kathleen

Jesse D. McDonald
111 River Street, #2
Milford, CT
(203) 882-9805
jessedavis@snet.net

March 12, 2014

RE: Amendment to Bill 5537

I am writing in support of adding the Naturopathic Scope Expansion language to bill #5537.

As a Connecticut resident and patient of multiple Naturopathic physicians, I strongly support the expanded scope of Naturopathic Doctors in our state and the addition of the Naturopathic Scope Extension language to bill #5537.

Naturopathic Doctors (NDs) are unique in their approach but equal to their MD counterparts in education and training. NDs complete four years of post-graduate medical training. They are licensed by the state of Connecticut and are covered by most health insurance carriers in the state. NDs can order diagnostic testing and are qualified to act as primary care physicians. In fact, some actuarial data used in determining malpractice insurance rates suggests that NDs have a stronger safety record than Primary Care Medical Doctors (PCPs). Unfortunately, naturopathic doctors in Connecticut are limited by outdated laws. The proposed Scope Expansion is already the law in 17 other states.

Connecticut has one of only five accredited Naturopathic Medical Schools in the country, The University of Bridgeport, College of Naturopathic Medicine (UBCNM) and it is a leader in this field of specialized medicine. It is important to offer graduates of this fine program the incentive to continue practicing in Connecticut by allowing them to use the full scope of their skills.

Expanding the scope of practice for NDs could also help our state control medical costs as patients can use their ND as a primary care physician instead of having to see yet another doctor for services that an ND is qualified by education and training to perform. The consumer and/or health insurer would not have to pay for multiple office visits when only one visit was needed. In addition, because NDs do not typically prescribe medications as a first resort (in states that have expanded their scope of practice), this could help reduce pharmaceutical costs for health insurers in Connecticut. The control of healthcare costs is going to be very important to the success of the state health insurance exchange (Access Health CT). As a licensed health insurance agent for nearly 20 years, I think the scope of practice expansion for NDs can only improve the affordability of health insurance in the long term along with helping to lower healthcare costs in Connecticut.

I have greatly benefited personally as a patient of naturopathic physicians through my many years as a Milford resident. Please support this important legislation, which will allow these highly trained physicians to help Connecticut residents even more comprehensively.

I hope that you will give voice to my support at the hearing!

John & Lisa Reilly HB 5537

Dear Connecticut Legislators,

My name is John Reilly and my family and I live and vote in Redding .

We depend on Naturopathic doctors (ND's) for high quality primary care services, including prevention, diagnosis and treatment of illness. ND's have become an integral part of our healthcare system and therefore patients like us are demanding to receive a more comprehensive spectrum of qualified care from the doctor of our choice.

The Naturopathic Modernization Act seeks to update the Connecticut law governing the practice of naturopathic medicine which is over 90 years old. This updated law would enable NDs to fulfill many patients' primary care needs as well as authorize NDs to prescribe a number of prescription medications, therapeutic devices and durable medical equipment.

The proposed expansion and modernization of the ND scope of practice is already legislated in 17 states including California, Arizona, Washington, Hawaii and Vermont In these states that allow NDs to prescribe prescription medications, the track record for safety is exceptional.

Equally impacting is that many of these highly-educated, health-minded graduates move to states that have updated scope of practice laws to begin their practices. They are paying taxes in other states and improving the health of communities outside Connecticut.

We appreciate your consideration.

Best regards,
John & Lisa Reilly
6 Drummer Lane
Redding, CT 06896

Michael Gazsi
34 Rolf Drive
Danbury, CT 06810

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee·

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I would also like to to tell you my personal story regarding natural/naturopathic medicine.

When I was a child I was asthmatic, had frequent illness with very high fevers (over 106), had terrible eczema all over my body and would have seizures every time I had fevers (about once a month) My mother was told I would be on seizure medication in the future and the asthma was getting progressively worse despite conventional medications

My mother read up on natural treatments and decided to make dietary changes and put me on supplements. Within 3 months, all my symptoms were gone. I grew up without knowing any serious illness until I went away to college.

At that time, I started having high fevers every month again and hallucinating with the fevers. I called home and my mother told me what I should do. I did what she said and I stopped having these problems.

This experience motivated me to explore natural medicine as a career

I have been practicing for 20 years now, and every week I hear stories like this.

People who's lives have been changed by making changes in their diet and by using natural substances People who have explored all conventional options with minimal or no results or who have unacceptable side effects and who are still sick and looking for answers.

However, there are many who I can not help because they need more aggressive treatments that are not available. Medical doctors have no interest in natural treatments and the scope of practice in CT is terribly restrictive compared to just about every other state that licenses NDs so we are not able to provide these as well

I kindly ask you to support this bill so that I can do all that I was trained to do, and thereby help the people who come to me with the safe and effective treatments they desire.

Sincerely

Thank you for your support and consideration

Sincerely,
Michael Gazsi, ND

Dr. Mitchell Hubsher HB 5537
77 Chestnut Hill Rd.
Ridgefield, CT. 06877
203-431-3222
Constituent of John Frey and Toni Boucher
I support adding an amendment to bill #5537 Which is a bill to expand the scope of practice of naturopathic doctor.

Under the present law· Doctors of naturopathic medicine (NDs) are precluded from practicing to the full extent of our Knowledge, Skill and training. NDs are prevented from filling the primary care physician void. And University of Bridgeport College of Naturopathic Medicine, the only naturopathic school on the east coast, has difficulty meeting its educational and community mission efficiently

What we are seeking: Defined prescription authority. Minor office procedures ie. removal of foreign bodies, superficial wound treatment... Authority to order durable medical equipment.

This modernization would: Improve healthcare access. Improve healthcare continuity Reduce healthcare costs. Improve coordination of care. Meet primary care needs. Enhance education and training. Create consistency of ND scope of practice across states. Aid in cost of care and time savings for patients and third party payers. Prevent brain drain from CT.

Thank you for your time. Please support this bill and the amendment to it.

Dr. Mitchell Hubsher

Laura Kelliher, MSEd, BCBA

31 Cheney Lane

Newington, Ct 06111

March 10, 2014

To Whom It May Concern:

As a board certified behavior analyst practicing in Connecticut, I am opposed to bill HB 5537, specifically section 6.

Applied Behavior Analysis is not within the scope of practice of Speech Language Pathologists. They are not required to take any classes or complete any experience or training related to behavior analytic work.

I work in a school that the behavior analysts and speech pathologists collaborate closely on many projects. They have many areas of expertise, however, behavior analysis is not one of them.

It would be unethical to expand the scope of practice of Speech Language Pathologists to behavior analysis.

Sincerely,

Laura Kelliher, MSEd, BCBA

Mark Munro HB 5537
2329 Glasgo Road
Griswold, CT 06351

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537 The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Implementation of Bill HB5537 will:

- decrease duplication of medical services by decreasing the cost and inconvenience to me the patient
- ensure the safety of myself and other Connecticut residents with respect to the potential drug interactions with some natural treatments, such as herbs, based on the extensive education an ND receives in botanical medicine and pharmacognosy
- allow the Naturopathic Doctoral didactic and clinical education program offered at University of Bridgeport to keep pace with the national educational trend at other ND schools

Thank you for your support and consideration.

Sincerely,
Mark Munro

Laura Pallas HB 5537
38 Gilead Street
Hebron, CT 06248

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades

Naturopathic Doctors are are helping millions of people every year and need to be brought up to speed.

Thank you for your support and consideration

Sincerely,
Laura Pallas

Lori Raymond HB 5537
137 Old Salem Rd
Norwich, CT 06360

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee:

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

I have been a resident of Southeastern Connecticut for the past 11 years. I am also a small business owner and have developed significant ties to my community here in CT. I believe that expanding the scope of practice will improve healthcare assess for the people of Connecticut.

Thank you for your support and consideration.

Sincerely,
Lori Raymond

Gosia Bochenska HB 5537

Dear Sir/Madam,

My name is Gosia Bochenska, my address is 7 Elm Street apt#4, New Haven, 06510 CT and I am opposing Bill number HB 5537 section 42 (6).

1. ABA is not currently within the scope of practice of Speech Language Pathologists.
2. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.
3. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.
4. Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists
5. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Best regards
Gosia Bochenska, MA BCBA

Gayle Martino HB 5537

Members of the Public Health Committee
Re: HB 5537 Section 42 (6)

Connecticut Public Act No 09-115 clearly defined the scope and practice of Behavior Analysis and prescribed those who can provide ABA (Applied Behavior Analysis) services.
Working closely with speech pathologists in public schools since 1995 as a Behavior Analyst with the CREC River Street Outreach Program and currently as a Board Certified Behavior Analyst, BCBA, since 2001, our areas of expertise differ. Speech pathologists are not trained to deliver behavioral programming. Allowing individuals to deliver programming for which they are not trained is cause for concern. Individuals requiring the services of a BCBA are entitled to protection and practitioners who have met the requirements to sit for the BCBA exam, pass the exam, and maintain certification I urge you to OPPOSE Bill HB 5537 Section 42 (6).

[X]

Gayle Martino, M.S , B.C.B.A.
Board Certified Behavior Analyst
River Street Outreach Program

Gary Gruber HB 5537
68 Old Stamford Road
New Canaan, CT 06840

March 12, 2014

Dear CT PHC Testimony,

Dear Senator Gerratana, Representative Johnson, and esteemed members of the Public Health Committee.

I write to ask you to strongly support and vote in the affirmative to add bill language for the modernization of the CT Naturopathic physician scope of practice to HB 5537. The language needs to be attached to this bill so it can come before the Public Health Committee for consideration. This Naturopathic scope of practice law is 90 years old and has not kept pace with the significant advances in education and training of Naturopathic doctors in the ensuing decades.

Expanding the scope of practice will improve healthcare assess for the people of Connecticut

Expanding the scope of practice will enhance education and training for medical student at the University of Bridgeport College of Naturopathic Medicine

The expansion is consistent with ND scopes across states, particularly New England states

There will be significant cost and time savings to patients and 3rd party payers.

Thank you for your support and consideration.

Sincerely,
Gary Gruber

Courtney Rinaldi HB 5537

To Whom it May Concern:
I oppose Bill HB 5537 section 42 (6).

I am a Board Certified Assistant Behavior Analyst and I oppose this bill for many reasons.
1. ABA is not currently within the scope of practice of Speech Language Pathologists.
Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.
2. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.
Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.
3. Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

As a BCaBA working in several different public school settings, I do not know one of the many Speech and Language Pathologists who is supporting this bill. Not one feels that they are competent and have the necessary training to oversee behavior analytic programs. Again, this bill is not in the best interest of the Speech pathologists, behavior analysts and most importantly our clients.

I urge you to oppose Bill HB 5537 section 42 (6).

Sincerely,
Courtney Rinaldi, M.S., BCaBA
Guilford, CT

Arlene Dworkin Kaye, MS, CCC-SLP, BCBA
Speech and Language Pathologist
Board Certified Behavior Analyst

[illegible]

March 12, 2014

Dear Members of the Connecticut State Public Health Committee

As an ASHA certified speech and language pathologist, as well as a board certified behavior analyst, I am writing to **express my opposition to Bill HB 5537 section 42 (6).** As a constituent who holds both certifications as well as licensure by the State Department of Health and State Department of Education, I am uniquely suited to address this issue and its potential repercussions

It has been my privilege to offer professional development opportunities to many state speech pathologists that provide intervention for students with autism When surveying my audience, I typically ask attendees to indicate **whether applied behavior analysis was covered in their required coursework** in graduate school I have never seen a hand raised in response Follow up queries include **whether they have engaged in post-graduate course work** in applied behavior analysis, and based on their current knowledge, **if they would judge themselves to have a basic understanding of behavior analytic principles and practice** Few if any participants have responded in the affirmative

Speaking from personal experience as a speech and language pathologist, I assure this committee that the ability to provide behavior analytic services was not within **my scope of practice** ***(see attached)*** prior to post-graduate training to obtain my certification as a board certified behavior analyst Rest assured, I would not have claimed expertise in ABA, as it would have been a **violation of the American Speech and Hearing Association (ASHA) code of ethics.** ***(See attached: Principle of Ethic II, Item B)***

I would suggest that it is not only the public that may be harmed if this committee goes forward with a house bill that includes the section of concern In addition, any ASHA certified speech and language pathologist that, based on this law, provides ABA services without appropriate background, will be in jeopardy of losing their ASHA certification

I urge this committee to **eliminate Bill HB 5537 section 42 (6),** in order to assure that residents of this state are provided with therapeutic services, delivered by appropriately trained professionals, be it a behavior analyst or speech-language pathologist

Sincerely,

Arlene Dworkin Kaye, M S , CCC-SLP, BCBA

Marisa D'Amico HB5537, section 6.

To whom it may concern,
My name is Marisa D'Amico, I live at 6224 Town Walk Drive, Hamden, CT 06518. I OPPOSE HB5537, section 6.

Some of the reasons I oppose this are: ABA is not currently within the scope of practice of Speech Language Pathologists. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice and Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

Marisa D'Amico

Deborah Fein, Ph D. HB 5337, Section 6

Applied Behavior Analysis is NOT within the competence of standardly trained Speech/Language Pathologists. There is a reason for which ABA providers must take numerous courses and a certification exam - there is a highly specialized body of knowledge which must be mastered before one can be a competent ABA provider This would hurt the children of Connecticut
DF

Deborah Fein, Ph.D.
UConn Board of Trustees Distinguished Professor Department of Psychology Department of Pediatrics
University of Connecticut deborah fein@uconn edu

Cathleen Gallbronner HB 5537

Good Morning,

I am writing this morning to **OPPOSE HB 5537, Section 6**. As a mother of an eleven year old child diagnosed with Autism we have been receiving ABA services as well as SLP, OT, PT since he was 2 years old. My child is still non-verbal and SLPs have been very critical to his educational needs however to allow an SLPs scope to include the provisions under Applied Behavior Analysis services not only would negatively impact my son's educational needs. it would also negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

SLPs are not required to take any classes in behavior analysis. nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. As a parent that is personally being sued by a SLP that worked with my child while he was enrolled in a private "Special" school for children with behavioral issues for injuries that she sustained while working 1:1 with my son, this is further prove that SLP's are not equipped with the necessary skill set to implement programming regarding behavior. He was 8 years old at the time of the incident and we are still dealing with this ridiculous lawsuit.

To provide additional provisions to other professionals that expand their Scope of Practice without ensuring they are properly training to provide such services is reckless and dangerous to a population of children that can not advocate for themselves.

Sincerely,
Cathleen Gallbronner

57 Yankee Hollow Road
Milford, CT 06461
(203) 283-3233

Cynthia Woodis West HB 5537

Dear Mr. Ryan -

Please VOTE NO on HB 5537, section 6 on Friday, morning, March 14th.

Of course Speech and Language Pathologists do good things for their clients, but this profession is NOT interchangeable with ABA Services. Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's. ABA is not currently within the scope of practice of Speech Language Pathologists.

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Feel free to contact me about this matter at the number below.

Cynthia Woodis West, M.A., BCBA
Executive Director
FamilyWise Behavior Solutions
P.O. Box 26
Mystic, CT 06355-0026
(860) 642-7379
(860) 201-1200 Fax

Making a Difference for Families

Erin Carey Hearn HB 5537

My name is Erin Carey – Hearn, I live at 213 Brushy Plain Rd in Branford CT and I OPPOSE HB 5537

*SLP's do many good things for people, but this profession is not interchangeable with provision of behavior analytic services.

*Board Certified Behavior Analysts receive hundreds of hours of supervised experience, a minimum of 6 courses in behavior analysis and pass a rigorous qualification exam to become a BCBA, currently SLP's are not required to take any courses in behavior analysis and therefore are not supervised by anyone who has proven themselves to be fluent in ABA

*Consumers of ABA would be negatively impacted if they were allowed to receive services from a professional with no training or documented experience in ABA.

*Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

Thank you for your time,

Erin Carey Hearn BCBA 1-07-3370

Todd Mitchell HB 5537, Section 6

Dear Legislators,

As a parent of an Autistic son as well as a being in the Health Care field I must OPPOSE HB 5537, section 6 My son has received both ABA and Speech Services and they are very DIFFERENT. Both are incredible important in their own areas but should not cross over each other, especially without training. My son has made many strides and was once on State service but is now free from them. As Autistic, ABA servers by licensed provides would not have made that possible. Below are some addition points for your consideration.

ABA is not currently within the scope of practice of Speech Language Pathologists.

Speech Language Pathologists are not required to take any classes in behavior analysis, nor do they have any training or experience requirements related to the provision of behavior analytic services as part of their training to become SLP's.

Consumers of ABA services would be negatively impacted by this modification to an SLP's scope of practice.

Behavior Analysis and the scope of practice of Behavior Analysts has been defined in existing CT legislation, and this expansion of an SLP's scope of practice would negatively impact other professionals including but not limited to Board Certified Behavior Analysts and School Psychologists.

Any proposed expansion of an SLP's scope of practice must first be reviewed in accordance with Public Act 11-209, An Act Concerning the Department of Health's Oversight Responsibilities Relating to Scope of Practice Determinations for Health Care Professionals.

~ Thank You

Todd Mitchell
Ascension Health Information Services
St Vincents Health Services Bridgeport, CT
203-576-6425
Todd Mitchell@ascensionhealth.org

Connecticut Commission on Health Equity

Established by the General Assembly in 2008 to eliminate disparities in health status based on race, ethnicity, gender or linguistic ability

Dannel P Malloy
Governor

Helen D. Newton, MD
Executive Director

March 14, 2014

Good afternoon Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and distinguished members of the Public Health Committee. "Thank you" for the opportunity to testify on raised bill 5337. I am Dr. Helen Newton, licensed physician in the State of Connecticut for the past 11 years and have had the opportunity to practice for a total of 23 years. I am presently the Executive Director of the Commission on Health Equity. On behalf of the Connecticut Commission on Health Equity we support the work of the Department of Public Health's Office of Multicultural Health.

Other than the very close name association between the Commission on Health Equity and the Office of Health Equity and the inevitable name/function confusion, we enthusiastically support the presence of this office in the Department of Public Health. We support the mission of the Office of Multicultural Health which is to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial and other population groups that are known to have adverse health status or outcomes. We are also very supportive of the Office of Multicultural Health's provision of resources for the use of culturally and linguistically appropriate services in the state.

According to State Statute Sec.38a-1051 the mission of the Commission on Health Equity is to eliminate disparities in health status based on race, ethnicity, gender and linguistic ability, and improving the quality of health for all state residents.

