

**Testimony of Yale-New Haven Hospital
Submitted to: Public Health Committee
March 11, 2004**

**In Support of HB 5635, AAC CERTIFIED MEDICAL ASSISTANTS AND
TESTING BY RESPIRATORY THERAPISTS**

Yale-New Haven Hospital appreciates the opportunity to testify in support of HB 5635, AAC CERTIFIED MEDICAL ASSISTANTS AND TESTING BY RESPIRATORY THERAPISTS. The bill seeks to permit Respiratory Care practitioners to administer and read tuberculin skin tests for patients in an effort to ensure testing of all patients at high risk of tuberculosis.

Tuberculosis remains the largest single cause of infectious disease death in the world and presents a significant public health challenge. In the United States, approximately 5% of American-born persons have latent tuberculosis infection. The prevalence of latent tuberculosis infection in the world is substantially higher. Thirty percent of the world's population, or an estimated 2 billion individuals, are infected with *Mycobacterium tuberculosis*, the causative agent of tuberculosis. Tuberculin skin testing is the single most reliable method to identify latent tuberculosis infection and represents the standard of care in screening for latent tuberculosis infection. Persons with latent TB represent the reservoir from which most active TB cases arise. Identifying these persons through screening will 1) facilitate appropriate medical evaluation, 2) allow institution of medical therapy when appropriate, and 3) decrease the public health risk of tuberculosis.

Many patients admitted to hospitals meet CDC and American Thoracic Society Guidelines for TB screening because they have one or more high risk medical conditions which place them at risk for developing active TB following latent infection. The CDC stated that: "Health care providers should administer tuberculin tests to all patients who have medical risk factors that substantially increase the risk for TB. These patients should be screened in settings where they receive primary or subspecialty care ... or on admission to a hospital."

Tuberculin skin testing is accomplished via an intradermal injection of purified protein derivative of tuberculosis (commonly called PPD). PPD is biologically inactive, and poses no risk to patients. In a hospital setting, respiratory care practitioners participate in the diagnostic evaluation, therapy, management, and rehabilitation of patients with illnesses affecting the cardiopulmonary system. At Yale-New Haven Hospital, respiratory care practitioners assist in taking care of many of the sickest patients in the hospital, and are heavily involved in patient care in the intensive care units as well as on the regular medical/surgical wards. Respiratory care practitioners are already involved with patients suspected of active TB because of their role in sputum induction to obtain clinical specimens for mycobacterial culture. It is logical to use their expertise to improve the practice of tuberculin skin testing in the hospital. The tuberculin skin testing performed by respiratory care practitioners will improve the process of tuberculin testing. Physicians will still decide which patients are appropriate for screening.

Please support HB 5635 to help facilitate control of the significant public health risk tuberculosis continues to pose in Connecticut. Thank you for your consideration of this very important public health issue.