



**TESTIMONY OF
KAREN M. BUCKLEY
VICE PRESIDENT, ADVOCACY
CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE
PUBLIC HEALTH COMMITTEE
Monday, March 13, 2017**

**HB 7174, An Act Allowing Certain Hospital Personnel To Administer A Saline
Flush To An Intravenous Line**

My name is Karen M. Buckley, and I am the Vice President, Advocacy, Connecticut Hospital Association (CHA). The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7174, An Act Allowing Certain Hospital Personnel To Administer A Saline Flush To An Intravenous Line**. CHA supports the bill.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

One of the key goals of providing care to patients is achieving patient satisfaction. In an effort to improve care, new technology has been approved on the federal level that permits blood to be drawn from a line that is already inserted, dramatically reducing the number of needle sticks for patients. When the blood is drawn from the existing line, good medical care requires that the line be flushed with saline. Current Connecticut law requires the flushing to be done by a licensed professional. This proposal would permit those drawing blood, with appropriate training, to flush the line with pre-filled saline.

Recently, CHA worked with the Department of Public Health to draft the language contained in the bill. CHA thanks the Committee for raising this bill and respectfully requests the minor language changes below to address a technical issue and the concerns raised by the CT Nurses Association.

Section 1. (NEW) (*Effective October 1, 2017*) (a) As used in this section

(1) "Normal saline" means a nine-tenths of one per cent sodium chloride solution that does not contain additives and is suitable for administration to a hospital patient;

(2) "Prepackaged" means prepared by a pharmacy or a manufacturer in a sterile environment; and

(3) "Peripheral IV" means a peripherally inserted intravenous line.

(b) The flushing of a peripheral IV with prepackaged normal saline may be performed at a hospital by unlicensed hospital personnel responsible for drawing blood and trained under a protocol approved by the hospital. The hospital-approved protocol shall indicate the level of supervision and training required for unlicensed hospital personnel who perform flushing of a [prepackaged] peripheral IV. Such training shall include education about aseptic technique and infection control. The hospital shall document and maintain such protocol at the hospital for not less than two years from the date of implementation of such protocol. The flushing of a peripheral IV with prepackaged normal saline shall not be considered the administration of medication.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.