# CONNECTICUT SOCIETY FOR RESPIRATORY CARE

Connecticut Society for Respiratory Care (CTSRC)

Statement of Lisa Mariani BS, RRT
Medical Assistant Bill (SB 981)
March 16, 2015

Members of the Public Health Committee:

I am Lisa Mariani, a Registered Respiratory Therapist who has practiced in Connecticut for 25 years in a hospital setting. Currently, I practice at St Vincent's Medical Center as a clinical supervisor. I am the President of the Connecticut Society for Respiratory Care (CTSRC) and am representing the organization today. There are approximately 1,800 licensed Respiratory Therapists in Connecticut.

The CTSRC was represented on the scope of practice review committee regarding the Medical Assistant Bill. We presented our concerns throughout the process. Again, we would like to offer brief comments on a specific area of the bill line 21, which has not changed since our testimony last year:

"The supervising licensed health care provider may delegate to a medical assistant under this program the administration of medication orally, **by inhalation** or by ……"

One of the major areas of a Respiratory Therapist's work in treating patients is medication administration. We work closely treating, monitoring and educating our patients with cardiopulmonary disease, such as COPD and asthma. Respiratory Therapists, being licensed in the State of CT, must graduate from an accredited Associates Degree or Bachelors Degree program. Respiratory Therapists must take national board exams to get the required credential to become licensed. Certified Respiratory Therapist is the minimum credential but our programs are preparing graduates to practice at the higher registered therapist level so the majority of the Respiratory Therapists take the advanced national exam to become a Registered Respiratory Therapist.

Respiratory therapists have extensive training in assessment, cardiopulmonary disease management, cardiopulmonary pharmacology, and treatment modalities. Respiratory therapists are educated in preventing and recognizing adverse reactions. Of all health care providers who deliver/teach the use of inhaled medications, Respiratory Therapists have the highest positive impact on the patient's ability to deliver the medication effectively through Metered Dose Inhalers (MDIs), Dry Powered Inhalers

(DPIs) and small volume nebulizers (SVNs). Respiratory therapists are the experts when it comes to training and education in all the inhaled techniques and unique delivery methods. Respiratory Therapists also keep current on the new medications being prescribed to patients and the various delivery methods with both new and old medications, which vary significantly.

Additionally, medication administration requires preparing proper dosages of medications with necessary diluents. Some of these medications cannot be combined with other medications, while others MUST be combined with other medications in order to prevent side effects. Assessments of patient response must be made during and after delivery of medication and requires the ability to respond in a timely appropriate manner to prevent and address adverse outcomes.

Medication non-adherence has been estimated to cost the US health care system between $100 billion and $289 billion in direct costs. [17] Patient education and proper device selection for both inhalers and oxygen systems are critical for optimal clinical outcomes and cost effectiveness. Respiratory therapists are experts in this field and the added time they can spend with the patient to assist the physician can be invaluable.

"Mastery of both the art and science of aerosol delivery can have a profound impact on appropriately matching medications and delivery devices to optimize your patients' clinical outcomes. [20]

Medical Assistants receive minimal education regarding the physiology of the cardio-respiratory system, and no education with regards to related pathology and the indications and risks associated with interventions such as the administration of aerosolized medications.

We, the CTSRC, believe only individuals who have received comprehensive training and are competency tested should be administering inhaled medicines to patients that would ensure patient safety in this area. We do not believe the Medical Assistant training today is extensive enough in this area to demonstrate competency in the multiple mechanisms of inhaled medication administration, thus presenting a patient safety risk.

In closing, I thank you for your time and effort in keeping our patients safe.
Respectfully

Lisa Mariani BS, RRT
President- CTSRC

## References

[17] Agency for Healthcare Research and Quality. Evidence Report/Technology Assessment Number 208. 4. Medication Adherence Interventions: Comparative Effectiveness. Closing the Quality Gap: Revisiting the State of the Science. Executive Summary.

[20] Papi A, et al. Editorial: Inhaler devices for asthma: a call for action in a neglected field. *Euro Respir J* 2011:37:982-985.