State Statute Sec. 38a-1051(j) mandates the Commission on Health Equity to make a determination as to whether the duties of the commission are duplicated by any other state agency, office, bureau or commission and shall include information concerning any such duplication or performance of similar duties by any other state agency, office, bureau or commission.

We are requesting clarification on Sec 5 c (3) of bill 5537 which states: The office shall assist the department in its efforts in the following areas: 3) Assess the effectiveness of state programs in eliminating differences in health status . Are these state programs sponsored by state agencies or state programs sponsored by DPH?

In State Statute Sec. 38a-1051(e)5 ; the Commission on Health Equity is specifically mandated to evaluate the policies, procedures, activities and resource allocations to eliminate health status disparities among racial, ethnic and linguistic populations in the state and have the authority to convene the directors and commissioners of all state agencies whose purview is relevant to the elimination of health disparities, including but not limited to DPH, DSS, DCF, DDS, Education, DMHAS, DOL, DOT, and Housing Finance.

In addition, the Commission on Health Equity is in the process of rolling out the CLAS (Culturally and Linguistically Appropriate Services) standards state wide. We have seven agencies that have handed in stage one paperwork which includes a Health Equity Plan, Health Equity Policy Statement signed by the commissioner and an Impact Statement. Stage 2 encompasses an Organizational Chart, SWOT analysis, demographics of the clients that are being served and identification of a champion. The training for the roll out will be conducted by Johns Hopkins Center for Health Disparities Solutions which will be offered on March 18, April 15 and May 20 with a special session for agency heads and commissioners.

With limited staff, the Commission on Health Equity is presently offering this training to the 7 agencies that have handed in paperwork which includes: Office of Healthcare Advocacy, Department of Public Health, Department of Children and Families, Department of Energy and Environment, Department of Mental Health and Addiction Services, Department of Corrections and the Connecticut State Department of Education. We will start with the actual assessment on April 7th with the Office of Healthcare Advocacy. The Commission is aware of the cost of the program but the benefit of finding a solution will greatly outweigh this initial cost investment.

Although there appears to be an overlap of mission and/or responsibility, this can have an additive or even a multiplicative effect with mutltiple organizations and agencies working toward the same goal. The area of concern is more in duplicated efforts in assessing state agencies and the associated duplicated cost related to health disparities. State Statute Sec. 38 a-1051 (e) (2) requires the Commission on Health Equity to review and comment on the Department of Public Health's health disparities performance measures which would include their Office of Multicultural Health and directing the implementation of policies, procedures, activities and resource allocation to eliminate health status disparities in the state.

As a result, with the clarification of Section 5c (3) from raised bill 5537 to ensure that this does not represent a duplication of the purview of duties of the Commission on Health Equity, we would support the changes to the State Statute language presented in this bill.

Thank you.

Helen D. Newton MD
Executive Director
Connecticut Commission on Health Equity

3/14/2014

HB5537

Dear Co-chairs Terry Gerratana, Susan Johnson and esteemed members of the Public Health Committee. I am here today to testify and ask that you do everything possible to move forward language to modernize the Naturopathic Medical Practice Act so that it may be put into a bill format and presented to the CT legislature for a vote. The current Naturopathic Practice Act is 90 years old and has not kept pace with the advances that have been made over the decades. Expanding prescriptive authority and defining certain office procedures for Naturopathic Physicians will greatly improve our ability to deliver primary care services to our patients. This in turn will reduce redundancy in care and reduce costs to patients and insurance companies alike (including CT CMA Husky and Medicaid programs). It would also allow the University of Bridgeport Naturopathic Medicine program to teach students without walk arounds as they are taught in other Naturopathic medical schools to the full extent that other jurisdictions are licensed.

P I have been licensed as an ND in CT for the past 30 years and also licensed as an RN in CT since 1972, with a background in critical care nursing. I think it would be in the best interest of patients to be able, say to be treated by me for acute Lyme disease with antibiotics and the natural remedies that ND's commonly use. I would also like the option of suturing a minor wound in a patient and utilizing my skills in minor surgery. Primary care physicians are coming into short supply, and Naturopathic Physicians have the potential to play a significant role in this area. States which have expanded prescriptive authority to Naturopaths..ie. New Hampshire and Vermont demonstrate an exceedingly good safety record on close scrutiny. Thank you in advance for your efforts in promoting a modernization of the Naturopathic Practice Act.

Robert M. Murphy RN, N.D.

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

Representative Jeffrey J. Berger
Deputy Speaker
73rd Assembly District
Waterbury

Legislative Office Building
Hartford, Connecticut 06106
860-240-8500 or 800-842-1902
Jeffrey Berger@cga ct gov

Representative Jeffrey Berger
In Support of HB 5537 – AAC the Department of Public Health's recommendations regarding various revisions to the public health statutes.

Sec. 20-71. Licensure without examination. Physical therapists and physical therapy assistants. (a) The Department of Public Health may issue a license to practice physical therapy without examination, on payment of a fee of two hundred twenty-five dollars, to an applicant who is a physical therapist registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapists in such state, territory, province or country are deemed by the department to be equivalent to, or higher than those prescribed in this chapter.

(b) The department may issue a physical therapist assistant license without examination, on payment of a fee of one hundred fifty dollars, to an applicant who is a physical therapist assistant registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapist assistants in such state, territory, province or country are deemed by the department to be equivalent to, or higher than those prescribed in this chapter.

(c) Notwithstanding the provisions of section 20-70, prior to April 30, 2007, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having completed twenty years of employment as a physical therapist assistant prior to October 1, 1989, on payment of a fee of one hundred fifty dollars.

(d) Notwithstanding the provisions of section 20-70, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having registered as a physical therapist assistant with the Department of Public Health on or before April 1, 2006, on payment of a fee of one hundred fifty dollars.

NEW(e) Notwithstanding the provisions of section 20-70, prior to January 1, 2015, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having been eligible to register as a physical therapist assistant with the Department of Public Health on or before April 1, 2006, on payment of a feel of one hundred fifty dollars.

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Testimony for the Public Health Committee in SUPPORT of HB 5537
An Act Concerning The Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Senator Gerratana and Representative Johnson and Members of the Public Health Committee:

My name is Donna Fiorentino and I represent the International Society for Clinical Densitometry (ISCD) nationally. We review laws and regulations in all 50 states for the Society, which is headquartered in Connecticut. We have over 5,000 certified physicians and 3,000 technologists in bone densitometry.

I am writing in support of Section 44 of House Bill 5537. It clarifies an error made to last year's public health implementation bill. In 2011, the General Assembly updated their statute to reflect the appropriate certification requirements for those technologists performing bone densitometry using DXA with agreement by the Department. The law that passed in 2011 recognized both the American Registry of Radiologic Technologist (ARRT) certification as well as certification by the International Society for Clinical Densitometry (ISCD). The ISCD is based in Connecticut, and is the largest certifying society for bone densitometry in the country.

Last year's Public Health implementer, HB6644, included licensure requirements for nuclear medicine technologists in Sections 66 to 68. However, Section 68 ALSO removed a**ll reference to bone densitometry from the statute in error.** The Department has clarified that error in Section 44, and we support that change.

Thank you for your time.

Donna Fiorentino, Esq.
Counsel for The International Society for Clinical Densitometry

Meredith O. Letso
379 Middle Turnpike
Mansfield, Connecticut
06279

March 12, 2014

Dear Members of the Public Health Committee:

I am writing in opposition to HB 5537, section 42, #6.

I have a brother with autism and intellectual disabilities. Throughout my childhood, I went every week with my mom and brother for speech therapy for my brother Tyler. The Speech Language Pathologist often included me in Tyler's speech therapy lessons. We also had behavior analysts working with my brother at home and at school, where I was also included to help teach my brother.

What the Behavior Analysts did was very different from what the Speech Pathologist did. The Behavior Analysts focus on behavior and day to day living, while the Speech pathologist taught him how to speak, correctly and communicate.

While Behavior Analysts also worked on speech and communication, they also created programs to help Tyler learn how to dress himself, shower, have leisure and recreational skills, and reduced problem behaviors that had been interfering with his ability to learn anything. The Behavior Analysts taught the Speech Pathologists, Special Education Teachers and Paraprofessionals things like using positive reinforcement, and the Speech Pathologists taught the Behavior Analysts things like how to help students make certain sounds with their lips and tongues. They made a great team, but were considerably different in their skills as professionals.

I have been a peer model to show these kids proper behavior, and have both volunteered and worked at a private school for children with autism. I saw firsthand how Behavior Analysts, Psychologists, Speech Pathologist and Special Education Teachers all were needed to develop a comprehensive educational program for students with autism and other disabilities. Each of these different professionals contributed different areas of expertise to the team effort of designing each student's individualized education programs. I am concerned that by changing the scope of Speech Language Pathologists to include ABA, a widely different field, the overall quality of education will be devalued, as they would be required, or asked to provide services that they had not been trained for, which is neither fair to the Speech Language Pathologist, nor the many children in need of support.

I am currently a student at UCONN, and there I see my friends taking classes to become Speech Pathologists, Teachers, and Psychologists. Their education is not the same, and what they do is very different.

My brother Tyler, and thousands of Connecticut children like him need ABA to maximize their ability to learn and become the best they can be when they become adults. Especially when the child in question has very intensive needs, it's imperative to make sure each professional is available, well trained, and knowledgeable. As the parents of children with special needs are not always aware of how to advocate for their child, or what needs to be done to ensure the greatest possible success for their child and their family life as a whole, it's imperative that the professionals in their line of education are able to provide *all* the required support. Every child, family, and student, deserves the full capabilities to self-realization, learning the means to support oneself as best they can, and non-discriminatory education. In order to realize this, we need to ensure the proper discourses are possible *between* certified professionals, and we cannot expect professionals in one field to provide services they had not been properly certified for, or trained for.

Thank you for your time. I hope you will join me in opposing this proposed change.

Yours truly,

Meredith O. Letso

From: Dr Richard Malik <doctor@maliknd com>
Sent: Thursday, March 13, 2014 1:55 PM
To: PHC Testimony
Subject: Richard Malik, ND Testimony Documents
Attachments: CT ND Scope Testimony, Malik, Richard pdf; VT Report on Prescriptive Authority for Naturopathic Physicians pdf; ADMINISTRATIVE RULES FOR NATUROPATHIC PHYSICIANS.pdf

Dear Sir or Madame:

I will be testifying to the Public Health Committee on the modernization and expansion of the scope for naturopathic doctors in Connecticut. HB5537

I submit these documents for my testimony to the Public Health Committee on March 14, 2014

Richard Malik, ND

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Friday, March 14, 2014

Testimony to the Connecticut Public Health Committee

Richard Malik, ND

I am Richard Malik. a naturopathic physician with a full-time practice in Salisbury Connecticut which is in the northwest corner of the state and a part-time practice in Manchester Center., Vermont. I started my Connecticut practice in 2006 and my Vermont practice in 2010.

This scope of practice for naturopathic physicians in Vermont is broader than our scope of practice in Connecticut.

Currently, all Vermont naturopathic physicians can prescribe from a limited formulary that includes many classes of legend drugs.

Antibiotics that all Vermont naturopaths can prescribe include like:
- amoxicillin (commonly used for upper respiratory tract infections) and other penicillins,
- tetracyclines including doxycycline (commonly used for Lyme Disease),
- macrolides including Azithromycin (commonly used for pneumonia), and
- Bactrim (commonly used for urinary tract infections).

The current Vermont scope of practice also includes:
- drugs for treating gastrointestinal parasitic infections including metronidazole
- hydrochlorothiazide for treating elevated blood pressure
- statin medications for treating elevated cholesterol
- thyroid hormones for treating hypothyroidism
- antiviral agents for treating shingles
- short-acting and long-acting agents for treating asthma
- prednisone for treating acute allergic reactions
- oral contraceptive pills

I regularly prescribe these medications for patients in my Vermont practice.

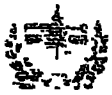
Vermont naturopathic physicians have been able to prescribe prescription medications since 1996 and, due to our safety record, the formulary has been expanded in 1998, 2008, 2011, and again in 2014.

The most recent expansion of the formulary is a sea change in the approach Vermont uses to regulate naturopathic physicians. It will take effect later this year. Instead of listing medications Vermont naturopaths can prescribe, the Vermont Office of Professional Regulation and Dr. Harry Chen, the Director of the Vermont Department of Public Health, have decided that naturopaths should be regulated like other healthcare providers and be able to prescribe from the complete formulary of prescription medications to the extent a physician's training and experience allows. In order to

qualify for this vastly expanded prescriptive authority, Vermont naturopaths must do two things:

- pass a pharmacology examination that is accepted by the Office of Professional Regulation and
- their prescriptions are to be supervised for at least one year by an objective, independent supervising Vermont licensed physician with at least 5 years experience with full prescriptive authority (see Administrative Rules for Naturopathic Physicians).

The impetus behind this change in Vermont did NOT come from Vermont naturopathic doctors, but from Dr. Chen, the Director of the Vermont Department of Public Health and the Office of Professional Regulation who submitted a report on the training and safety of naturopathic physicians to Vermont legislative committees. Legislation was proposed and passed both houses of the Vermont legislature and was signed into law by Peter Shumlin, the Governor of Vermont on July 1, 2013.



State of Vermont
Office of the Secretary of State

Office of Professional Regulation
1 National Life Drive, North Floor 2
Montpelier, VT 05620-3402

[phone] 802-828-1505
[fax] 802-828-2496
www.sec.state.vt.us

James C. Condos, Secretary of State
Brian H. Leven, Deputy Secretary

Christopher D. Winters, Director

To: Senate and House Committees on Government Operations

From: Christopher D. Winters, Director, Office of Professional Regulation

Date: February 5, 2013

Re: Prescriptive Authority for Naturopathic Physicians

Last year, Act 116, Section 64 required the Director of the Office of Professional Regulation to prepare a report on the education and clinical training of Naturopathic Physicians as follows:

By January 31, 2013 and prior to the adoption of the rules required by Sec. 60, 26 V.S.A. § 4125(d) of this act, regarding the regulation of a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, the director of the office of professional regulation, in consultation with the commissioner of health, pharmacologists, and clinical pharmacists, shall review and prepare a report on the education and clinical training of naturopathic physicians in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training in using all prescription drugs to safely:

(A) prescribe and administer without limitation all prescription drugs;
(B) prescribe all controlled substances on schedules II through IV;
(C) prescribe all prescription drugs for both FDA-approved label indications and for off-label uses; and
(D) administer all prescription drugs by all routes of administration, including oral, topical, transdermal, transmucosal, intravenous, and intramuscular.
(2) Representatives of the University of Vermont College of Medicine and naturopathic physician medical colleges shall have an opportunity to review and comment on the draft report.
(3) The report shall recommend any limitations or conditions on the authority of naturopathic physicians to prescribe and administer prescription drugs that are found to be necessary to ensure consistency with the scope of the naturopathic physicians' education and clinical training.

There are many excellent naturopathic physicians for whom these safeguards may be unnecessary. However, in the interest of moving forward in a manner that should satisfy the concerns of all interested parties, this report includes a conservative approach to Naturopathic Physician prescribing that errs on the side of public protection.

Report on the Education and Clinical Training of Naturopathic Physicians (Act 116)

Background

In Vermont, the naturopathic profession has grown and evolved in recent years. Vermont law now requires a health insurance plan to provide coverage for medically necessary health care services covered by the plan when provided by a naturopathic physician licensed in Vermont for treatment within a naturopathic physician's scope of practice. *See 8 V.S.A. §4088d(a).* Moreover, Vermont law now recognizes naturopathic physicians who practice primary care to be primary care physicians. *Id.*

As the naturopathic profession has evolved, the ability to prescribe primary care pharmaceuticals has become essential to the practice of naturopathic medicine in order to allow naturopathic physicians to meet patient demand, provide the most effective health care for their patients, and fulfill their role in Vermont as primary care physicians. Although naturopathic physicians try to minimize the use of pharmaceuticals by utilizing natural medicines to support the innate self-healing ability of the patient, there will be cases where it is in the best interests of the patient in a primary care setting to prescribe a pharmaceutical when doing so falls within a the scope of a naturopathic physician's education and clinical training.

As a result, in 2012, the Vermont Legislature passed Act No. 116, which revised the law relating to the prescribing authority of naturopathic physicians. The law creates a special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. The special license endorsement will be available to those who successfully pass a naturopathic pharmacology examination, which shall be established and made available by July 1, 2013.

Prior to the establishment of the naturopathic pharmacology examination, and no later than January 1, 2013, Section 64 of Act 116 compels the Director of the Office of Professional Regulation to prepare a report on the adequacy of naturopathic education and clinical training in order to determine whether naturopathic physicians receive sufficient academic training in pharmacology and clinical training to safely prescribe prescription drugs by all routes of administration, including controlled substances on schedules II through IV, for both FDA-approved label indications and for off-label use prescription drugs. The report is required to recommend any limitations or conditions on the authority of a naturopathic physician to prescribe that are necessary to ensure consistency with the scope of their education and clinical training. This paper is the Director's report pursuant to Section 64.

Section 60 of Act 116 further requires that the Director, in consultation and consistent with the recommendations of the Commissioner of Health, adopt rules regulating the special license endorsement that are consistent with the findings in the report The rules shall require a

naturopathic physician to pass a naturopathic pharmacology examination in order to obtain this special license endorsement.

Finally, it is important to note at the outset that this new law authorizes a naturopathic physician to prescribe, dispense, and administer prescription medicines *within a naturopathic physician's scope of practice*. Accordingly, this law does not open the floodgates and authorize an individual naturopathic physician to prescribe all pharmaceuticals. To the contrary, it has long been the law in Vermont that it is unprofessional conduct for a naturopathic physician to perform treatments or provide services "which are beyond the scope of the licensee's education, training, capabilities, experience or scope of practice." *3 V.S.A. §129a(a)(13)*. Accordingly, granting naturopathic physicians the authority to prescribe starts with the most fundamental limitation or condition on that authority which is that the prescription must be consistent with the scope of their education and clinical training. To ensure consistency with the scope of their education and clinical training, this report recommends further limitations and conditions on the authority of a naturopathic physician to prescribe.

Education and Training

The Council on Naturopathic Medical Education ("CNME") was founded in 1978 and is the accepted programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges and programs in the United States and Canada and is recognized by U.S. Department of Education. CNME requires and advocates high standards in naturopathic education, and its grant of accreditation to a program indicates prospective students and the public may have confidence in the educational quality of the program.

