SB 894, An Act Concerning Persons Who Decontaminate Medical Instruments

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 894, An Act Concerning Persons Who Decontaminate Medical Instruments**. CHA supports the goal of providing safe and quality care to all patients, but has concerns with the bill as currently drafted.

The bill seeks to create a new category of credentialed healthcare workers—specifically “central service technicians.” Under the bill, these technicians would be the only individuals, other than licensed healthcare providers working within their scope of practice (or students under their supervision), who could legally decontaminate, prepare, package, sterilize, store, or distribute reusable medical instruments or devices in hospitals or surgical centers. CHA opposes the bill as written because it includes too broad a scope of activities, and narrows the professionals who can perform these activities.

As drafted, the bill would have unintended consequences that could negatively affect patient care, create unnecessary delays, and apply administrative burdens that have no proven evidence-based relationship to quality care or patient safety. For example, because the bill would make it illegal for any non-licensed person other than a certified central service technician to store or distribute reusable medical devices, a registered pharmacy technician, with or without pharmacist supervision, could no longer take a glucose monitor off the shelf to prepare it for patient use. A patient care assistant could not wheel a cart carrying sterilized and packaged device cartridges into the operating room. A medical assistant could not retrieve a physician’s stethoscope from her office and hand it to her in an exam room. These are all safe and common practices where “reusable medical devices” (as the FDA defines that term) are used.

Connecticut hospitals currently set appropriate competencies and job requirements for individuals who work within the hospital, including individuals who decontaminate, prepare, package, sterilize, store, or distribute reusable medical instruments or devices. Hospitals have infection control committees, infection prevention professionals on staff, quality assurance and improvement committees, and materials and technical services committees. Hospitals have a myriad of training and educational requirements, and participate in FDA programs and training specific to medical device reuse. All of these elements have a role in ensuring that instruments and devices are safe and ready for use when needed.
While we applaud the goal of moving toward a specific structured role for central service technicians, it is not safe or appropriate to make a wholesale leap to assuming that course is correct without the necessary specificity of what a technician does, what others are permitted to do, and without accounting for the full scope of what is included in reusable devices or instruments.

Even if the bill was tailored to avoid being overly broad, the bill as drafted is flawed in that it does not permit “on-the-job training,” which is one of the primary routes to certification. It also contains a very limited grandfather provision that would give current hospital employees, some of whom have worked at this job in excess of twenty years, only eighteen months to become certified—or be out of a job.

CHA urges the Committee to encourage the proponents to submit this proposal through the Department of Public Health’s Scope of Practice review process, where each of these important issues can be fully researched and vetted by all interested parties. Should the Committee wish to move the bill forward, we respectfully request that we be able to work with the Committee and interested parties as part of the process of refining the language of SB 894.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.