



STATEMENT OF AMERICAN MEDICAL TECHNOLOGISTS
ON RAISED SENATE BILL NO. 459
AN ACT CONCERNING MEDICAL ASSISTANTS
Public Health Committee – Connecticut General Assembly

Presented by Christopher A. Damon, J.D., Executive Director

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I am Christopher A. Damon, Executive Director of American Medical Technologists (AMT). On behalf of AMT, I would like to express my appreciation to committee Co-Chairs Gerratana and Johnson, Ranking Members Welch and Srinivasan, and all the other members of the Public Health Committee for affording AMT the opportunity to present this statement on Raised Senate Bill No. 459 (SB 459). SB 459 would authorize physicians and doctors of osteopathy to delegate the administration of certain forms of medication to appropriately trained and credentialed medical assistants, under specified conditions and within certain limitations.

By way of identification, AMT is a national nonprofit certification organization and professional society for allied health personnel including medical assistants, clinical laboratory technologists and technicians, phlebotomists, and related healthcare personnel. At the close of its 2013 fiscal year, AMT had 59,150 active member-certificants nationally. Of AMT's active membership, a majority – more than 38,500 – are certified as Registered Medical Assistants (RMAs). Of those, approximately 700 RMAs reside in the State of Connecticut.

The Registered Medical Assistant credential is one of the longest-established and most widely respected certifications for medical assistants in the United States. AMT began certifying RMAs in 1972. Since its inception, the RMA certification program – like all of AMT's exam-based certifications – has been fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence.

AMT participated actively in the Medical Assistant Scope of Practice Review Committee process conducted by the Connecticut Department of Public Health under Public Act 11-209. AMT had two appointees on that Review Committee, whose final Report to the General Assembly was issued February 1, 2013. The Review Committee's Report (at p. 10) expressly recognized the RMA(AMT) as one of two preeminent

credentials for medical assistants nationally, along with the CMA(AAMA) credential awarded by our colleagues at the American Association of Medical Assistants (AAMA).

Following issuance of the Review Committee's Report, AMT collaborated with other stakeholders to draft legislative concepts that would allow physicians in this State to delegate appropriate forms of medication administration to qualified medical assistants. Currently there is a critical need for such legislation, as Connecticut is one of only two states in the U.S. in which medical assistants may not lawfully give any form of injections, even under direct supervision of a licensed doctor of medicine or osteopathy. In each of the drafts that were circulated amongst the various stakeholder groups, the RMA(AMT) certification was recognized as an accepted credential for medical assistants to administer medications, including non-intravenous injections, under the specified conditions.

AMT therefore was quite taken aback when SB 459 emerged from the Legislative Commissioners Office (LCO) drafting process without the RMA having been included as a recognized credential in the definition of "Medical assistant" in Section 1(1) of the bill. As introduced, the bill would recognize only the CMA(AAMA) credential, and any medical assistant holding another certification would remain unqualified to administer injections in the State. We believe this omission was a drafting oversight, as until now there has been absolutely no controversy over the inclusion of the RMA as an accepted credential for purposes of the legislation. Indeed, in the 48 states that already allow physicians to delegate injections to medical assistants, RMAs are either implicitly or explicitly included among those medical assistants to whom such delegations may be directed.¹

Because Connecticut presently is one of just two states whose laws do not allow physicians to make full use of the scope of practice for which medical assistants are educated and trained, AMT strongly endorses the need for SB 459. However, we can support the legislation only if Section 1(1) is amended to include AMT's Registered Medical Assistant credential. It is AMT's understanding that the Connecticut State Medical Society (CSMS), AAMA, and CSMA all support this correction.

Assuming the above-described omission is corrected, AMT has only one other recommendation for modification to SB 459. Section 1(1)(C), as introduced, would

¹ Most states allow physicians to delegate medication administration, including injections, to unlicensed medical assistants without establishing specific education and certification requirements for such assistants. The handful of states with laws, regulations, or published policies that expressly address medical assisting and which recognize specific certifications uniformly include the RMA credential among those accepted. Those states include Arizona, California, Florida, New Jersey, North Dakota, South Dakota, and Washington.

require a medical assistant to have completed an education program that includes a clinical externship of at least 160 hours “at an outpatient clinic.” Because many, if not most, medical assisting students complete their externships in a physician office and not an “outpatient clinic” as defined in the General Statutes, AMT joins our colleagues from the AAMA and CSMA in requesting that section 1(1)(C) be amended to read: “...that includes an externship at an outpatient clinic **or physician’s office** of not less than one hundred sixty hours.”

In closing, AMT applauds the Department of Public Health for its outstanding leadership in conducting the Medical Assistant Scope of Process Review Committee process last year, and in issuing an excellent and comprehensive Report to the General Assembly. The need for medical assisting legislation is clear. We strongly support Raised SB 459 if the bill is amended as recommended above.

Thank you for the opportunity to present AMT’s views on the legislation.