In all regulated U.S. and Canadian jurisdictions, including Vermont, naturopathic physicians ("NDs") are required to graduate from a college which is accredited by the CNME. In these accredited programs, NDs are broadly trained in the pre-clinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural processes. NDs are educated in all of the same basic sciences and clinical diagnostic methods at the same level as medical and osteopathic doctors, followed by two years of clinical training and systems based medicine. *Kreutzer MJ, et al Health Professions Education and Integrative Health Care. Commissioned for the IOM Summit on Integrative Medicine and the Health of the Public. February, 2009.* Their clinical education is designed to prepare them to be primary care providers. *JAMA. 1998, 280(9):795-802.* In addition to a standard medical curriculum, naturopathic physicians also study holistic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness.

CNME does not set specific standards for naturopathic pharmacology education. Similarly, the Commission on Osteopathic College Accreditation, recognized by the U.S. Department of Education to accredit colleges of osteopathic medicine, does not have specific guidelines for osteopathic pharmacology education. Likewise, for allopathic medicine education, the Liaison Committee on Medical Education does not have specific guidelines for allopathic pharmacology education. In all three professions, schools set the pharmacology curriculum.

Table 1: Comparison of Basic Science Education for Different Physician Types

	Allopathic MD	Osteopathic DO	Naturopathic ND
Anatomy	380	362	350
Physiology	125	126	250
Biochemistry	109	103	125
Pharmacology	114	108	100
Pathology	166	152	125
Microbiology/ Immunology	185	125	175

Jenson, C B, Common Paths in Medical Education. Alternative & Complementary Therapies, Aug 1997.

A recent comparison of the basic science education of naturopathic medical students at Bastyr University and allopathic medical students at the University of Washington showed a nearly identical credit load with 5 credit hours in pharmacology at Bastyr and 8 credit hours at UW. *Association of Accredited Naturopathic Colleges, http://www.aanmc.org/education/comparing-nd-md-curricula.php.*

For a detailed review of specific pharmacology programs at several naturopathic medicine schools, please see Appendix A attached hereto.

Above and beyond the basic academic and clinical training of naturopathic physicians, training and experience varies between individual naturopathic physicians due to specialization in different areas of medicine. Specialty organizations include the Oncology Association of Naturopathic Physicians, the American Association of Naturopathic Midwives, the Naturopathic Association of Environmental Medicine, the Institute of Naturopathic Generative Medicine, and the Pediatric Association of Naturopathic Physicians.

Finally, in addition to graduating from a college which is accredited by the CNME, many naturopathic physicians complete 1 or 2 year residency program at a school clinic. Some naturopathic physicians have completed residencies in conventional programs accredited by recognized professional organizations such as the American Academy of Cardiology.

Licensing

Naturopathic physicians take a rigorous professional board examination termed the Naturopathic Physicians Licensing Exam (NPLEX) This exam is nationally recognized as the standard for licensing NDs. Since its creation in 1986, NPLEX has followed the standards for examination development and scoring set by the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, and the American Educational Research Association.

NPLEX has undertaken psychometric evaluation of all aspects of its examination, trained

more than 100 naturopathic physicians and basic science faculty (PhDs) in item writing techniques, used the expertise of physician level reviewers to ensure relevance and quality, used trained raters and standard criterion-referenced methods to set the passing scores on all examinations, and conducted studies to assess the test's validity.

The pharmacology portion of the NPLEX assesses knowledge of prescription drugs to ensure that entry level NDs can safely treat patients who have been prescribed drugs by other practitioners. Passage of the NPLEX Part II - Core Clinical Science Examination requires that the entry-level ND know:

1. the pharmacology of commonly prescribed drugs;

2. the primary actions, adverse effects, indications, contraindications, and potential interactions with botanical medicines, nutritional supplements, and other drugs;

3. the natural therapeutic interventions that have effects similar to commonly prescribed pharmaceuticals; and

4. how to monitor and assess for therapeutic drug levels and toxicity.

Safety Record

The safety records of NDs in states with licensure are typically better than those of MDs and DOs in these states. In 2006, the California Bureau of Naturopathic Medicine contacted the licensing agencies in states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing, nor were there any civil actions against NDs for prescribing.

The Bureau also contacted the NCMIC Insurance Company, which insures NDs in all licensing states, as well as all the naturopathic medical schools. In a letter dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications."

Additionally, the Bureau contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against licensed NDs. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and the longest histories of licensure (since 1919 and 1927, respectively). JVN found no cases against NDs for prescription negligence, and added that, "for that matter our database contained no cases against naturopaths at all."

The safety record of naturopathic physicians regarding pharmacologic substances is well demonstrated in the northwest where NDs have broad prescriptive authority. Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice

against N.D.s since the database was started in 1983 through 2010.

In Vermont, there has been only one complaint to OPR regarding a prescription by an ND.

Recommendations

Naturopathic physicians complete a four year post-graduate education that includes clinical pharmacology training to prepare them for prescribing medications commonly used in general and primary care practice. Didactic training in the uses of pharmaceuticals varies from college to college and ranges from sufficient to wanting. The Naturopathic Board Examination (NPLEX) tests for pharmacological knowledge but focuses on drug interactions and side effects and ***not on dosing and safe, effective prescribing***. Some naturopathic programs have clinical training in prescribing medications through all routes of administration ***and some do not***.

Due to the variations in both classroom and clinical training related to prescribing medications at the various naturopathic colleges, I am making the following three recommendations that will address the naturopath who has received the most limited training in pharmaceutical medications:

1. A Pharmacology Examination

In order to ensure a consistent and adequate knowledge base in prescribing medications safely and effectively, the naturopathic pharmacology examination, the passage of which will be required for the special prescriptive license endorsement, shall be the examinations given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at UVM's College of Medicine, *or a substantially equivalent course* approved by the Director, after consultation with the Commissioner of Health. The UVM College of Medicine course is a four-week, intensive pharmacology course taught every June that synthesizes medical school pharmacology. Because the course is offered by Continuing Education at UVM, it is open to non-matriculated students. It is typically populated by medical students from throughout North America who wish to gain pharmacology course credits or who wish to prepare for their board exams. There are several segmented exams during the course. In order to obtain the special license endorsement, an otherwise qualified naturopathic physician will be required to pass all of the Medical Pharmacology course exams at UVM, or the examination(s) given in a substantially equivalent course approved by the Director, after consultation with the Commissioner of Health. I will propose administrative rules that will establish the UVM Medical Pharmacology course exams as pre-approved for those seeking the special license endorsement and also a process for an applicant/petitioner to seek approval for a substantially equivalent examination associated with another school, college or university pharmacology course.

2. A Period of Prescription Review for New Practitioners

I will propose a rule requiring a prescription review process for a period of not less than 1 year by another physician (MD, DO, ND) in good standing who has been prescribing for five years or

more in Vermont. The rule will establish adequate supervision standards and requirements.

3. Prescribing Scope of Practice

The current Vermont Naturopathic Formulary includes FDA approved indications, routes and dose regimens as well as, "off-label" indications, routes and dose regimens that may be prescribed for patients and conditions the naturopathic physician is competent to treat based on that physician's training and experience. I will propose rules requiring that this continue to be followed.

While there will be those naturopaths who have received adequate training who will also be required to meet the more stringent requirements, I believe that a conservative approach will best protect the public.

APPENDIX A

PHARMACOLOGY EDUCATION AT NATUROPATHIC MEDICINE PROGRAMS

1. Boucher Institute of Naturopathic Medicine (BINM), Vancouver, BC, Canada

At BINM, students are given didactic introduction on the principles behind administration via enteral routes (oral, sublingual, rectal) and parenteral routes (IV, IM, subcutaneous), as well as by inhalation, intranasal, topical, and transdermal administration. Students also receive introductory education on the indications for administration of anesthetic medications including topical, infiltration, nerve block, IV regional, spinal, and epidural.

Emergency intravenous administration is covered in the Emergency Medicine course. A separate certification must be taken outside of the BINM program in order to be certified to administer intravenous therapies.

Students receive practical training on the all routes of administration of natural medicines with the exception of intravenous during their clinic training. The pharmacology of some controlled substances is covered in the program including opiates, amphetamines, benzodiazepines, etc. Further training in prescription of pharmaceutical substances must be taken following graduation in order for ND's to receive prescriptive rights in British Columbia. Therefore, students do not actually prescribe or administer pharmaceuticals during their clinical training. Instead, students learn about pharmaceutical prescribing in a mentored environment under the direct supervision of licensed naturopathic physicians. Clinical supervisors with prescriptive rights write prescriptions for patients in the teaching clinic as part of a full naturopathic assessment, work-up and plan which involves the students. Students are expected to research the medications that their patients are taking in order to understand potential nutrient deficiencies, side effects, contraindications and interaction with other pharmaceuticals. Students are also expected to understand interactions between pharmaceuticals as well as between a pharmaceutical and a botanical/nutraceutical product.

2. Canadian College of Naturopathic Medicine (CCNM), Toronto, Ontario, Canada

At CCNM, the ND four-year program of study consists of over 3000 hours of classroom training and more than 1200 hours of clinical experience. Naturopathic students at CCNM receive in-depth training and education in pharmacology, diagnosis and herb-drug and dietary-drug interactions.

Learning outcomes throughout CCNM's extensive four year curricula are taught to naturopathic students to enable them to competently prescribe pharmacologic agents used in primary care practice. In addition to being provided with a scientific foundation as well as specific training in pharmacology, students are educated in the prescribing competencies recently developed by the National Prescribing Service, a not-for profit organization funded by the Australian Government Department of Health and Ageing. These include obtaining full

knowledge of a patient's condition by understanding their clinical needs, conducting differential diagnoses, understanding and collaborating on treatment options and conducting follow-up treatment.

In addition to taking a 70-hour course devoted to pharmacology, students are also taught about food/drug interactions in clinical nutrition courses as well as the effective and safe therapeutic use of botanicals in botanical medicine courses. Students are also required to take the courses in specialty areas of medicine which incorporate prescribing competencies: Primary Care, Emergency Medicine, Clinical Nutrition, Botanical Medicine, In-Office Procedures I, Pediatrics, Maternal and Newborn Care and Men's and Women's Health. The Primary Care course integrates previously learned competencies into the third year program by increasing students' knowledge of first-line pharmacotherapy, current guidelines and best practices. This course also investigates how to critically evaluate therapeutic options through evidence-based risk-benefit assessment, modifiable disease factors and harm reduction in clinical practice.

Finally, during their fourth year of study, students practice the clinical skills they have learned under the direction of a licensed ND, while completing a twelve-month clinical internship at the Robert Schad Naturopathic Clinic and at five satellite clinics in Community Health Centers in Toronto. All students undergo a thorough assessment of their clinical skills throughout their internship. In addition, intramuscular routes of administration are taught in the In-Office Procedures course in the third year. To support this learning, in the fourth year as a clinical intern, students are expected to have 5 shifts as a Duty Intern – where they are assigned to be in the lab. It is there and in clinic that they practice their skills in IM. The In-Office Procedures I course accounts for approximately 67.5 hours. Duty Intern hours in clinic are a minimum of 30 hours.

The ability to provide intravenous treatment in Ontario is only allowable after one registers as an ND and passes the parenteral exam. IV therapy is available, however, at the school's teaching clinic, so students get first-hand observation of IV therapies as performed by licensed naturopathic doctors.

3. National College of Naturopathic Medicine (NCNM), Portland, OR

The pharmacology course is taught by an MD/ ND and utilizes a format whereby the basic principles of pharmacology are taught. These principles include the main clinical indications, main mechanisms of action, and the chief side effects for prototypical drugs of the major contemporary drug categories. The main emphasis of lecture material is on the clinical applications of these drugs. The relative advantages and disadvantages of the drugs presented in class are discussed.

Students are taught the major drug classes commonly in use today. Prototypical medications from these drug classes are discussed at each lecture. Lecture material focuses on the clinical indication for use of these drugs, their chief mechanisms of action and their major side effect profiles. The current drugs of choice for their respective indications are reviewed. At

the end of the course, the student is expected to be able to predict the chief therapeutic effects and the chief side effects of the drugs within the major drug classes that are most commonly utilized today.

In addition to the basic pharmaceutical courses, within each specialty course (cardiology, gastroenterology, gynecology, etc.) students are taught the therapeutic options for specific conditions. NCNM students are trained to the broadest national scope of practice for an ND, and as such, both naturopathic and allopathic care including surgical and detailed pharmaceutical options are discussed for all conditions.

NCNM uses the following texts: Recommended Texts: Pharmacology, 3rd edition, editors – Harvey and Champe; Lippincott; Principles of Pharmacology 3rd edition, editors Golan et al. Lippincott; Clinical Pharmacology Made Ridiculously Simple, Olson; MedMaster Actions, Interactions and Selected Pharmacologic Agents by Zora DeGrandpre, MS, ND; Goodman & Gilman's, The Pharmacological Basis of Therapeutics, 10th ed; McGraw Hill Drug Facts and Comparisons

4. National University of Health Sciences (NHUS), Chicago, IL

Students in the Doctor of Naturopathic Medicine program at NHUS are required to take 90 hours of basic pharmacology in didactic format. In addition, there are 120 hours of botanical medicine and pharmacognasy which include the pharmacodynamic principals of many plant derived pharmaceutical agents such as anticholinergics and opiates.

Additional pharmacology training is received in the many specialty courses including Evaluation and Management, Internal Medicine/ Emergency Medicine, and Minor Surgery/ Emergency Procedures, which includes suturing, biopsy and the use of topical and regional anesthetics.

In the clinical internship at NUHS, students are instructed on the use of the prescription medications currently used by the clinic's patients under the supervision of an MD internist, including various routes of administration including oral, injectable, and topical. Intravenous therapy is currently only taught through didactic courses although the program is developing clinical training in IV therapy.

5. Southwest College of Naturopathic Medicine (SCNM), Tempe, AZ

SCNM currently requires 96 hours of didactic training in pharmacology, including neuropharmacology, cardiology, respiratory, infectious disease, dermatology, rheumatology, gastroenterology, endocrine pharmacology, and other areas. Students graduating and passing the clinical board exams are qualified family practice physicians who are able to safely prescribe many different standard treatments generally used in family practice, including controlled substances. ND students generally receive minimal clinical experience in pharmaceutical prescription during clinical training, though they can seek additional training with physicians

who prescribe pharmaceutical medications.

Graduating ND students are not qualified to prescribe in specialty areas, even though the standard DEA number would permit legal prescriptions. This includes neuropsychiatry, oncology, advanced cardiology, HIV and tuberculosis treatments, and several other areas, without substantial further training. IV administration of nutritional medicines is taught in the clinical setting.

ADMINISTRATIVE RULES FOR NATUROPATHIC PHYSICIANS

PART 1. GENERAL INFORMATION ON LICENSURE OF NATUROPATHIC PHYSICIANS

1.1 THE PURPOSE OF LICENSURE

To protect the public health, safety and welfare, the Vermont Secretary of State has the duty to license and regulate naturopathic physicians. Vermont Statutes Annotated Title 26, Chapter 81("Chapter 81").

1.2 LAWS THAT GOVERN LICENSURE

Chapter 81 governs the issuance of licenses and the regulation of professional practice for naturopathic physicians Chapter 81 also authorizes rulemaking authority to carry out these regulatory duties. In enforcing Chapter 81, the Director of the Office of Professional Regulation (the "Director") follows the Administrative Procedure Act (Vermont Statutes Annotated, Title 3 §§801-849), Vermont Open Meeting Law (Vermont Statutes Annotated, Title 1 §§ 311- 314), Access To Public Records (Vermont Statutes Annotated, Title 1 §§ 315-320), and Professional Regulation (Vermont Statutes Annotated, Title 3 §§ 121-131).

These laws set forth the rights of applicants, licensed naturopathic physicians, and the public. The complete text of these laws is available at most libraries and town clerks' offices "Vermont Statutes Online" is available at http.//www.leg.state.vt.us. The text of statutes and administrative rules governing naturopathic physician practice is available at http://www.vtprofessionals.org.

PART 2. INFORMATION FOR APPLICANTS

2.1 APPLICATION

Applications and information about licensure requirements are available from the Office of Professional Regulation ("Office"). An applicant must submit a completed application form with all supporting documentation and the fee to the Office.

The Office reviews applications only after the supporting documentation is received, including evidence of a degree and examination results, as required in Rule 2.2, or evidence of a license in another jurisdiction and its licensing standards, as required by 26 V.S.A. §4129.

Initial licenses issued within 90 days of the renewal date will not be required to renew or pay the renewal fee. The license will be issued through the next full license period. Applicants issued an initial license more than 90 days prior to the renewal expiration date will be required to renew and pay the renewal fee.

2.2 QUALIFICATIONS FOR LICENSURE AS A NATUROPATHIC PHYSICIAN

(a) **Degree requirement:** The degree required is a doctoral degree in naturopathic medicine from a program accredited by the Council on Naturopathic Medical Education (CNME), or a degree determined by the Director to be essentially equivalent and which meets educational standards essentially equivalent to those established by the CNME

(b) **Licensing Examination:** The Director, or the Director's designee, administers a written examination on naturopathic medicine. The Director currently uses the Naturopathic Physicians Licensing Examinations (NPLEX). To be eligible for licensure as a naturopathic physician in Vermont, an applicant must have passed the NPLEX and the Minor Surgery Clinical Elective Examination. The passing score and the minimal competency requirements for the NPLEX are established by NPLEX. The Director, or the Director's designee, shall administer the licensing examination at least twice a year at a time and place set well in advance.

(c) Applicants under this section who have not actively practiced the profession or who have not been enrolled in an approved naturopathic program during the two years immediately preceding the submission of their application must complete the continuing education requirements required by Rule 3.2 prior to receipt of a Vermont license.

PART 3. INFORMATION FOR NATUROPATHIC PHYSICIANS

3.1 RENEWING LICENSURE BIENNIALLY

Licenses renew on a fixed biennial schedule: September 30 of the even-numbered years.

Before the expiration date, the Office will mail a renewal application and notice of the renewal fee to the latest address on file with the Office. A license will expire automatically within 14 days if the renewal application and fee are not returned to the Office by the expiration date.

Licensees possessing a special license endorsement to practice naturopathic childbirth must submit proof of current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation biennially, with each license renewal. See Rule 3.7(b) below. Such licensees must also file with the Director a written plan for consultation with other health care providers for emergency transfer and transport of an infant or a maternity patient, or both, to an appropriate health care facility. The written plan must be submitted to the Director on an approved form with the initial application for the naturopathic childbirth special license endorsement and with subsequent renewals. See Rule 3.7(d) below.

