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Testimony Submitted in Support of SB 981, An Act Concerning Medical Assistants.

Senator Gerratana, Representative Ritter, and members of the Public Health Committee:
Thank you for this opportunity to testify in support of SB 981, An Act Concerning Medical Assistants.

My name is Mary Blankson, and I am the Chief Nursing Officer of the Community Health Center, Inc. I am speaking today in support of SB 981, An Act Concerning Medical Assistants. I want to thank the Public Health Committee for their vision and understanding of the challenges and opportunities for advancing the practice of primary care in Connecticut. This is evidenced by SB 981, which establishes a three year pilot program under which a medical assistant at a FQHC may administer medication, under the order of a licensed healthcare provider who is a member of the staff of the FQHC.

The Community Health Center, Inc. is Connecticut's largest FQHC, with 130,000 active patients cared for in our primary care sites across the state. We employ 74 medical assistants as well as 40 RNs and LPNs. CHC, a Level 3 patient centered medical home, is organized on a team-based model of care in which all members of the team practice to the fullest extent of their education and training, within the guidelines of scope of practice and regulation. Each primary care "team" includes a primary care provider (MD, NP, or PA), and a medical assistant; each team shares an RN and a behavioralist with another team.

The role of the medical assistant in primary care has changed dramatically over the years based on research, technology, and the demands of an ever more complex environment. While once the medical assistant primarily collected vital signs, "roomed" the patient, and assisted during procedures and exams, today they play a much different role. They are active in carrying out age and condition specific screenings, performing CLIA waived laboratory tests, and providing targeted patient education. They are graduates of accredited, postsecondary medical assistant programs accredited by either the CAAHEP or the ABHES. They are masters of the electronic health record and serve as an essential link between the patient and all other team members.

Patient safety and quality of care are our paramount concern when considering this legislation. In many practices around the country, both FQHCs and non-FQHCs, medical assistants already are charged with the responsibility of administering medication, including immunizations and nebulizer treatments. In fact, this is by far the norm, and not the exception because in forty eight states, medical assistants are either explicitly allowed in statute to administer medications, or there is no prohibiting statutory language that prevents them from doing so. Patient safety is best protected by rigorous training, supervision, and appropriate policies, procedures and protocols.

Serving underserved and uninsured patients at Connecticut's largest network of community health centers.



In order to meet the demands of today's high performance primary care setting, we need to ensure that everyone does indeed practice to the top of their license, certification, and training. When we achieve this, we free up additional and vitally needed resources to engage in the work of primary care that improves health outcomes for our patients. Today, our registered nurses are asked to manage care coordination, transition management, complex care management, disease management education and training, triage, and the like. They are significantly restricted in their ability to carry out all these responsibilities because of the time that is devoted to giving immunizations, in particular. Far from replacing nurses in primary care, we believe that allowing medical assistants to administer medications as called for in SB 981 will allow nursing to play an ever greater and more effective, patient-centered role in primary care.

We recognize that there are always concerns that accompany a change in scope. We applaud the approach of the pilot program which is specific to federally qualified health centers, under the supervision, control and responsibility of a supervising health care provider. The types of controls in place in community health centers such as the Community Health Center guarantee the oversight and supervision that is called for in the legislation, but also provides an opportunity to evaluate the impact of allowing medical assistants to administer medication in the primary care setting.

The Community Health Center, Inc. is eager to participate in this pilot program and thanks the Committee for considering this forward-thinking legislation.