



**Testimony Presented by William Ehlers, M.D.**

**On**

**March 16, 2015**

**SB 981 AN ACT CONCERNING MEDICAL ASSISTANTS.**

Good Morning Senator Gerrantana, Rep Ritter and members of the Committee on Public Health. My name is William Ehlers, M.D. I am a board certified ophthalmologist practicing in Farmington, CT at UCONN Health. Today I am speaking on behalf of the over 1,000 physicians of the Connecticut Society of Eye Physicians, Connecticut ENT Society, Connecticut Dermatology and Dermatologic Surgery Society and Connecticut Urology Society in regard to Raised Bill 981, An Act Concerning Medical Assistants.

The language of this bill which would allow certified medical assistants to administer medications “under the order of a licensed health care provider” by a variety of routes including “administration of medication orally, by inhalation or by intramuscular, intradermal or subcutaneous injection, including, but not limited to, the administration of a vaccine” is troubling.

A period of training is specified that includes not less than twenty-four hours of classroom training and not less than eight hours of training in a clinical setting regarding the administration of medications. Three days of classroom training and a day in the office. Less than one week. The bill further specifies that the administration is to be only “under the direct supervision of the licensed professional”.

A wide variety of health care providers have gained full or limited prescriptive authority in recent years. While we are respectful of the contributions they make to health care in Connecticut, allowing all licensed providers the same oversight authority seems premature.

Physicians’ training in the area of pharmacology, physiology and disease processes is mastered over many years of classroom work and supervised clinical training. In contrast, many providers who now have prescriptive authority – from APRNs to

Physician's Assistants and Chiropractors to name a few -- have lesser degrees of training and expertise. This raises significant concerns.

Connecticut is a small state with a large number of physicians, and it only seems prudent to take the safest course, limiting the proposed three year pilot project to oversight by physicians, and not all licensed health care providers. A deliberate and comprehensive approach should be undertaken, and studied to assess the viability of this program while preserving the safety of physician directed care.

In the practice of Ophthalmology we have a long history of utilizing medical assistants in the form of Ophthalmic Technicians to help us provide efficient, high quality medical care. The medical specialists I represent are eager to participate in this pilot project, but the project must proceed with great care to ensure that the people of Connecticut receive the highest quality care. The inclusion of all licensed health care providers, some of whom are new to prescribing, could jeopardize the health of Connecticut citizens. It is important that we preserve safe guards and adequate oversight for all assistants who administer medications to patients, and further evaluation regarding the details of optimal implementation is strongly encouraged.

Thank you for your attention.