3.2 CONTINUING EDUCATION REQUIREMENTS

(a) As a condition of license renewal, naturopathic physicians must complete a minimum of 30 hours of continuing education during the two-year renewal period and must so certify at the time of license renewal. The continuing education requirement does not apply for the renewal period during which a naturopathic physician initially obtained licensure. It will begin with the first full two-year renewal period. Licensees who complete more than the required 30 hours of continuing education may carry-over a total of 10 (ten) hours of continuing education from the preceding licensure renewal period. Licensees seeking the special license endorsement for prescription medications pursuant to 26 V.S.A. §4125(d) may apply credits from the Medical Pharmacology course, or a substantially equivalent course approved by the Director, described in Rule 3.5(a) for two (2) renewal cycles.

(b) A continuing education program means classes, institutes, lectures, conferences, workshops, naturopathic journals, scientific journals, audio, video, or online presentations, and preceptorships. A program shall consist of study covering new, review, experimental, research and specialty subjects within the scope of practice of naturopathic medicine. Excluded are programs that promote a company, individual, or product and programs on practice economics. However, courses specifically dealing with medical

workers compensation or medical recordkeeping in the context of practice economics are acceptable.

(c) A physician-level continuing medical education course is acceptable as a continuing education program A course is considered physician-level if presented by a physician or other medical professional to a predominantly physician audience. Once a continuing education provider is approved by the Director, the continuing education activity sponsored by that provider is approved for credit and no application to the Director must be made for approval. The Office shall maintain a **List of Approved Providers** which may be obtained from the Office's web site at http://vtprofessionals.org/

(d) Licensees possessing the special license endorsement for prescription medications must complete 10 hours biennially in the pharmacology of legend drugs.

(e) Licensees possessing a special license endorsement to practice naturopathic childbirth must complete 15 hours biennially in naturopathic childbirth. A course in neonatal resuscitation may count toward these 15 hours. Ten of the 15 hours may be applied to general requirements for continuing education

(f) At the time of license renewal, each licensee must certify on the official renewal form that he or she has complied with the continuing education requirements. The Office may randomly audit licensees to ensure compliance. A licensee who is audited will be notified in writing by the Office and will be required to produce documentation verifying successful completion of the 30 hours of continuing education during the two-year period at issue. A licensee must maintain documentation for at least two years following the renewal period at issue. The Director may require a licensee who cannot produce satisfactory evidence of successful completion to develop and complete a specific corrective action plan within 90 days, prior to renewal.

3.3 CHANGE OF NAME OR ADDRESS

A licensee is responsible for notifying the Office promptly of any changes in name, mailing address, business address or other relevant contact information *See* 3 V S A. §129a(a)(14).

3.4 PROFESSIONAL STANDARDS

Naturopathic physicians may be disciplined for unprofessional conduct pursuant to 26 V S A §4132(a) and 3 V.S.A. §129a.

3.5 SPECIAL LICENSE ENDORSEMENT FOR PRESCRIPTION MEDICATIONS

(a) The naturopathic pharmacology examination, defined at 26 V.S A. §4121(13), the passage of which is required for the special prescriptive license endorsement pursuant to 26 V.S.A. §4125(d), shall be the National Board of Medical Examiners ("NBME") subject matter examination in pharmacology, or the examination(s) given in the Medical Pharmacology course taught within the Department of Pharmacology through Continuing Medical Education at the University of Vermont's College of Medicine, or a substantially equivalent examination approved by the Director after consultation with the Commissioner of Health. In order to obtain the special license endorsement which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines, an otherwise qualified naturopathic physician will be required to pass the NBME pharmacology examination, or the Medical Pharmacology course examination(s) at the University of Vermont, or a substantially equivalent examination approved by the Director, after consultation with the Commissioner of Health. Approval for a substantially equivalent examination may be obtained by applying to the Office at anytime but no later than 90 days before the

workers compensation or medical recordkeeping in the context of practice economics are acceptable.

(c) A physician-level continuing medical education course is acceptable as a continuing education program. A course is considered physician-level if presented by a physician or other medical professional to a predominantly physician audience. Once a continuing education provider is approved by the Director, the continuing education activity sponsored by that provider is approved for credit and no application to the Director must be made for approval. The Office shall maintain a **List of Approved Providers** which may be obtained from the Office's web site at http://vtprofessionals.org/.

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(e) Licensees possessing a special license endorsement to practice naturopathic childbirth must complete 15 hours biennially in naturopathic childbirth. A course in neonatal resuscitation may count toward these 15 hours. Ten of the 15 hours may be applied to general requirements for continuing education.

(f) At the time of license renewal, each licensee must certify on the official renewal form that he or she has complied with the continuing education requirements. The Office may randomly audit licensees to ensure compliance. A licensee who is audited will be notified in writing by the Office and will be required to produce documentation verifying successful completion of the 30 hours of continuing education during the two-year period at issue. A licensee must maintain documentation for at least two years following the renewal period at issue. The Director may require a licensee who cannot produce satisfactory evidence of successful completion to develop and complete a specific corrective action plan within 90 days, prior to renewal.

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alternate course begins.

(b) For no less than one year after receiving the special license endorsement, and until the first one hundred (100) drug prescriptions are issued, prescriptions shall be reviewed by an objective and independent supervising physician licensed under Chapter 23 or 33 of Title 26, or a naturopathic physician licensed under Chapter 81 of Title 26. The supervising physician shall possess an unencumbered license and have been prescribing and administering prescription drugs without limitation for five years or more in Vermont. The supervising physician shall evaluate the naturopathic physician's ability to:

(1) safely prescribe and administer prescription drugs within the naturopath's scope of practice;

(2) comply with federal and state statutes; and

(3) comply with the applicable administrative rules of the Vermont Board of Pharmacy.

(c) The naturopathic and supervising physicians shall have a formal written agreement. The agreement shall address the requirements of subsection (b) of this rule. The agreement shall be available for inspection upon request by the Office.

(d) A naturopathic physician who satisfies the supervision requirement in subsection (b) of this rule shall notify the Office that this requirement has been met and file a certificate of completion signed by the supervisor.

(e) The Director may waive the prescription review requirement in subsection (b) of this rule if the newly endorsed naturopathic physician can show that they have substantial experience in prescribing prescription medicines under the laws of another jurisdiction that has standards and qualifications for a naturopathic physician to prescribe prescription medications at least equal to those required under these rules.

(f) The use of prescription medications in a manner that has not been approved by the FDA is referred to as "off-label." In addition to the use of prescription medications in a manner approved by the FDA, a naturopathic physician who has appropriate competency, training and experience may prescribe medications in an "off-label" manner in conformance with generally accepted standards of practice, including safety and efficacy, for both allopathic and naturopathic physicians.

3.6 ADVERTISING

(a) 26 V.S.A. §4122 lists five designations that a naturopathic physician licensed in Vermont may use. The five designations are: N.D., Doctor of Naturopathic Medicine, Naturopathic Doctor, Doctor of Naturopathy, and Naturopathic Physician. Licensees must prominently feature at least one of the five designations in any advertising.

(b) A licensee who complies with the law in this way may then use the designation "Dr." in the advertisement. The purpose of this rule is to prevent deceptive advertising and to inform the public that the licensee is a naturopathic physician licensed under Title 26, Chapter 81 and not another health care licensee.

(c) The terms "board certified" and "diplomate" imply that the licensee has completed an advanced level of training. A licensee advertising either term or similar terms must state the area of specialty, and the private credentialing organization that issued the specialty certification. The purpose of this rule is to provide the

public with complete and accurate information about the licensee's credentials and level of training.

3.7 NATUROPATHIC CHILDBIRTH

No licensee may practice naturopathic childbirth without first obtaining a special endorsement on his or her license. To obtain this endorsement, a licensee must·

(a) Show evidence of completion of a naturopathic childbirth or midwifery program from an approved naturopathic college or hospital and furnish a signed log showing evidence that sections (1), (2) and (3) of this subsection have been completed under the direct supervision of a licensed practitioner with specialty training in obstetrics or natural childbirth.

(1) The licensee must have taken part in the care of 50 cases each in prenatal and postnatal care. One case may qualify for both areas of care.

(2) The licensee must have observed and assisted in the intrapartum care and delivery of 50 natural childbirths in a hospital or alternative birth setting 3 of which must have occurred within the last two years. A minimum of 26 of these births must be under the supervision of a naturopathic physician. No more than 10 of the 50 births may be under the supervision of a medical doctor (allopathic or osteopathic physician). No more than 10 of the births may be observation only A labor and delivery that starts under the care of a naturopathic physician and includes hospitalization shall count as a birth.

(3) The course work must consist of at least 200 hours in naturopathic childbirth.

(b) Hold a current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation. The Director will accept courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross and for courses in neonatal resuscitation approved by the American Academy of Pediatrics (AAP).

(c) Pass a specialty examination in naturopathic childbirth approved by the Director The Director, or designee, will administer the specialty examination in naturopathic childbirth at least once each year if applications are pending. A licensee may sit for this examination in another state and have the results of the examination transferred to this state.

(d) File with the Director a written plan for consultation with other health care providers for emergency transfer and transport of an infant or a maternity patient, or both, to an appropriate health care facility. Licensees must submit the plan to the Director on an approved form with the initial application for a naturopathic childbirth endorsement and with every subsequent renewal of the endorsement.

(e) Applicants under this section requesting a naturopathic childbirth endorsement who have not passed the naturopathic childbirth exam within the two years preceding the application shall show evidence of completion of the continuing education requirements required by this section.

(f) Licensees possessing a naturopathic childbirth endorsement must, as a condition of renewal.

(1) obtain 15 hours in naturopathic childbirth continuing education during each two-year renewal period. A course in neonatal resuscitation may count toward these 15 hours. Ten of the 15 hours may be applied to general requirements for continuing education See Rule

public with complete and accurate information about the licensee's credentials and level of training.

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(2) The licensee must have observed and assisted in the intrapartum care and delivery of 50 natural childbirths in a hospital or alternative birth setting 3 of which must have occurred within the last two years. A minimum of 26 of these births must be under the supervision of a naturopathic physician. No more than 10 of the 50 births may be under the supervision of a medical doctor (allopathic or osteopathic physician). No more than 10 of the births may be observation only. A labor and delivery that starts under the care of a naturopathic physician and includes hospitalization shall count as a birth.

(3) The course work must consist of at least 200 hours in naturopathic childbirth.

(b) Hold a current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation. The Director will accept courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross and for courses in neonatal resuscitation approved by the American Academy of Pediatrics (AAP).

(c) Pass a specialty examination in naturopathic childbirth approved by the Director. The Director, or designee, will administer the specialty examination in naturopathic childbirth at least once each year if applications are pending. A licensee may sit for this examination in another state and have the results of the examination transferred to this state.

(d) File with the Director a written plan for consultation with other health care providers for emergency transfer and transport of an infant or a maternity patient, or both, to an appropriate health care facility. Licensees must submit the plan to the Director on an approved form with the initial application for a naturopathic childbirth endorsement and with every subsequent renewal of the endorsement.

(e) Applicants under this section requesting a naturopathic childbirth endorsement who have not passed the naturopathic childbirth exam within the two years preceding the application shall show evidence of completion of the continuing education requirements required by this section.

(f) Licensees possessing a naturopathic childbirth endorsement must, as a condition of renewal:

(1) obtain 15 hours in naturopathic childbirth continuing education during each two-year renewal period. A course in neonatal resuscitation may count toward these 15 hours. Ten of the 15 hours may be applied to general requirements for continuing education. See Rule

3.2 above (continuing education requirements).

(2) submit proof of current cardiopulmonary resuscitation certification for adults and newborns and for neonatal resuscitation biennially, with each license renewal. See subsection (b) above.

(3) have performed 3 natural childbirths in the preceding two year renewal period.

(g) Licensing or disciplinary action by an Administrative Law Officer or judicial authority shall be deemed to have an equal effect upon a special endorsement to practice naturopathic childbirth issued to a licensee, unless specifically provided otherwise in the licensing or disciplinary action. When the subject of a licensing or disciplinary proceeding relates specifically to the practice of naturopathic childbirth by a licensee who possesses a special endorsement, the licensing or disciplinary action may, instead of affecting the entire scope of the licensee's practice, suspend, revoke, condition, or restrict only the licensee's authority under the special endorsement.

3.8 INFORMED CONSENT FOR NATUROPATHIC CHILDBIRTH

(a) Before accepting a client for prenatal and natural childbirth, the naturopathic physician must first obtain a written informed consent. Informed consent must be shown in a written statement and signed by the ND and the client to whom care is to be given, in which the ND certifies that full disclosure has been made and acknowledged by the client of the following:

(1) The naturopathic physician's credentials.

(2) A copy of the written plan for consultation, emergency transfer, and transport.

(3) A description of the procedures, benefits, and risks of home birth.

(b) The informed consent form must be filed in the client's chart, and a copy must be provided to the client.

3.9 SCOPE AND PRACTICE STANDARDS FOR NATUROPATHIC CHILDBIRTH

(a) Prenatal Care:

(1) Information: The client will be presented accurate information conforming to the requirements of informed consent and also including but not limited to:

(A) Financial charges for services.

(B) Services the ND provides, and the advantages and disadvantages of home birth.
(C) Client responsibilities.

(D) Values and ethics of practice.

(E) Information on emergency consultation, transfer, and transport.

(F) Choices regarding prenatal lab testing, including but not limited to sexually transmitted

diseases, blood type and antibody screen, CBC, rubella, HIV, Hepatitis B, and urinalysis.

(2) History and Physical Assessment: At the initial prenatal visit, a personal and health history will be obtained, including medical history, family history, current pregnancy history, nutritional history, and physical assessment, including review of systems and prenatal care.

(3) On-going Prenatal Care: Will be conducted in such a way as to promote the health of the client and baby, screen for problems, develop a relationship with the client and family, exchange information, and do a physical assessment of the prenatal health.

(4) Prenatal visits should occur every four weeks through the 32nd week, every two weeks until the 36th week, and weekly thereafter. The prenatal visit includes:

(A) Physical evaluation including weight, blood pressure, urine screen, fetal heart tones, fundal heights, fetal growth, fetal position and presentation.

(B) Discussion during these visits includes recent illnesses, social or emotional problems, diet, supplements, exercise for pregnancy, birth preparation, partner's role, transport arrangements, newborn care, postpartum care, and parenting

(5) Parents' Responsibilities:

(A) Obtain all supplies on birth list.

(B) Have an accessible telephone

(C) Have adequate light, heat, water, cleanliness, and accessibility.

(D) Post all emergency phone numbers.

(E) Make child care arrangements.

(F) Arrange for help after the birth.

(6) Naturopathic Physician's Responsibilities:

(A) Alert parents to signs of labor and when to call.

(B) Alert parents to signs of complications that necessitate immediate contact with the naturopathic physician

(C) Be on call or have on-call arrangements if out of town

(D) Arrange for a birth assistant.

(E) Make a home visit before the 37th week.

(F) Maintain appropriate equipment for assessing maternal, fetal, and newborn well being, carry anti-hemorrhagic agents, supplies to maintain asepsis, and emergency resuscitation

equipment.

(G) Maintain a record of the care provided and data gathered for each client, subject to the federal medical records laws and those of the State of Vermont regarding accessibility and confidentiality.

(7) Discontinuation of Services: During prenatal care, a naturopathic physician shall evaluate a client and baby and determine continuing appropriateness for the home birth. All concerns shall be shared with the client. If an impasse is reached between what is deemed appropriate by the naturopathic physician and the client or family, it is the right of the ND to refuse or discontinue service and to make appropriate referrals when indicated for the protection of the client, baby, and naturopathic physician.

(b) Labor, Birth, and Immediate Postpartum:

(1) Labor: During labor and birth, the naturopathic physician shall use all of the resources available to assure and enhance the well being of the mother and baby.

(2) The naturopathic physician's labor responsibilities include:

(A) Assessing the well being of the laboring woman and baby, fetal heart tones, blood pressure, maternal temperature, position and presentation of the baby, and client's attitude, ability, and energy to cope with labor. A vaginal examination will be performed as necessary to assess progress of labor. Aseptic technique shall be observed with use of OSHA and VOSHA regulations relevant to home birth.

(B) Provide adequate fluid and nutrition throughout the labor, provide support and encouragement during the birth process, assist with delivery of the placenta, manage interpartum hemorrhage, and perineal repair as needed.

(3) Immediate Care of Newborn: Following the birth the naturopathic physician shall:

(A) Maintain a warm environment for the baby.

(B) Assess newborn using APGAR scoring and provide appropriate care; continue assessment of newborn vital signs.

(C) Encourage and support breast feeding or proper nutrition and feeding habits.

(D) Conduct a newborn exam, offering vitamin K and eye prophylaxis.

(4) Immediate Postpartum Care: Following the birth, the naturopathic physician shall remain with the client and baby until both are stable and secure and at least two hours have passed since the birth. During this time, the naturopathic physician shall assess maternal well being, bleeding, blood pressure, and uterine size and consistency, examine the perineum, and repair if necessary. Assess the client's ability to urinate and be ambulatory. Postpartum instructions shall be given including information on normal postpartum bleeding, appropriate size and consistency of uterus, perineal care and hygiene, rest and nutritional requirements, breast feeding, newborn care, and indications which warrant contacting the naturopathic physician.

(c) Postpartum Follow-up Care: Postpartum visits are recommended at 24 hours, day 3, one week, three weeks and six weeks, with phone consultation as necessary. During these visits, the mother is assessed for normal postpartum recovery and health, breast feeding status, uterine status, lochia status, normal bowel and urinary output, nutritional status and emotional status. The baby is assessed for over all well being, normal nursing or feeding habits, jaundice of the newborn, activity level, growth, vital signs, bowel and urinary patterns, umbilical assessment, and neurological evaluation. A blood sample for newborn metabolic screening shall be obtained after 24 hours and submitted as required by the Vermont Department of Health newborn screening program.

(d) Final Postpartum Visit: A six to eight week final visit for mother and baby. At this time, the naturopathic physician shall make inquiries concerning breast feeding, feeding habits, bleeding, activity level, family adjustments, and sexual activity, perform a gynecological exam with a pap smear, and discuss family planning or birth control. Provisions shall be made for ongoing well child care.

3.10 WRITTEN PLAN FOR CONSULTATION, EMERGENCY TRANSFER, AND TRANSPORT

(a) The naturopathic physician recognizes that there are certain conditions when medical consultation or transfers, or both, are advisable. Each naturopathic physician practicing naturopathic childbirth must develop a written plan for consultation with other health appropriate care providers, including at least one M.D. or D.O., for emergency transfer and transport of an infant or mother to the appropriate health care facility. The written plan must be submitted to the Director on an approved form with the initial license application and with every subsequent license renewal.

