

TESTIMONY OF
THE CONNECTICUT SOCIETY OF MEDICAL ASSISTANTS AND THE AMERICAN
MEDICAL TECHNOLOGISTS

SUBMITTED TO THE PUBLIC HEALTH COMMITTEE

MARCH 16, 2015

SB# 981: AN ACT CONCERNING MEDICAL ASSISTANTS

Dear Senator Gerratana, Representative Ritter and members of the Public Health committee:

My name is Holly Martin, CMA (AAMA), I am the public policy chair and immediate past president of the Connecticut Society of Medical Assistants (CTSMA).

The (CTSMA) and the American Medical Technologists (AMT)¹ support the concept of bill SB#981 but have concerns with it as written.

Before outlining our concerns we feel it's important to detail the critical role that medical assistants play in the health and well being of the people in our community. Medical assistants are caring allied health professionals educated and trained to work in outpatient settings (e.g., medical offices and clinics) under the direct supervision of the physician. Essentially, medical assistants are the most versatile members of the healthcare team, skilled at multi-tasking and the backbone of the physician office. We are usually the first person the patient sees, before seeing the physician, as well as the last. The patients entrust their problems and secrets to us so we can relay them back to the physician and they will get the proper care they need.

The changes contemplated in SB981 will have a significant impact on medical assistants. **The concept is correct but we ask that the language be more inclusive. The way the bill is drafted it would prevent most medical assistants from participating in the administration of medications. In particular, by limiting the definition of "medical assistant" to those practicing at a federally qualified health center (FQHC) that has received either (a) Patient-Centered Medical Home recognition from the National Committee for Quality Assurance, or (b) Primary Care Medical Home Certification from the Joint Commission, the bill is too narrow and should instead apply to all physician office practices and outpatient clinics. (Lines 8 – 12). There are only ten (10) FQHCs in Connecticut, some with multiple locations, but the vast majority of medical assistants in the state practice in settings other than FQHCs.**

We also ask that the education provisions of this bill be clarified and streamlined. We concur with the requirement for graduation from an accredited postsecondary medical assistant education program (lines 4-8), but we see no need for the redundant requirement that the medical assistant have at least 24 hours of classroom training and eight hours of clinical training in medication administration (lines 23-27). Those training requirements are included as part of the didactic and clinical curricula in accredited medical assisting education programs, which typically include a minimum of 600 hours' classroom training and 120 hour clinical externship. We also feel it would be difficult for employers to independently verify that a medical assistant had obtained the 24 hours of classroom training and eight hours of clinical training in medication administration when such training is typically embedded within the curricula of accredited education programs.

We don't object to a pilot program but ask that the authorized practice scope be made permanent after the three years unless the General Assembly affirmatively acts to rescind the authorization. Should the committee wish to move 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 to ensure that any changes in the scope of practice reflect the education and training of a medical assistant and the right to practice to the full extent of our education and training as in 48 other states!

Connecticut is one of only two states in the nation where medical assistants are not allowed to give medications and not allowed to practice to their educational training. We learn it but can't do it. In all other states medical assistants are either expressly or implicitly permitted under state medical practice laws to administer medications. There are 22 states where medical assistants can administer medications without restrictions, 14 states that have specific rules and others that have no rules at all and medical assistants have been giving medications without incident. The formal recognition of a practice scope that does justice to the training and skills of appropriately credentialed medical assistants continues to expand nationally as more and more states enact laws and regulations allowing licensed medical practitioners to delegate medication administration to medical assistants. This might be new to Connecticut but it is not new to other states. The AAMA keeps a list of active Medical assistants on their website to which it is available to employers. That list is also sent to the Connecticut DPH so it can be viewed there as well.

In 2013 the CTSMA and our National organization the AAMA (American Association of Medical Assistants) went to the DPH and submitted a Scope of Practice request to enable physicians to delegate medication administration to medical assistants in outpatient settings, and establish mandatory education and training requirements and a recognized scope of practice for medical

assistants who engage in medication administration. The scope of practice review committee was an amazing committee (23) made up of many different allied health professionals, physicians and representatives from the CTSMA and AMT organizations. We met every week or two for a few months with lots of encouraging feedback and positive results. We reviewed every aspect of this change of scope of practice, including education and training requirements, public health safety and risks, whether the request would enhance access to quality and affordable care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training.

The committee evaluated all the literature and information presented and found that the medical assistant was indeed educated and trained to administer medication under the direct supervision of a licensed physician. Accredited education and training programs that lead to certification as a medical assistant have been in place for many years in Connecticut and other states and include coursework and clinical training in pharmacology and medication administration. The AAMA and AMT offer examination and certification programs that could be utilized in Connecticut as the standard for medical assistants who are delegated the task of medication administration. Mandatory certification would ensure that all medical assistants who administer medication have met the same minimum qualifications.

We worked together with many specialty practices and organizations to get issues and concerns resolved to best fit everyone. In conclusion it was decided that a couple of terms needed to be addressed so all involved would have a clear perspective of what those terms (e.g., physician, outpatient setting, direct supervision, certified medical assistant) meant, and we worked out some medication route issues and what types should be excluded.

On page 17 of the DPH report to the general assembly it states that even though the proponents of the scope of practice review are not opposed to establishing a new licensure category, allowing physicians to delegate medication administration to medical assistants can be accomplished through statutory recognition. Statutory recognition is another option that would ensure that all medical assistants who administer medication have met the same minimum qualifications related to competence and that they are practicing safely in accordance with a recognized scope of practice, and would have no cost to the state. Under statutory recognition model, physicians who delegate medication administration to medical assistants are held accountable. The DPH would have no authority to take disciplinary action against the medical assistants.

Overall it was a positive experience with lots of hours spent working together to solve issues that were presented. The majority of the scope of practice committee agreed that the concerns that were identified regarding potential quality and safety risks associated with

allowing licensed physicians to delegate medication administration to medical assistants can be addressed through legislation.

In conclusion we feel that allowing medical assistants to administer medications will benefit the patients because there will be more appropriately educated and tested allied health professionals who could administer medications as directed by a licensed health care provider. It will allow the licensed health care provider to see more patients and focus more on assessment and clinical care. The patient can come to the office if they just need a flu shot or immunization so the records are where they belong. It will also bring the patient back to the physician, who knows them best.

Thank you for your time and if you have any questions I would be happy to answer them.

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CTSMA public policy chair

Immediate Past President CT Society of Medical Assistants

(Testimony endorsed by American Medical Technologists (AMT) and the Tri State (CT-MA-RI) Society of AMT)

¶ The CTSMA is the state affiliate of the American Association of Medical Assistants (AAMA). The AAMA and AMT are the two leading national certification bodies for medical assistants. Both the Certified Medical Assistant CMA (AAMA) and the Registered Medical Assistant [RMA (AMT)] certification programs are accredited by the National Commission for Certifying Agencies, the accreditation arm of the Institute for Credentialing Excellence. Presently there are about 1128 medical assistants who hold a current CMA (AAMA) certification, and about 946 individuals holding a current RMA (AMT certification, residing in the State of Connecticut.