(b) Prenatal Medical Conditions: If the following medical conditions present during prenatal care, the naturopathic physician shall consult with the appropriate health care provider·

(1) Possible ectopic pregnancy.

(2) Multiple gestation.

(3) Persistent breech presentation at 36 weeks.

(4) Signs and symptoms of preeclampsia.

(5) Suspected post-maturity.

(6) Polyhydramnios and oligohydramnios

(7) Indications that the fetus has died in utero.

(8) Development of any medical condition potentially detrimental to the pregnancy or the well being of the fetus

(9) Hyperthyroidism currently treated by medication.

(10) Acute Toxoplasmosis, Rubella, Cytomegalovirus, or Parvovirus infection, where the client is currently symptomatic.

(11) Second or third trimester bleeding.

(12) History of intrauterine death after 20 weeks gestation, or stillbirth due to a situation which might recur.

(13) Previous myomectomy.

(14) Tuberculosis.

(c) Transfer: If the following conditions become apparent during prenatal care, the naturopathic physician shall transfer the client to hospital care for the birth. The naturopathic physician may continue to give co-care and accompany the mother at the birth.

(1) Placenta previa or placental abruption.

(2) Preeclampsia.

(3) Transverse fetal position.

(4) Testing positive for HIV.

(5) Suspected premature labor, less than 36 weeks of pregnancy.

(6) Premature labor (gestation less than 36 weeks).

(7) Thrombosis.

(8) Primary or active Herpes simplex cervical or vaginal lesion at the time of delivery.

(9) Premature rupture of membranes at 37 weeks or less with a positive GBS.

(d) Labor and Birth Transfer: If the following conditions become apparent during labor, birth, or immediate postpartum, the naturopathic physician shall facilitate transfer to a hospital setting if time allows or consult with an OB/GYN to determine whether and when transfer is advisable:

(1) Malpresentation.

(2) Multiple gestation.

(3) Fetal distress as indicated by fetal heartbeat monitoring or gross meconium staining.

(4) Client distress.

(5) Prolapsed cord.

(6) Uncontrolled maternal hemorrhage or retained placenta.

(7) Signs of maternal or fetal infection.

(8) All stage 4 and any maternal perineal lacerations beyond the naturopathic physician's ability to

repair.

(9) APGAR score of less than seven at ten minutes or fetal distress not responding to CPR.

(10) Any newborn whose vital signs are absent or exhibiting signs of respiratory distress.

(11) Obvious congenital anomalies.

(12) Active A hepatitis.

(13) Thrombosis.

(e) Decision-making Conflicts: If the client chooses to remain at home against the medical advice of the naturopathic physician during the interpartum period, the naturopathic physician may refer them to an alternative birth provider If the birth is imminent, the naturopathic physician will leave only if the naturopathic physician has made reasonable attempts to assure that the client is not unattended (i.e., calling an ambulance)

3.11 UNCOMPLICATED CHILDBIRTH

(a) Uncomplicated naturopathic childbirth is the provision of care, support and education to healthy women during the childbearing cycle, including normal pregnancy, labor, childbirth and the postpartum period. There are certain pre-existing medical conditions which may prevent the ability to have a natural home birth assisted by a naturopathic physician.

(b) If a history of any of the following disorders or situations is found to be present at the initial interview or if any of the following disorders or situations becomes apparent through history, examination, or laboratory report as prenatal care proceeds, the naturopathic physician must not assume or continue to take responsibility for the client's pregnancy and birth care. For clients already under care, it is the responsibility of the naturopathic physician to arrange for orderly transfer of care to a licensed M D. or D O.

(1) Uncontrolled insulin dependent diabetes mellitus.

(2) Uncontrolled epilepsy

(3) Active non-A hepatitis

(4) HIV positive.

(5) Current alcohol or drug addiction.

(6) Rh sensitivity with positive antibody titer.

(7) Previous cesarean delivery, except as provided for in Rule 3.14, below

3.12 PREVIOUS CESAREAN DELIVERY

The following requirements must be met for vaginal birth after cesarean (VBAC) In addition, prenatal consultation is advised when available.

(a) The naturopathic physician must obtain records to ascertain that the client had only one documented previous lower uterine segment cesarean section with uterine closure of more than one layer.

(b) There must be at least 18 months from the client's cesarean to the due date of the current pregnancy.

(c) The client must obtain ultrasound documentation to determine that the location of the placenta is not previa or is not low and anterior.

(d) Signed informed consent must be present in the client's chart. See Appendix A.

(e) The naturopathic physician must perform fetal auscultation at least every 15 minutes during active labor and more frequently if necessary and at least every five minutes during the second stage of labor and more frequently if necessary.

(f) The birth site must be located within 30 minutes' transport time from a hospital emergency room.

(g) A naturopathic physician must be accompanied by another licensed physician or midwife.

(h) No labor induction or augmentation of any kind must be done. Specific examples of labor induction or augmentation prohibited by this section include administration of pitocin or its cogeners, or stimulation of the release of pitocin by nipple stimulation, or the use of prostaglandin preparations. This section does not prohibit the use of calmative, sedative or analgesic preparations that are not primarily intended to induce or augment labor, and that are included in the naturopathic physician formulary when, in the judgment of the naturopathic physician, their use for their calmative, sedative or analgesic effects is indicated.

(i) Pre-admission forms must be completed for the client before labor, for the hospital to which the client may possibly be transferred.

(j) Prenatal records for the client must be sent before labor to the back-up system for the birth (hospital, labor and delivery unit, or physician practice).

Effective date: November 1, 2013

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 14, 2014

HB 5537, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5537, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes**.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly $225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

CHA opposes Section 16 of HB 5537, which seeks to give the Department of Public Health (DPH) authority to take summary action against any licensed healthcare institution without a hearing, review, or appeal process. Under this section of the bill, DPH could shut down a hospital without any advance notice or hearing, and without having to adhere to established administrative procedures, based solely on a finding that any one patient's health, safety, or welfare "imperatively requires emergency action." The current language is designed for home healthcare, in which a patient's only contact with the outside world may be with his or her home care provider. It is not designed for integrated care settings like hospitals that have substantial internal and external oversight. To grant such powers to DPH is unnecessary. Hospitals are already subject to numerous regulatory enforcement provisions under state and

federal laws. DPH currently has the power, with very minimal due process, to revoke or suspend a license, censure a hospital, issue a letter of reprimand, place the hospital on probationary status, restrict a hospital's acquisition of other facilities, or issue an order compelling compliance with statutes and regulations. These powers are more than sufficient. CHA is unaware of any justification for removing due process from DPH enforcement powers, and urges the Committee to remove Section 16.

CHA supports Section 17 of the bill, which would provide flexibility to DPH when reviewing a facility's physical plant requirements. This is a reasonable approach to dealing with various rules, regulations, and guidelines that are too often outdated and outmoded such that they bear no reasonable relationship to patient safety or well-ordered operations.

In addition, although not in the bill, we wish to bring to your attention a matter of concern that relates to a very recent change in federal law affecting a patient's right to access his or her laboratory results. As published in the February 6, 2014 Federal Register, the federal government recently changed regulations in the Clinical Laboratory Improvement Amendments (CLIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to require laboratories to give patients direct access to their test results. As part of these changes, state law may not curtail a patient's right to direct access to lab results. These changes have the immediate impact of rendering certain Connecticut laws and regulations preempted and invalid. We believe it is important to repeal these now preempted laws to avoid the otherwise high risk that patients' rights will be violated, if only accidentally due to confusion. The new federal rules are effective as of April 7, 2014.

We ask that section 20-7c of the General Statutes be amended as set forth below:

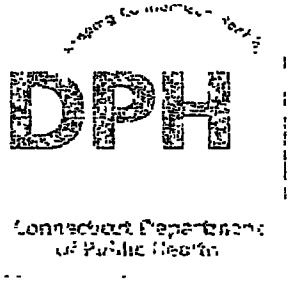
Add to subsection (b)(2) as follows:

> (b) (2) notify a patient of any test results in the provider's possession or requested by the provider for the purposes of diagnosis, treatment or prognosis of such patient. In addition, upon the request of a patient or a provider who orders medical tests on behalf of a patient, a clinical laboratory shall provide medical test results relating to the patient to **(a) the patient or (b)** any other provider who is treating the patient for the purposes of diagnosis, treatment or prognosis of such patient.

Delete subsection (c) in its entirely.

We are confident that DPH is in the process of reviewing the Public Health Code to determine which regulations must be changed to comport with the new federal patient rights, including review of 19a-36-D32. We look forward to working with DPH and the Committee to ensure all relevant law changes are made in a manner that swiftly and accurately reflects these new patient rights.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 14, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

House Bill 5537: An Act Concerning The Department of Public Health's Recommendations Regarding Various Revisions To the Public Health Statutes

The Department of Public Health (DPH) supports House Bill 5537 and would like to thank the Public Health Committee for raising the Department's bill. Below is a description of each of the sections of the bill.

Section 1. Outpatient surgical facilities are statutorily mandated by CGS Sec. 19a-654(c) to submit certain data and information to the Office of Health Care Access (OHCA). The data and information obtained under Sec. 19a-654(c) is used by the Office to fulfill its statutory duties. As currently written, Sec. 19a-493b(c) conflicts with Sec. 19a-654(c) by exempting outpatient surgical facilities from the data and information reporting requirements. The proposed statutory change will eliminate the conflict between Sec. 19a-654(c) and Sec. 19a-493b(c). Additionally, as currently written, Sec. 19a-493b(c) makes reference to Sec. 19a-655 through 19a-658 and 19a-600, all of which have been repealed. The bill will eliminate these obsolete references.

Sections 2 and 3. These sections contain revisions that will extend the voluntary process of acknowledging paternity of a child to cases in which the child has reached the age of 18. Currently, there is no mechanism in place to establish paternity for a child that has reached the age of majority. Yet we have members of the public contacting DPH, wanting to list a father on an adult child's birth certificate, with seemingly legitimate reasons for doing so. To remedy this problem, DPH is proposing language that would explicitly allow parents of children 18 years of age and older, to use the voluntary acknowledgement process to establish paternity when there is no other father listed on the birth certificate. Additional provisions are being proposed that would require the adult child to consent to the paternity action. Also, name changes would not be permitted through this process, but rather would need to be legally changed through a court procedure.

Section 4. This section will amend the childhood immunization registry statute to allow school nurses "view only" access to the Connecticut Immunization Registry Tracking System (CIRTS). This will enable the school nurses to access student immunization records to monitor student compliance with immunization requirements for school entry.

Section 5. This section makes technical changes to the Office of Multicultural Health statutes, including changing the name of the Office of Multicultural Health to the Office of Health Equity. The Office of Multicultural Health was established within the Department of Public Health in 1998 with the responsibility to improve the health of all Connecticut residents by eliminating differences in disease, disability and death rates among ethnic, racial and cultural populations. In recent years, the term "multicultural health" has been replaced in common parlance with the term "health equity," in part because of the national conversation sparked by the Affordable Care Act on the concept of health as a human right, and equitable "outcomes" as opposed to "problems." DPH has increasingly adopted the language of health equity to better reflect its emphasis on equitable health and health outcomes, and the proposed change best reflects the Department's mission statement and strategic priority of promoting health equity.

Section 6. This section reestablishes in statute the minimum cover requirements for burials that were first codified in 1949. The statutes concerning depth of burials, and burial proximity to dwellings were repealed in 2012, removing the safeguards for standardized burial practices. Burials in cemeteries require sufficient cover to ensure nuisance conditions are avoided and to prevent grave disruptions by animals. The majority of burials in Connecticut utilize burial vaults; however some burials (i.e., green burials) do not. Connecticut has historically restricted the placement of burials not utilizing burial vaults relative to their proximity to dwellings. This legislative proposal seeks to re-codify these important statutes.

Section 7. This section requires a nursing facility management service that is contracted by nursing homes to provide a plan for improvement to DPH if the nursing home's five star quality rating declines by two or more stars. This will allow DPH to hold the facility management services company accountable if their services become substandard and will assist in ensuring that quality care is maintained. The five star quality rating is calculated by the United States Department of Health and Human Services' Medicare program and was put in place to help consumers, their families, and caregivers compare nursing homes.

Sections 8, 9 and 10. These sections make revisions to the childhood lead poisoning prevention program statutes. Revisions in Section 8 pertain to the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening. In April 2013, the Advisory Committee adopted the Centers for Disease Control and Prevention's recommended "reference value" of 5 micrograms per deciliter for lead in blood for children under the age of six. The new reference value is based on a broad range of scientific evidence illustrating the ill effects of lead exposure in young children at rather low levels. Upon receipt of a childhood blood lead report of a venous level of 5 mcg/dl or more, a director of health will

provide the parents or caregivers of that child with educational materials. The statutory revision reflects current policy and practice already implemented statewide. Section 9 repeals outdated language concerning childhood blood lead level reporting. The DPH maintains a web-based disease surveillance system which is used to compile both blood lead reports, and environmental actions taken on properties The system is more robust than the former paper-based system. Local directors of health or their staff enter the data into the system on an ongoing basis. Reports can be generated, when needed, based on a variety of parameters and metrics. The revisions made within Section 10 clarify the meaning of the original legislation passed in 2007. The intention of both legislators and DPH was to have pediatricians test children for lead exposure at least two times prior to turning three years of age – one time in their first year of life, and another time in their second year of life. "Screening" was misinterpreted by many practitioners as a means to determine risk, and then to test a child afterward.

Section 11. This section requires a nursing home to develop policies and procedures to maintain patient privacy and security when using electronic medical records and electronic signatures.

Section 12. This section affords Emergency Medical Services (EMS) agencies greater flexibility in having their vehicles inspected. Currently, authorized EMS vehicles (Ambulances, Non-Transport, and Invalid Coaches) are required to be inspected by both the Department of Motor Vehicles (DMV) and DPH. The bill would allow ambulances to be inspected by a certified dealer that specializes in working with these types of vehicles in lieu of an inspection by DMV. The EMS agency would present certification of such inspection during the DPH inspection. This is the same procedure that fire departments currently follow for the inspection of their apparatus. The change will create a more efficient procedure that is not unnecessarily duplicative and will allow ambulance companies the convenience of a local inspection. This will also reduce the amount of time that an ambulance will be required to spend off line.

Section 13. This section pertains to the sale, transfer or assignment of water company lands. It removes the requirement that when Class II water company land is being sold, leased or assigned that it contain land in Class III. This proposal is being requested by DPH in conjunction with the Water Planning Council.

Section 14. This section would require each chronic and convalescent nursing home and rest home with nursing supervision to complete a comprehensive medical history and medical examination for each patient upon admission, but specifies that a yearly urinalysis, as mandated in section 19-13-D8t(n)(1)(A)(ii) of DPH's regulations, is not required The Department respectfully requests adding "and annually thereafter" to line 593 after the words " . patient's admission"

Section 15. This section specifies a residential care home's responsibilities in assisting a patient who is being discharged and in finding him or her appropriate placement. This section also clarifies what is to be to be included in residents' discharge plans.

Section 16. This section authorizes the commissioner of public health to issue a summary order to all institutions as defined in CGS Sec. 19a-490 in cases when emergency action is required. Current law only allows the Department to issue summary orders on home health care agencies and homemaker-home health agencies and nursing homes.

Section 17. This section allows DPH to waive provisions of its regulations for any institution as defined by CGS Sec. 19a-490 if the commissioner determines that such waiver would not endanger the health, safety, or welfare of any resident. Providing waiver authority to the DPH will allow the agency discretion to waive regulations that may be outdated and overly burdensome to a facility. The Department respectfully requests deleting the words "the physical plant requirements of" in line 657.

Sections 18 through 25. These sections make changes to the emergency medical services (EMS) statutes. Section 18 makes technical changes to the definitions found in CGS Sec. 19a-175 Sections 19 and 20 incorporate paramedic intercept service into the EMS licensing statutes. This change will permit billing for this service and ensure these types of services are following applicable statutory requirements. Sections 18 and 20 also delete the term "management service organizations" from CGS Sec. 19a-175 and 19a-180. Management service organizations are staffing agencies for emergency medical services personnel. Such organizations do not provide any regulated EMS service other than to provide personnel, i.e. they are not an emergency response or transport service. DPH does not regulate healthcare professions' temporary employment or staffing agencies. Healthcare organizations that are contracting with staffing agencies are responsible for their employees meeting minimum standards and statutory compliance, including employees of EMS services. Section 20 also codifies DPH's oversight of state run EMS services. Sections 21 to 25 establish statutory authority for certification of emergency medical responder, emergency medical technician, and emergency medical services instructors.

Section 26. Section 18 revises the definition of inter-facility critical care transport to include healthcare facilities Section 26 allows a health care facility to select interfacility transportation services by the most medically appropriate provider, modernizing the statute and reflecting current industry practice. The ambulance industry's practice of interfacility transfers has evolved with the improvement and advancement of EMS medical training. Due to the advanced and sometimes specialized medical needs of patients, the primary service area responder may not be equipped or trained to a level capable of assuming patient care responsibility.

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Section 27. This section mandates ambulance services to have a contingency plan for potential strike activities. The language is similar to CGS Sec. 19a-497 which imposes similar requirements on health care facilities.

Section 28. This section allows a certified EMS organization to apply to the Department to allow for billing of non-emergency transportation during a disaster for a period of 7 days. EMS in Connecticut is divided into 2 categories: licensed EMS organizations and certified EMS organizations. Current law only authorizes the Department to set rates for certified EMS organizations to bill for an emergency transport. Some examples of non-emergency transport include: transport of patients from a hospital being evacuated to nursing homes and other hospitals, or from a nursing home without power to another nursing home or shelter.

Section 29. This section mandates licensed and registered direct care staff in a nursing home to complete training in oral health and oral hygiene techniques. Oral health is a vital component to overall health and well-being throughout the lifespan; however it is often an overlooked aspect of an older adult's general health. Severe gum disease is associated with chronic diseases including diabetes, heart disease, stroke and respiratory disease. Advancing age, limited access to routine dental care, inability to maintain good oral hygiene and medications that cause dry mouth put older adults at risk for a number of oral health problems. These problems are amplified in older adults residing in nursing home facilities, as physical and cognitive impairments make oral self-care difficult or impossible.

Section 30. This section makes revisions to CGS Sec. 19a-14b to require analytical measurement service providers (i.e., laboratories) and approved radiological businesses to report radon results to DPH and require residential mitigation service providers (i.e., radon mitigation contractors) to uniformly report residential radon mitigation system installations throughout Connecticut. This will provide meaningful data and allow the Department to better address issues related to elevated radon levels and ensure that mitigations systems are properly installed.

Section 31. This section deletes the word "polysaccharide" from CGS Sec. 19a-490k, which will allow hospitals to vaccinate patients with pneumococcal vaccines other than the pneumococcal polysaccharide vaccine without a physician's order. Currently there is more than one type of pneumococcal vaccine and this legislation will allow hospitals to use both the pneumococcal polysaccharide and the new conjugate vaccine (PCV-13) to protect patients from invasive pneumococcal disease (IPD).

Section 32. This section revises CGS Sec. 19a-89b to provide the DPH with the authority to continue to utilize existing public swimming pool design guidelines These guidelines establish minimum standards for the proper construction and maintenance of public swimming pools. By utilizing these guidelines, the DPH is able to keep pace with the changes in pool equipment and construction technology

Section 33. This section allows the Department to enter into a contract for receipt, storage, and maintenance of data and files of the Connecticut Tumor Registry. The National Cancer Institute's SEER Program, which is the primary funding source for the Connecticut Tumor Registry, encourages its registries to warehouse data at a shared SEER data center. This section also incorporates occupation and industry language found in CGS Sec. 19a-73 and repeals CGS Sec. 19a-73. Additional changes are clarifying in nature.

Sections 34 and 35. These sections authorize the commissioner of public health to enter into a contract with another state and to accept funding from another state. As contracting authority with another state is not currently explicitly listed under the commissioner's powers, DPH has had to decline several recent opportunities to partner with other states to share services in a manner that would be more efficient and economical for the agency. As with all of DPH's contracts, these contracts would comply with the state's standard contract language and review process.

Section 36. This section authorizes a commissioner's designee to assign waivers of continuing education credits for physicians who serve as expert reviewers in physician investigations.

Section 37. This section authorizes DPH to accept apprenticeship hours completed outside of Connecticut toward meeting optician licensure requirements.

Sections 38, 39 and 40. These sections authorize the Department to accept licensed work experience in lieu of clinical internship hours for clinical psychologists, professional counselors and social workers who have been licensed and practicing in other states and who are applying for licensure in Connecticut based on holding an out-of-state license.

Section 41. This section clarifies that hairdressers must have completed at least a 9th grade education. This is consistent with the current requirements for barber licensure.

Section 42. This section clarifies that services provided by applied behavior analysts in accordance with CGS Sec. 10-76ii do not fall within the scope of practice of a speech and language pathologist.

Section 43. This section amends CGS Sec. 10a-155b to require that each student who resides in on-campus housing at a college or university have documentation of receiving a meningococcal conjugate vaccine not more than 5 years prior to enrollment.

Section 44. This section restores language that was inadvertently repealed during the 2013 session and will allow appropriately credentialed individuals to continue to perform bone densitometry testing.

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Section 45. This section clarifies license reinstatement requirements for dental hygienists to be consistent with current standards.

Section 46. This section revises CGS Sec. 19-29a to clarify and update the current practices of the Environmental Laboratory Certification Program. The section deletes the testing parameters in which certification is no longer being granted The language provides the DPH with flexibility to certify and regulate additional testing parameters in the future. Additionally, the proposal authorizes the Department to impose a civil penalty for violations associated with CGS Sec. 19a-29a or applicable regulations.

Section 47. This section makes changes to the lead licensure and certification penalty statute, including a revision to reflect a $5,000 penalty per day per violation as required by EPA Connecticut has been authorized by the United States Environmental Protection Agency (EPA) to administer and enforce a lead-based paint program since June 23, 1998.

Section 48. This section amends the name of the national organization that has authority for continuing education activities for hearing instrument specialists.

Section 49. This section adds nuclear medicine technologists to the list of professionals who are exempt from having to hold a medical license. Nuclear medicine technologists were recognized in statute last year.

Section 50 is a technical change related to the repeal of CGS Sec. 19a-691 in section 51.

Section 51. This section repeals CGS Sec. 19a-121e to 19a-121g, inclusive, which are outdated statutes pertaining to the Department's HIV prevention program. Sec. 19a-121e was passed in 1988 and prescribes the composition of an AIDS Task Force. This statute is no longer necessary because the DPH convenes and co-chairs the CT HIV Planning Consortia (CHPC), which aligns with requirements of federal funders (HRSA and CDC). The CHPC includes representatives that reflect the population of people living with HIV in Connecticut and relevant service providers. The Consortia develops a comprehensive statewide plan that includes recommendations to address HIV prevention and care services for people living with HIV. The group has its own by-laws and processes to develop the state plan that is used by DPH and others to recommend HIV-related service delivery priorities and approaches. CGS Sec. 19a-121f relates to grants for programs established for the study or treatment of HIV or AIDS. The DPH administers state and federal HIV funding through standard procurement mechanisms that align with federal requirements and/or the latest science related to the prevention and/or treatment of HIV CGS Sec. 19a-121g, regarding a program of services for AIDS-affected children and youths, was established prior to the expansion of mental health services available to children through Medicaid, and during a time when HIV was highly stigmatized. The funding for the programs established through this statute was previously eliminated from the state budget The services

for the population specified in the statute are now available through Medicaid or other insurance coverage.

This section also repeals CGS Sec. 19a-691, which suggests that it is permissive to administer moderate/deep or general anesthesia in a doctor's office. However, this is not permitted as stated in CGS Sec. 19a-493(b), which only allows an outpatient surgical facility or hospital to perform such procedures. CGS Sec. 19a-493(b) allows doctor's offices to perform minor surgical procedures using light or moderate sedation

This section also repeals certain statutes in conformance with changes made in other sections of the bill.

In addition, the Department respectfully requests a repeal of CGS Sec. 19a-121c. This is an outdated statute that requires DPH to establish a public information program for the distribution of materials such as pamphlets, films, and public service announcements on HIV and AIDS. Technological advancements have changed the way in which HIV/AIDS public information is disseminated. Although the Department continues to disseminate brochures and other educational items related to HIV/AIDS, the approach is evolving and the statute is unnecessary.

Thank you for your consideration of the Department's views on this bill.

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I could not oppose (HB 5537) more strongly.

It has come to my attention that currently proposed house bill (HB 5537), Section 6 proposes to extend "the scope of practice" definition for Speech and Language Pathologists in Connecticut to include the practice of Applied Behavior Analysis. It is also my understanding that the practice of Behavior Analysts and the practice of Applied Behavior Analysis is currently defined in existing Connecticut legislation (Public Act No. 09-115) as "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior.

It may be a poor comparison but this proposed legislation may be equivalent to extending the scope of practice of electricians in the state of Connecticut to include the practice of computer science just because both computer scientist and electricians may work with computers systems. Each field may know about each other's work, but are not claiming and would never claim to be certified or educated in each other's field of work. No consumer would be expected to agree to receive services from a computer scientist when they require an electrician to do some work for them, as well as no consumer should be expected to accept an electrician to redesign their computer systems. Behavior Analysts and Speech and Language Pathologists are not interchangeable and have different areas of expertise and education!

To "extend the scope of practice" of Speech and Language Pathologist with the proposed house bill (HB 5537) to include the practice of Applied Behavior Analysis would be a disservice to all consumers of Applied Behavior Analysis services in the state of Connecticut. It could be considered to be harmful to the public interest and negligent. This proposed bill would attempt to artificially expand the area of education and certification for Speech and Language pathologists in the state into areas of expertise where they have not received any approved of certified education during their education as a Speech and Language Pathologist.

To the best of my knowledge no Speech and Language Pathologist educational program in the United States has received approval or has been recognized by the Behavior Analysts Certification Board (BCAB) as a program meeting the necessary requirements to be an certified Behavior Analysis educational program in the US. The BACB is responsible for regulating the standards of programs currently offering education in behavior analysis. The BACB is the regulating and certifying body which certifies both educational programs wanting to offer degrees in Behavior Analysis and also oversees the certification of candidates who have received the educational background and supervised hours as a Board Certified Behavior Analysts.

I know of Speech and Language pathologist who have received the additional BACB approved education to become a candidate for certification as a Board Certified Behavior Analyst (BCBA). These are few individuals who hold both certifications and have received formal and approved training in both fields, and maintain good standing within both fields and maintain current their necessary continuing education credits in both fields in order to maintain their current dual certifications. I suspect that most, if not all, of these rare individuals would agree that they only

feel qualified to practice in both fields due to their formal training and continuing educational efforts in both fields of study.

I could not oppose HB 5537, Section 6 more strongly.... It is legislation that would potentially harm all consumers of Applied Behavior Analysis in the state of Connecticut by allowing unqualified persons to include Behavior Analysis "within the scope of their practice". Speech and Language Pathologists currently receive no formal training or certification and are not responsible to stay current with their knowledge of Applied Behavior Analysis. Their Speech and Language Certification does not include any requirements for any education in behavior analysis and/or need to maintain their expertise in this field of study current with continuing education in Behavior Analysis.

Thank you for the opportunity to voice some of my more salient and obvious concerns with the proposed HB 5537.

Jorge Garcia MA BCBA
Behavior Analyst

ACES Behavior Service Center
26 Old Post Road
Northford, CT 06472

203-484-9501 (office)
203-484-9585 (fax)

To Whom It May Concern:

My name is Lisa Phung. I live at 107 Oliver Road, Manchester CT. I am opposed to Bill HB 5537, Section 42 [6].

I am currently a licensed and practicing speech-language pathologist in Connecticut who is also currently taking courses to obtain a graduate certificate in Applied Behavior Analysis I am opposed to the recent bill that has been raised (HB 5537 section 42 [6]) before the Department of Public Health that would expand the scope of practice of Speech and Language Pathologists (SLP's) to include provision of Applied Behavior Analysis (ABA) within Connecticut.

According to the American Speech-Language-Hearing Association Scope of Practice, speech pathologist "address typical and atypical communication and swallowing in the areas the areas of speech sound production, resonance, voice, fluency, language, cognition, feeding and swallowing" (http://www.asha.org/policy/SP2007-00283.htm#sec1.2).

According to the Behavior Analyst Certification Board, "professionals in behavior analyst engage in comprehensive and use of principals in learning, including operant and respondent conditioning in order address behavioral needs" (http://www.bacb.com/index.php?page=2).

Speech language pathology and behavior analysis are two different professions that have two different scopes of practices. The reason I decided to take courses to get my graduate certificate in ABA was because the training and education I received as a speech pathologist did not consist of identifying the function of behavior, creating an intervention plan, and implementing one amongst many other topics. There can be many risks that can occur when SLPs practice outside their training. I'm taking my last course in ABA and I feel that these courses were necessary in order for me to ethically and professionally work in the area of speech language and behavior analysis. I feel that a speech pathologist certified in Behavior Analysis from an approved program can provide ABA.

Respectfully submitted,

Lisa Phung

Public Health Committee
March 14, 2014

Connecticut State Society of Anesthesiologists Testimony in Support of HB 5537
An Act Concerning the Department of Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Good morning, Chairwomen Gerratana and Johnson and Ranking Members: Senator Welch and Representative Srinivasan. My name is Dr. Keith Ruskin and I am the President of the Connecticut State Society of Anesthesiologists (CSSA). I would like to submit testimony in support of House Bill 5537, "An Act Concerning the Department of Health's Recommendations Regarding Various Revisions to the Public Health Statutes."

The bill strikes old anesthesia accreditation language, section 51 of the bill strikes section 19a-691 of current statute that governs the use of "deep" sedation in health care settings and complies with current language and the practice of DPH to allow the use of "deep" sedation only in a hospital, outpatient clinic, or dentist's office. CSSA supports the deletion of this language because it is in the best interest of patient safety that only accredited and licensed institutions be allowed to administer "deep" sedation.

Thank you for the opportunity to present written testimony in support of HB 5537.

Sincerely,
Keith Ruskin,M.D.

Hello,

My name is Nicole Newton I live in Bolton, CT and I am currently enrolled in the coursework to prepare me for the Board Certified Behavior Analyst exam this fall I am also currently working for a birth-to-three service provider in the state of CT and work with SLPs on some cases. While the collaboration that we do is helpful on many cases, it is concerning that SLPs would be able to oversee such cases due to their lack of ABA training. SLPs also have their own code of ethics which state that they will not practice anything beyond their scope of practice. Consumers of ABA services, behavior analysts and SLPs would all be negatively impacted by this change, as SLPs, again, do not have any training in ABA services.

HB5537

I appreciate your time

Thank you,
Nicole

Peter MacKay, The Roseland

RE: Section 15 HB 5537- An act concerning the Department of Health's recommendations regarding various revisions to the public health statutes.

Public Health Committee, March 14, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Peter C. MacKay, I am the owner and Administrator of The Roseland, a Residential Care home in Brooklyn, Ct. I am also the Treasurer of CARCH, the Connecticut Association of Residential Care Homes. I am here to testify in opposition to Section 15 of HB 5537.

Section 15 of HB 5537

This bill would require us to write a discharge plan explaining the Residents social or emotional requirements and make decisions as to what type of facility the Resident is appropriate for.

These duties are the responsibility of the Resident's case worker, Doctor, or Counselor/Therapist. All of which are trained professionals and none of which have job descriptions that are within the realm of our abilities. We do not have any of these Professionals on our staff and the State is very clear about us not being allowed to do so to help keep the cost associated with our facilities down

Our responsibility is to provide a clean and safe environment of room and board, with general housekeeping and meals included. We do not have any training or expertise in psychological analysis. It would be totally inappropriate for a Resident's landlord or housekeeper to be making decisions on his or her mental or psychological status. This in essence is what section 15 of HB 5537 is asking us to do.

We currently do however, provide a list of area housing and assist the Resident in filling out applications where needed. We also, make the Resident's medication list and other pertinent medical information available upon the Resident signing the appropriate release. We already are assisting the Residents when they wish to move to a different facility or geographical area. This additional "discharge plan" is not appropriate for facilities at our level of care. We are NOT medical facilities.

Thank You all for taking the time to hear my concerns.

Peter C. MacKay

The Roseland Management Group, LLC.

Dear Sirs,

Please stop right now! There is no good reason to include ABA teaching within the scope of a speech and language pathologist's
program. SLP professionals teach our children to speak. ABA professionals teach an entirely different need! They should not be
combined. Imagine the harm this could do. You will be diluting the work a SLP will do during a speech lesson. Proper ABA
therapy takes a lot of time and teaches non verbal appropriate behavior. Speech therapy time should be spent SPEAKING and teaching the child to speak.

My 12 year old daughter has autism. She receives ABA therapy everyday as well as speech. They are so different to provide for
different needs. I OPPOSE HB 5537, section 6.

Let speech and language professionals do their job! They don't need to learn ABA nor should that encompass their jobs. That just takes
time away from teaching our kids to speak. Let ABA therapy remain with the ABA therapists.

Would you want your podiatrist performing your heart surgery? Of course not!
Think clearly and make the correct decision!

Sincerely,

Maria Dominici
mother of a girl with autism in CT.

Maria Dominici
CT Organic Tea Company
203-247-6176
ctorganictea.com

To Whom It May Concern,

My name is Bianca Sims, resident of Wethersfield. I attend graduate school in West Hartford and will graduate in 2015 with an MS in Autism and Applied Behavior Analysis. I am writing in opposition to the proposed bill HB 5537, allowing speech and language pathologists to provide services in the field of applied behavior analysis (ABA). As a behavioral therapist, I am in opposition of this bill because it is outside of the scope of practice of speech and language pathologist and they are not trained in the science or delivery of ABA services. As a provider in the field, I am also concerned for consumers of ABA services in the diminished quality of service they would receive if this bill was to pass. Lastly, providers of ABA services including Board Certified Behavior Analysts and school psychologists would be negatively affected and subjected to supervision of services that might not adhere to ethical and professional code of conduct outlined for those delivering behavior analytic services.

Thank you for your consideration.

Sincerely,

Bianca Sims

Noreen Harte HB 5537

Dear PHC Members.

We are seeking to add our expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. WE NEED YOU TO SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Noreen Harte
83 Florence Lane
Fairfield
Ct
06824

Thank you so much!!!
Noreen Harte.

Kathleen R. Bevivino
Lead ABA Therapist
(860) 729-7927

Opposition to HB 5537, Section 42 [6]

As a practicing Lead ABA therapist, I recognize and support the need for Speech and Language Pathologists in the field of education; however, I strongly oppose expanding the scope of practice of Speech and Language Pathologists (SLP's) to include provision of Applied Behavior Analysis (ABA) within Connecticut.

Expanding the scope of practice of SLP's would negatively impact consumers of ABA services for a number of reasons. SLP's are not required to take classes in behavior analysis, thus, expanding their scope of practice would have undoubtable risks All credited Board Certified Behavior Analysts (BCBAs) are educated in researched based, data driven practices that are put in place to best treat consumers receiving ABA services. BCBAs are also held to ethical guidelines that further protect clients. Without this education and understanding of ABA principals, consumers are at risk. Expanding of an SLP's scope could also negatively impact Board Certified Behavior Analysts and School Psychologists

Thank you for your consideration in this matter.

Sincerely,
Kathleen R. Bevivino
Lead ABA therapist

Kathleen R. Bevivino
C- 860.729 7927

Connecticut Fund
for the Environment

Testimony of Connecticut Fund for the Environment
Before the Committee on Public Health

In support of HB 5537, AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Submitted by Zachary Bestor
Legal Fellow / Attorney
March 13, 2014

Connecticut Fund for the Environment ("CFE") is a non-profit environmental organization with over 5,500 members statewide The mission of the CFE, and its program Save the Sound, is to protect and improve the land, air and water of Connecticut and Long Island Sound We use legal and scientific expertise and bring people together to achieve results that benefit our environment for current and future generations

Dear Sen. Gerratana, Rep Johnson and Members of the Public Health Committee,

Connecticut Fund for the Environment submits this testimony in support of Proposed HB 5537, AAC the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes. If passed, Section 13 would change statutory language to eliminate the requirement that a water company must include some Class III land in a sale of Class II land to a municipality, the state, or a water company. The Water Planning Council Advisory Group requested this change and the Water Planning Council recommended that the change be included in the Department of Public Health's 2014 legislative proposal. Under the current language, if no Class III land is available, an otherwise reasonable transfer of watershed to the state, a municipality, or another water company would be prohibited.

Therefore, we support this legislation and urge you to approve Section 13 of HB 5537.

Thank you for your time and consideration on this matter.

Sincerely,

/s/ Zachary Bestor

Zachary Bestor
Connecticut Fund for the Environment
zbestor@ctenvironment.org
Tel. (203) 787-0646 x 108
Fax: (203) 787-0246

Connecticut Academy of Physician Assistants
One Regency Drive · PO Box 30 · Bloomfield, CT 06002
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CONNECTICUT ACADEMY OF PHYSICIAN ASSISTANTS

Testimony on Raised Bill 5537, "An Act Concerning the DPH Recommendations Regarding Various Revisions to the Public Health Statutes"

PUBLIC HEALTH COMMITTEE
MARCH 14, 2014

Rep. Johnson, Sen. Gerratana, and members of the Public Health Committee,

The Connecticut Academy of Physician Assistants, ConnAPA, is the sole organization representing the interests of the nearly 2000 practicing physician assistants in our state. I am Dan Mussen, a member of our legislative committee. Physician Assistants are of course, key providers of primary care. Our profession is a leader in team based, high quality, cost effective delivery of health and preventative medical care.

We would like to draw your attention to one part of 5537, the DPH revisions bill, in which PAs should be included. In section 43 (lines 1926 and 1927), medical providers are allowed to provide a certificate of exemption from meningitis vaccine for college students. This is of course within the current scope of practice for PAs, and PAs should therefore be added as one of the health care providers.

With primary care provider shortages and the increase in the need for health care accompanying the Affordable Care Act, our health care system is being strained. Within the physician lead health care team, PAs should be allowed to practice to the full extent of their education and training. The inclusion of PAs in this bill is one small example of how legislation can help the health care team provide efficient, high quality care.

Sincerely,

Dan Mussen PA
Member, ConnAPA Legislative Committee

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

Representative Jeffrey J. Berger
Deputy Speaker
73rd Assembly District
Waterbury

Legislative Office Building
Hartford, Connecticut 06106
860-240-8500 or 800-842-1902
Jeffrey Berger@cga ct gov

Representative Jeffrey Berger
In Support of HB 5537 – AAC the Department of Public Health's recommendations regarding various revisions to the public health statutes

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Sec. 20-71. Licensure without examination. Physical therapists and physical therapy assistants. (a) The Department of Public Health may issue a license to practice physical therapy without examination, on payment of a fee of two hundred twenty-five dollars, to an applicant who is a physical therapist registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapists in such state, territory, province or country are deemed by the department to be equivalent to, or higher than those prescribed in this chapter.

(b) The department may issue a physical therapist assistant license without examination, on payment of a fee of one hundred fifty dollars, to an applicant who is a physical therapist assistant registered or licensed under the laws of any other state or territory of the United States, any province of Canada or any other country, if the requirements for registration or licensure of physical therapist assistants in such state, territory, province or country are deemed by the department to be equivalent to, or higher than those prescribed in this chapter

(c) Notwithstanding the provisions of section 20-70, prior to April 30, 2007, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having completed twenty years of employment as a physical therapist assistant prior to October 1, 1989, on payment of a fee of one hundred fifty dollars.

(d) Notwithstanding the provisions of section 20-70, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having registered as a physical therapist assistant with the Department of Public Health on or before April 1, 2006, on payment of a fee of one hundred fifty dollars.

NEW(e) Notwithstanding the provisions of section 20-70, prior to January 1, 2015, the commissioner may issue a physical therapist assistant license to any applicant who presents evidence satisfactory to the commissioner of having been eligible to register as a physical therapist assistant with the Department of Public Health on or before April 1, 2006, on payment of a feel of one hundred fifty dollars

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE AUDEN GROGINS
ONE HUNDRED TWENTY-NINTH ASSEMBLY DISTRICT

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MEMBER
EDUCATION COMMITTEE
JUDICIARY COMMITTEE
PLANNING AND DEVELOPMENT COMMITTEE
LEGISLATIVE MANAGEMENT COMMITTEE

Testimony of State Representative Auden Grogins in support of
HB 5537 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Public Health Committee Public Hearing

Friday, March 14, 2014

Representative Johnson, Senator Gerratana and distinguished members of the Public Health Committee, for the record, my name is State Representative Auden Grogins and I represent the 129th district in Bridgeport.

I am providing testimony in support of HB 5537 asking that the committee add language to update the Naturopathic Scope of Practice which is over 90 years old and desperately needs to be updated and expanded to meet the qualifications, skills and training of naturopathic doctors and the needs of their patients.

The scope expansion includes three elements· 1) prescriptive authority for a defined list of drugs; 2) authority to write orders for medical devices and durable medical equipment; 3) ability to perform minor procedures in-office.

Modernized Naturopathic Scope of Practice laws exist in many states to reflect the evolution of this form of medicine. These states include· Arizona, Washington, Hawaii, Vermont, and California which have recognized Naturopathic Doctors as primary care providers Connecticut has yet to make these important changes.

Specifically, I would like to add the following additional points, which focus on the benefit to the University of Bridgeport Naturopathic College and Connecticut Naturopathic Doctors

- The University of Bridgeport house one of only 8 naturopathic colleges in the United States. Bridgeport's program is the only naturopathic program east of Chicago
- Current law has not been revised or amended since 1927 (over 90 years) and is out of sync with other states
- Current law does not currently meetthe needs and wants of today's consumers who integrate traditional and complementary medical treatments
- NDs (Naturopathic Doctors) in CT are prevented from treating patients to the full extent of their modern medical knowledge, skill and training.
- Outdated regulations inhibit ability to deliver affordable, comprehensive care.

- The University of Bridgeport graduates just over 100 naturopathic doctors every year. Our students must intern out of state in order to learn and fulfill competencies and obligations they will be required to meet upon graduation.
- With changes in the scope of service and therefore opportunities, UB can double the number of students it trains which will create additional economic drivers in CT
- Upon graduation, job and business opportunities are more appealing out of state where scope of services provide professional growth and broader health care services CT is losing economic development, small business growth and jobs
- The University of Bridgeport delivers over $2 million a year and free and/or discounted services to a needy population. The scope of services UB can offer is hampered by the current regulations

I strongly support this bill with these added changes and urge the Public Health Committee to pass this legislation.

Respectfully Submitted,

State Representative Auden Grogins

Please oppose HB 5337, section 6. Linda Connolly

Dear Public Health Committee Members:
I hope I am not too late in submitting this testimony. I am the parent of a child with ASD/Asperger's Syndrome. He is now 13 years old. We have unilaterally outplaced him to a private school in CT specializing in ABA. We have spent over 9 years since diagnosis and over 10 years on IEP trying to work with the multi-disciplinary teams in place in the public school. SLPs have always been a part of my son's team. But the only effective interventions, which have been consistently watered down in the public school setting, have been those contributions from BCBA's and highly trained/educated ABA therapists.

The training, education, approach, and methods of SLP's can in no way supplant the interventions that ABA provides to our ASD children. At this point, the behavioral needs of our children are being under-addressed. We are often told, "this person is trained in ABA" only to find out that they've taken a seminar or a class or two. The interventions these "trained" people provide, consistently fall short of the mark of what is effective behavioral modification for our children. Behavior analysis is an entire science that cannot be "trained" via books, seminars, workshops, etc.

To expand an SLP's scope of practice in this way, without proper credential review, is a gross disservice to our behaviorally involved children, their families, the school community, and the greater community in which these under-treated children will be expected to live. The SLP can work on communication. That is their specialty, their training, and their talent. They cannot fill the shoes of ABA unless they are credentialed through extensive ABA education and work experience.

Please oppose HB 5337, section 6.

Respectfully submitted,
Linda Connolly

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Thomas J Zwicker, Ph.D., BCBA-D 5537

My name is Thomas Zwicker, Ph.D., BCBA-D and I live at 11233 Town Walk Dr in Hamden. I am writing in strong opposition to section 42 1-6 of HB 5537 proposing that speech language pathologists supervise or direct applied behavior analysis services. I am the parent of a child with autism who receives intensive applied behavior analysis services at school and at home (through the insurance law) and I am a doctoral level behavior analyst trained by the founders of the science and practice of applied behavior analysis which is based on the basic science of behavior analysis.

I am deeply concerned as a doctoral level Board Certified Behavior Analyst that anyone would consider a Speech Language Pathologist qualified to supervise applied behavioral services for any population, especially children like my son who have autism. They receive no training in the natural science or practice of behavior analysis and could not even name or describe the meaning of the 4 terms that form the foundation for scientific basic and applied research and practices of behavior analysis. In fact, the theories and practices taught in speech pathology programs directly conflict with applied behavior analysis principles and practices. Speech Language Pathologists have a scope of practice that does not include applied behavior analysis and we have a defined scope of practice that is vastly different and recognized at both the state and national levels. There are no requirements for speech pathologists to take any classes in behavior analysis. There are no requirements that they meet any of the extensive course and experience requirements put forth by the credentialing body for applied behavior analysis, the Behavior Analysis Certification Board (BACB).

If Speech Pathologists want to supervise applied behavior analysis services, then they can take the behavior analysis courses and meet the experience and supervision requirements put forth by the BACB and recognized by current CT law and pass the credentialing exam once they meet the full requirements of the BACB and become a Board Certified Behavior Analyst like so many others who are diligently getting the appropriate training.

I have taught the required courses at Western Connecticut State University (WCSU) and at the University of St Joseph's as a professor and there are many graduate students throughout the state steeping themselves in the science and practice of behavior analysis through those courses and supervised work in applied behavior analysis working hard to meet the requirements and pass the credentialing exam of the BACB so they can effectively and safely supervise behavior analysis services to help children like my son make the most progress possible without compromising their safety and valuable developmentally critical time.

I have interacted with dozens of speech pathologists while providing applied behavior analysis services in Kansas, Texas, and Connecticut and none of them would argue that they were qualified or had the appropriate training or experience to provide or supervise applied behavior analysis services for students, adults with developmental disabilities, or children with autism. Again, the scope of practice for a Speech Language

Pathologist does not include behavior analysis. Behavior Analysis is a scientific field represented by professional associations like the Association for Behavior Analysis International or the Association for Professional Behavior Analysts with its own journals such as the Journal of Applied Behavior Analysis and the Behavior Analyst as well as the Journal of Organization Behavior Management.

As a parent, I would be horrified if the school replaced my son's BCBA with a speech pathologist to supervise his applied behavior analysis services. As an example of the lack of appropriate training and understanding of the practices that are effective for addressing behavioral issues, his speech pathologist's response to a recent behavioral issue resulted in severe outbursts and isolation that required the immediate intervention from his mother, myself, and the BCBA to prevent further harm and regression. He had previously made significant progress with the BCBA supervising the programming to address that behavioral issues. My son's progress over the last 5 years is due entirely to the experienced and well-founded behavior-analytic approach and excellent quality of services from his BCBA with my occasional perspective from the doctoral level. To clarify the significance of his progress and the paramount role of a properly trained BCBA I would have to show you videos of my son's hours long tantrums over slight changes in routine or deviations in how we drove from place to place, his screaming refusals to eat any food at all when it got near him, his darting into the street whenever an opportunity presented itself, and his lack of communication of any kind when he was three years old. Then, you'd need to see videos of him in his typical class doing exactly what all the other kids are doing, with his friend playing and happily socializing for hours on weekends, and at Disneyland on Space Mountain screaming like everyone else. BCBAs and applied behavior analysis services can have a profound, positive impact on children's developmental trajectories, but when done poorly by those who do not have the proper training it can be dangerous and harmful.

I sincerely hope the members if the committee will vote NO on HB5537 section 42 1-6 because it represents a danger to my son and all the kids in the state like him and a seriously flawed, dangerous and unprecedented arbitrary, and capricious change to the scope of practice for Speech Language Pathologists that infringes on the scope of practice for ABA, a completely separate field with a clear, recognized scope of practice and credentialing process.

Thank you for your careful attention and thoughtful consideration.

Thomas J Zwicker, Ph.D., BCBA-D

Testimony of Gregory B. Allard, Vice President
American Ambulance Service, Inc. &
Association of Connecticut Ambulance Providers

Public Health Committee

Friday, March 14, 2014

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee.

My name is Greg Allard and I am the Vice President of American Ambulance Service, Inc located in Norwich, CT and of the Association of CT Ambulance Providers

The Association of CT Ambulance Providers includes companies that provide emergency medical services to approximately 200,000 patients annually. Our membership provides care in over 35 municipalities and offers mutual aid to an additional 50 municipalities. These urban and suburban municipalities include areas such as East Hartford, Hartford, Manchester, Mashantucket Pequot Tribal Nation, Middletown, Meriden, Waterbury and Torrington The estimated population served is over 800,000. Our mobile integrated healthcare team has a network of 136 ambulances and includes approximately 1600 professionals that we employee. In addition to the patient care we provide we are all very active in our communities.

My testimony today is in favor of ***Raised Bill No. 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes.***

The Association of CT Ambulance Providers supports the Department of Public Health in their decision to revise the various statutes that involve EMS in this bill. This bill has many sections and the specific sections we support include Section 12 and Sections 18-28.

Section 12 will give EMS services greater flexibility in the vehicle inspection process. This will be a great benefit.

Section 18-28 touch on a variety of issues that include strike contingency plans, the forward movement of patients plan as it pertains to certified ambulance service billing for non-emergency transportation during a disaster, removing oversight on management service organizations, defining paramedic intercept services, and inter-facility critical care transports.

All of these revisions provide clarity to a complicated system. In our opinion that is a good thing

This is why we support this bill and that we are asking you to do the same

Respectfully submitted,

Gregory B Allard

Michelle Lock 5537

Dear Public Health Committee Members,

I ask that you please attach the proposal to expand Naturopathic Physicians Scope of Practice to bill 5537. I have personally benefited over the last 28 years from Naturopathic physicians, specifically Dr. Enrico Liva. My son was a severe asthmatic and in1986, after following the Dr. Liva's instructions, was able to stop taking prednisone and two other medications. He was 6 years old then, had suffered from pneumonia three times, and had been taking prednisone for over 5 months just to breath. He looked like a gray marshmallow with dark circles under his eyes. Food additives, wheat and dairy allergies were the cause. I believe that without Dr. Liva's help my son's survival was in question. After my son's health stabilized, we moved to Florida to further help improve his health. He is now 36 years old and very healthy.

In 2001 we returned to Conn. and I began having problems with asthma and allergies. The same doctor has helped me over the last 13 years to identify food and environmental allergies that were keeping me from living a full life. Without Naturopathic Medical Treatment my life would be like so many others who depend on pharmaceuticals to survive. I'm happy to say that neither my son or I take any prescription medicine, mainly thanks to Dr. Liva.

I have recommended many friends and family members to seek this kind of treatment when facing things that medical doctors don't know how to treat, or treat with an abundance of pharmaceuticals. Many have found profound improvement relatively quickly.

I've long been convinced that it's in the best interest of traditional medical physicians and big pharmaceutical companies to limit the practice of Naturopathic treatment.

This is by far the best way to Reduce Healthcare Costs!

Sincerely,
Michelle Lock
74 Arnold Drive
East Hartford CT 06108

My name is:

Nicole Miranda

275 Fallow Field Rd

Fairfield, Ct 06824

Dear PHC Members.

We are seeking to add our expansion language to the following bill: *House Bill 5537, An Act Concerning the Department of Public Health's Recommendations Regarding Revisions to the Public Health Statutes.*

The Connecticut Naturopathic Physicians Association (CNPA) is going to testify this Friday, March 14th to the Legislature about updating, modernizing, and expanding the Naturopathic Scope of Practice. WE NEED YOU TO SUPPORT OUR EFFORTS. Our scope expansion includes three elements: 1) Prescriptive authority for a defined list of drugs; 2) Authority to write orders for medical devices and durable medical equipment; and 3) Ability to perform minor procedures in-office.

These changes are necessary for the people of Connecticut in order to:

- improve healthcare access
- improve healthcare continuity
- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Thank you.

Nicole Miranda

State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE AUDEN GROGINS
ONE HUNDRED TWENTY-NINTH ASSEMBLY DISTRICT

LEGISLATIVE OFFICE BUILDING
ROOM 4029
HARTFORD CT 06106-1591

HOME 203-366-3245
CAPITOL 800-842-8267
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DEPUTY MAJORITY LEADER

MEMBER
EDUCATION COMMITTEE
JUDICIARY COMMITTEE
PLANNING AND DEVELOPMENT COMMITTEE
LEGISLATIVE MANAGEMENT COMMITTEE

Testimony of State Representative Auden Grogins in support of HB 5537 An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Public Health Committee Public Hearing

Friday, March 14, 2014

Representative Johnson, Senator Gerratana and distinguished members of the Public Health Committee, for the record, my name is State Representative Auden Grogins and I represent the 129th district in Bridgeport

I am providing testimony in support of HB 5537 asking that the committee add language to update the Naturopathic Scope of Practice which is over 90 years old and desperately needs to be updated and expanded to meet the qualifications, skills and training of naturopathic doctors and the needs of their patients.

The scope expansion includes three elements 1) prescriptive authority for a defined list of drugs, 2) authority to write orders for medical devices and durable medical equipment; 3) ability to perform minor procedures in-office

Modernized Naturopathic Scope of Practice laws exist in many states to reflect the evolution of this form of medicine. These states include: Arizona, Washington, Hawaii, Vermont, and California which have recognized Naturopathic Doctors as primary care providers Connecticut has yet to make these important changes

Specifically, I would like to add the following additional points, which focus on the benefit to the University of Bridgeport Naturopathic College and Connecticut Naturopathic Doctors

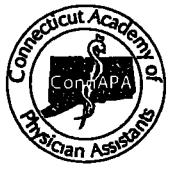
- The University of Bridgeport house one of only 8 naturopathic colleges in the United States. Bridgeport's program is the only naturopathic program east of Chicago.
- Current law has not been revised or amended since 1927 (over 90 years) and is out of sync with other states.
- Current law does not currently meetthe needs and wants of today's consumers who integrate traditional and complementary medical treatments
- NDs (Naturopathic Doctors) in CT are prevented from treating patients to the full extent of their modern medical knowledge, skill and training.
- Outdated regulations inhibit ability to deliver affordable, comprehensive care

- The University of Bridgeport graduates just over 100 naturopathic doctors every year Our students must intern out of state in order to learn and fulfill competencies and obligations they will be required to meet upon graduation
- With changes in the scope of service and therefore opportunities, UB can double the number of students it trains which will create additional economic drivers in CT
- Upon graduation, job and business opportunities are more appealing out of state where scope of services provide professional growth and broader health care services. CT is losing economic development, small business growth and jobs.
- The University of Bridgeport delivers over $2 million a year and free and/or discounted services to a needy population. The scope of services UB can offer is hampered by the current regulations

I strongly support this bill with these added changes and urge the Public Health Committee to pass this legislation.

Respectfully Submitted,

State Representative Auden Grogins



Connecticut Academy of Physician Assistants
One Regency Drive · PO Box 30 · Bloomfield, CT 06002
860/243-3977 · Fax: 860/286-0787 · connapa@ssmgt.com ·
www.connapa.org

March 14, 2014
Testimony on raised bill 5537, "An Act Concerning the DPH Recommendations Regarding Various Revisions to the Public Health Statutes"

Rep. Johnson, Sen. Gerratana, and members of the Public Health Committee,

The Connecticut Academy of Physician Assistants, ConnAPA, is the sole organization representing the interests of the nearly 2000 practicing physician assistants in our state. I am Dan Mussen, a member of our legislative committee. Physician Assistants are of course, key providers of primary care. Our profession is a leader in team based, high quality, cost effective delivery of health and preventative medical care.

We would like to draw your attention to one part of 5537, the DPH revisions bill, in which PAs should be included. In section 43 (lines 1926 and 1927), medical providers are allowed to provide a certificate of exemption from meningitis vaccine for college students. This is of course within the current scope of practice for PAs, and PAs should therefore be added as one of the health care providers.

With primary care provider shortages and the increase in the need for health care accompanying the Affordable Care Act, our health care system is being strained. Within the physician lead health care team, PAs should be allowed to practice to the full extent of their education and training. The inclusion of PAs in this bill is one small example of how legislation can help the health care team provide efficient, high quality care.

Sincerely,

Dan Mussen PA
Member, ConnAPA Legislative Committee

"Oral health for all"

March 14, 2014

PUBLIC HEALTH COMMITTEE TESTIMONY

RAISED H.B. NO. 5537: AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES

Dear Senator Gerratana, Representative Susan Johnson and the members of the Committee,

Thank you for the opportunity to address H.B. No. 5537. I am Mary Moran Boudreau, testifying on behalf of the Connecticut Oral Health Initiative, the only oral health advocacy organization in Connecticut operating under the vision of "Oral Health for All."

We I want you to support the passage of the bill that is found in Sec. 29. Subsection (a) of section 19a-562a of the general statutes which reads "(a) Each nursing home facility that is not a residential care home or an Alzheimer's special care unit or program shall annually provide (1) a minimum of two hours of training in pain recognition and administration of pain management techniques, and (2) a minimum of one hour of oral health and oral hygiene techniques to all licensed and registered direct care staff and nurse's aides who provide direct patient care to residents."

We support this initiative from the Department of Public Health (DPH), as it is an objective of the Consortium on Oral Health for Older Adults which is an outgrowth of the DPH's Task Force on Oral Health for Older Adults.

In 2013, the DPH conducted the Connecticut Oral Health Survey of Vulnerable Adults. The key findings included:

- 42% of Long-term Care facility residents are not getting the dental care they need.
- 37% of the Long-term Care facility residents with teeth had untreated tooth decay.
- The prevalence of untreated decay is more the 2.5 times higher among Connecticut's Long-term Care facility residents compared to the national average for adults 75 years and older.[1]

One action that you can take to start addressing this need is to support the passage of H. B. 5537 which mandates attention to Long-term Care facility residents oral health by the licensed and registered direct care staff and nurse's aides who provide direct patient care to residents

We urge you to pass this legislation. If you should have any further questions, please contact me at your earliest convenience at 860-246-2644 or maryb@ctoralhealth.org.

Regards,

Mary Moran Boudreau

Mary Moran Boudreau
Executive Director

1 Connecticut Department of Public Health, Office of Oral Health The Oral Health of Vulnerable Older Adults in Connecticut, Hartford, Connecticut, June 2013

175 Main Street, Hartford, CT 06106 Phone 860-246-2644 info@ctoralhealth.org www ctoralhealth org

Michelle Lock 5537

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This is by far the best way to Reduce Healthcare Costs!

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- improve coordination of care
- meeting primary care needs
- enhanced education and training
- consistency with ND scope across states
- cost and time savings to patients and 3rd party payers

Thank you

Nicole Miranda

3/14/2014

Dear Chairs, Vice Chairs, and Members of the Public Health Committee,

Thank you for taking the time to hear from each of us today on HB 5537.

My name is Melissa Olive and I am a resident of Woodbridge, CT. I have a doctorate in Educational Psychology and I am a Board Certified Behavior Analyst at the Doctoral Level. I am here today to speak on HB 5537 section 42 number 6.

I first learned about Applied Behavior Analysis (ABA) when I was 11. My mom, brother, and I were trained to use the techniques with my youngest brother, Mac, who has autism and intellectual disabilities. A few years later, I completed undergraduate, graduate, and post-graduate coursework in special education with a strong focus in ABA. I went on to conduct research in ABA as well as to train special education teachers to use ABA in their classrooms.

While I was an Assistant Professor at the University of Texas at Austin (2002), I developed and managed the Behavior Analysis Certification Board (BACB) approved coursework for the master's level students. I began supervising students in their independent fieldwork. I have also worked in private practice overseeing ABA services for children in their homes, communities, and schools. And most recently, I began teaching as an adjunct faculty member at the University of Saint Joseph in West Hartford where I teach Ethics and Profession Issues in Behavior Analysis and I Supervise a cohort of 6 thesis students who are each completing a thesis using ABA.

Please know that I am not here on behalf of USJ, the BACB, or any other entity. I am here as a practicing behavior analysis who resides in Woodbridge, CT but who works in locations such as New Haven, Sherman, Fairfield, Easton, Greenwich, Southbury, Trumbull, and Danbury.

By now you have either read a lot of testimony or you have heard from others about why they are opposed to or in support of this bill. While I have my opinions about the bill, I prefer to provide you with information about what is required to become a BCBA and what is required to be an SLP and let you see for yourself why HB 5537 section 42 [6] is not an appropriate proposal as it is written.

Please refer to the power point handouts at the end of my testimony. Specifically, you will see the BACB requirements for someone to become an appropriately trained behavior analyst. First, the person must possess a master's degree in an appropriate field. The master's degree or the post graduate training program must include 225 class hours in behavior analysis courses. The content must focus on ethics, definitions and characteristics, behavioral assessment, behavioral intervention, experimentally evaluating an intervention, selecting appropriate interventions, and measurement of behavior. Second, while completing the coursework (or soon after) the student must complete 1500 hours of supervised fieldwork through a University practicum or through their own work setting. Throughout that process, the student

must meet with an appropriately trained supervisor who is also a BCBA for 2 hours at least every two weeks. Finally, when all of these steps have been completed, then the individual must sit for and pass the certification exam.

I have provided a couple of illustrative examples of programs in special education, stand alone post-graduate programs, or a full master's program focusing in behavior analysis. As you will see, regardless of whether it is special education, behavior analysis, or simply post-master's work, the coursework is all behavioral in nature.

Now let us look at programs within speech and language pathology. Please know, students in these programs are trained with equal rigor as behavior analysts. I know this because my minor at the doctoral level was in communication disorders. I took 5 courses with other doctoral students in speech and language pathology. These programs are extremely competitive and the smartest of the smart students apply and get selected. However, students in these programs do not take coursework focused on behavior. Instead, they complete courses in speech and language in order to implement intervention in speech, voice, and feeding/swallowing.

I have provided examples of programs at Southern Connecticut State University, the University of Connecticut, and Sacred Heart University (a new program). Many of these programs require undergraduate prerequisites in speech and language. As you will see, across the board, the graduate coursework focuses on areas such as fluency disorders, phonology disorders, language acquisition disorders, voice disorders, and aphasia. None of these courses focus on behavior, behavior analysis, behavior interventions, or even behavior assessment. The only way an SLP could possess the skills of a behavior analyst would be if that individual sought additional coursework in behavior analysis beyond the program in speech and language pathology (SLP).

Similarly, a behavior analyst is not prepared to implement speech and language services such as speech and sound (articulation, apraxia of speech), resonance (hypernasality, hyponasality), voice (pitch, loudness, respiration), fluency (stuttering, cluttering), language (phonology, morphology), and feeding and swallowing (oral, pharyngeal, laryngeal, esophageal) ***unless*** they have completed appropriate coursework and supervision to do so. I personally know several individuals who are both SLPs and BCBAs. Those individuals have been trained and supervised in implementing both types of services.

In closing, please know that I am not opposed to services provided by speech and language pathologists. I am opposed to including behavior analysis as part of their scope of practice. Please do not hesitate to contact me if you have questions about this testimony.

Sincerely,

Melissa L. Olive, Ph.D., BCBA-D
Executive Director,
Applied Behavioral Strategies, LLC

Testimony on HB 5537 (Section 42 number 6)

3/14/2014

Melissa L. Olive, Ph D , BCBA-D

Training to Become a Behavior Analyst

Board Certification in Behavior Analysis (BCBA)

1. Master's Degree in Behavior Analysis or other natural science, education, human services, engineering, medicine
2. 225 Hours of Coursework
3. 1500 Hours of Supervised Fieldwork
4. Passing the Exam

BACB Approved Coursework

- 225 classroom hours of graduate level instruction
- Ethical considerations - 15 hours
- Definition & characteristics and Principles, processes & concepts - 45 hours
- Behavioral assessment and Selecting intervention outcomes & strategies - 35 hours
- Experimental evaluation of interventions - 20 hours
- Measurement of behavior and Displaying & interpreting behavioral data - 20 hours
- Behavioral change procedures and Systems support - 45 hours
- Discretionary behavior-analytic content - 45 hours

BACB Supervised Fieldwork (by appropriately trained supervisor)

- Practicum at University
- Intensive Practicum at University
- Independent Fieldwork (1500 hours)
  - Meet with supervisor 2 hours every 2 weeks
  - Activities include:
    - Conducting behavioral assessments
    - Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs
    - Overseeing the implementation of behavior-analytic programs by others,
    - Training, designing behavioral systems, and performance management,
    - Other activities normally performed by a behavior analyst

Melissa L. Olive, Ph.D., BCBA-D
(info@appliedbehavioralstrategies.com)

Example of SPED Program with Behavior Analysis Focus

- Ethical considerations – Infused in each course
- ABA for teachers (Definition & Principles, etc)
- Challenging Behavior Class (assessment & intervention)
- Single Subject Design Class (experimental evaluation)
- Intervention in the Schools (selecting interventions)
- Communication Intervention (discretionary)
- Home School Collaboration (discretionary)
- Other Educational Courses not behaviorally based
  - Research and/or stats
  - Multi-cultural issues
  - SPED Law

Behavior Analysis Coursework at USJ

- Course sequence if student holds master's degree in appropriate related field

1. Foundation of Behavior Analysis (3 credits)
2. Behavioral Assessment and Program Evaluation (3 credits)
3. Behavioral and Educational Interventions (3 credits)
4. Ethical and Professional Issues (3 credits)
5. Advanced Topics in Applied Behavior Analysis (3 credits)

MS Program at USJ

1. *Foundations of Behavior Analysis*
2. *Behavior Analysis and Program Evaluation*
3. *Behavior and Educational Interventions*
4. *Ethical and Professional Issues*
5. *Advanced Topics in Behavior Analysis*
6. Autism. Nature and Characteristics
7. Autism: Assessment
8. Autism. Application of Instructional Strategies
9. Choose 1.
   - Autism: Communication and Technology
   - Autism: Social Interventions 3 Credits
   - Autism: Sensory and Motor Issues
10. Research Methods in Human Development
11. Evidence-Based Practices in Autism Spectrum Disorders
12. Human Growth and Development
13. Practica with Diverse Populations
14. Thesis Credits (Part I and II)

Graduate Program in Communication Disorders at SCSU

- Undergraduate Prerequisites (not behavioral)
- Graduate Courses (none of which are behavioral)
  - Neurogenic Speech and Language Disorders
  - Research Methods in Communication Disorders
  - Disorders of Phonolgy
  - Cognitively Based Communication Disorders in Adults
  - Disorders of Fluency
  - Language Acquisition Disorders Birth to Five
  - Language Acquisition Disorders School Age
  - Voice and Velopharyngeal Disorders
  - Dysphgia
- Electives (none of which are behavioral)
- Practica (Speech & Language, School, Audiology, & Neuropathology)
- Thesis

Melissa L. Olive, Ph.D., BCBA-D
(info@appliedbehavioralstrategies.com)

Graduate Program in Speech and Language at UConn

- Prerequisite courses (not behavioral)
- Clinical Practicum in SLP
- Motor Speech Disorders
- Dysphagia
- Language Disorders I: Birth to 5
- Articulation and Phonological Disorders
- Introduction to Research Methods
- Electives (one ABA course available)
- Clinical Practicum in SLP
- Aphasia
- Cognitive
- Communicative Disorders
- Language Disorders II- Kindergarten to 12
- Voice Disorders
- Fluency Disorders
- Practica
- Thesis or Project

New Program at Sacred Heart

- Introduction to Communication Disorders
- Phonetics
- Anatomy and Physiology of Speech and Swallowing
- Introduction to Audiology and Hearing Science
- Speech Science
- The Development of Language
- Neurological Bases of Communication and Swallowing
- Clinical Methods and Observation

Alan R. Gaby, M.D.
12 Spaulding Street
Concord, NH 03301
603-225-0134
Email: drgaby@earthlink.net

March 12, 2014

To: Senator Gerratana, Rep. Johnson and members of the Public Health Committee

HB5537

This letter is written in support of allowing naturopathic doctors in the state of Connecticut to prescribe various medications consistent with their training. The current naturopathic scope of practice in Connecticut is very outdated and does not reflect the level of education and training that naturopathic doctors receive. A significant update in the practice act is warranted.

My knowledge of the naturopathic profession is derived primarily from having taught for 9 years at Bastyr University, one of the four accredited institutions in the United States that train students to practice naturopathic medicine. At Bastyr, I taught Therapeutic Nutrition to third-year students and supervised clinic shifts for third- and fourth-year students. In addition, I have worked with a number of practicing naturopaths over the past 30 years, both as a consultant and in the co-management of patients.

Naturopathic medical students study pharmacology during their training, and those who wish to have prescriptive rights may be required to pass a certification examination. In my experience, naturopathic doctors have an adequate understanding of the indications, contraindications, precautions, interactions, toxicities, and dosages for the medications they prescribe. I do not have any safety concerns regarding the granting of limited prescribing rights to naturopaths. Granting those rights would improve continuity of care and decrease the overall cost of healthcare by decreasing the number of doctors that patients would need to visit.

Sincerely,

Alan Gaby

Alan R. Gaby, M.D.

Hello,

My name is Matthew Castanho and I am a first year student in the Naturopathic Medical program at the University of Bridgeport. My expected graduation date is May 2017 and I intensely look forward to the day I will be able to offer my healing services to the public; as was done for me by a Naturopathic physician.

HB5537

When I was 20 years old, I underwent a bout of extreme weight loss, depression, was constantly cold, and lost my general zest for life I was adhering to a healthy diet according to my primary care physician, as is proclaimed by the media, and what still is widely accepted among the general public. It was low in fat, low in cholesterol, moderate in fish, etc. I experienced the unfortunate passing of my mother after a 3 year battle with brain cancer and the experience propelled me in a direction of health, with sights on longevity. For this reason, I became obsessed with eating according to perfection.

After some time, I began to notice that not only was I losing weight, but I was becoming continually fatigued. My libido was declining, my passion for athletics was disappearing, I no longer sought spontaneous adventure, and spending time developing relationships became a chore. I was depressed. I went to see my primary care physician, an MD, and according to my blood work, everything seemed within normal limits.

My father is a CPA and has a number of clients, one of whom is Dr. Frank Aieta, ND out of West Hartford. It was around this time I'd been interested in nutrition (yet an accounting major at the University of Connecticut) so we three went out to dinner one evening in order to learn more about Frank's career. He discussed his education, explained what he did as a Naturopath, and offered a free consultation. I gladly accepted.

Upon presenting my symptoms to Frank, he inquired about my lifestyle habits, diet, and sleep; all questions I'd never been asked by medical doctors. He gave me a blood work form to complete and when the results returned, they were near identical to the one I'd gotten earlier by my primary care. However, Frank's interpretation was vastly different. While I did fall within normal ranges, the ranges were enormous and I was on the extreme low end for cholesterol, testosterone, and thyroid hormone. That explained the poor libido, lack of sexual appetite, and general lethargy. To rule out any pathology, Frank referred me to Dr. Beatriz Tendler, MD, of UConn's Health Center.

Dr. Tendler ran a pathology scan, which fortunately returned negative, and reviewed my blood results, offering me synthetic testosterone and thyroxine (synthetic thyroid hormone). At 20 years old, I knew that if I were to get on these pharmaceuticals, I would be on them for life. I opted alternatively

I returned to Frank for a follow-up and he explained the physiology of what was happening in my body. Not only was my diet lacking in fat, a necessary substrate for hormone synthesis, but I was likely experiencing some heavy metal toxicity, which would explain the suppressed active thyroid hormone He had me get tested for mercury (given my fish consumption) and sure enough, the results came back strongly positive.

After some consultation, he entirely changed my diet, supplied me with herbs to detox the mercury, and balanced my body chemistry with specific nutrients I was lacking. Within a week I was feeling substantially better, my energy levels were back online, my libido was increasing, and my zest for life seemed to be returning. I was feeling alive again.

Today I sit here writing this email, about to turn 24 on Sunday, and so incredibly grateful for my experience with Frank. He took me from a sickly state and allowed me to flourish into who I am today without the use of pharmaceuticals that I would otherwise be dependent on for life. To make a long story short, I changed my career path from Accounting to Nutritional Sciences and Psychology, with a concentration in Biochemistry, and now I am nearly through my first year in Naturopathic medical school. I am healthy, active, physically strong, and happy.

I am incredibly passionate in the natural healing capacity of the body and strongly believe that a doctor should support this process, not circumvent it with pharmaceuticals. However, that does not discount the fact that in acute circumstances I whole-heartedly applaud its efficacy. I plead that an amendment be made to Bill #5537 to expand the scope of practice for Naturopaths. When I graduate, I would like to serve as primary care physician for my patients, and so I will require a defined list of prescriptive rights, the ability to order and sell medical equipment, and the ability to perform minor surgery in office; all skills I will be learning as a student over these four years at the school.

Please consider my story and recognize the immensely beneficial impact Naturopathic physicians are having on the wellness of the public and the individual.

Connecticut needs to show its support.

Thank you,

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