

TESTIMONY OF

THE CONNECTICUT SOCIETY OF MEDICAL ASSISTANTS AND THE AMERICAN MEDICAL  
TECHNOLOGIST

SUBMITTED TO THE PUBLIC HEALTH COMMITTEE

MARCH 4, 2015

SB# 981: AN ACT CONCERNING MEDICAL ASSISTANTS

Dear Senator Gerranana, Representative Ritter and members of the Public Health Committee:

My name is Tabitha Opie. I am a volunteer on the legislation committee for the Connecticut Society of Medical Assistants with the AAMA. I am support the concept of the bill SB#981.

I have not always been in the medical field. For 13 years I was a preschool teacher certified in CPR, First Aid, and trained in Medication Administration. As a teacher I was administering first aid, CPR, Tylenol, Benadryl, albuterol, epi-pen, and trained to administer emergency insulin injections to students in need.

Presently, I am a Certified Medical Assistant with the American Association of Medical Assistants (60 ceu renewal), a Registered Medical Assistant with American Medical Technologist (30 ceu renewal), and A Certified Phlebotomist Technician through the National Phlebotomy Association (1.8 ceu renewal). I am a graduate of Branford Hall. In my training as a Medical Assistant, I have had 840 contact hours of classroom and hands on training. My training has included many topic areas which include but are not limited to core academics, Law and Ethics, Medical Office Procedures, Insurance, Billing, and Coding, 60 hours of Anatomy and Physiology, 60 hours of Medical Terminology, 60 hours of Pharmacology. I have the option of auditing any attended class to retain my knowledge in any of my training at any time of my career.

I work in a private pediatric office with pending Patient Centered Medical Home status. Our private practice is not a Federally Qualified Health Center. We currently have seven licensed medical doctors, three nurse practitioners, and a pediatric endocrinologist.

My job title is a Medical Assistant. Assist is exactly what I do. I am split part time between two locations 2 1/2 days a week I am with the pediatric office.

During my time at the pediatric office my main duties include but are not limited to all clinical care, labs, scheduling, ordering, stocking, cleaning, answering telephone calls, and filing.

The remaining 2 1/2 days of my work week are spent at the pediatric endocrinologist office- where I remain the sole employee of the office. It is there, where I wear every hat, reception, clinical, and billing.

Now that you understand the role of a medical assistant a little bit let me get to the reason why I am in favor of Bill #SB981 supporting medical assistants administering vaccines and medication.

Within my practice: In the Endocrine office, some of my patients require hormone injections, unfortunately, they are sent to their primary care doctors where a nurse can perform the injection. Being able to offer these injections in the office will save the patient money on copays, travel expenses, and hours lost at work. In addition, they will not need to waste more time waiting at another office just to have the injections administered. Furthermore, our Endocrine practice has elected to deny treatment of insulin dependent diabetics, due to the cost of needing to hire a nurse to administer the insulin. Allowing medical assistants to administer medications will allow the Endocrine department to open its services without any exclusion, to service the "whole" community. In the Pediatric office, patients seem to be waiting at great lengths for the change of command from MA to nurse then, for nurses to keep up with the quantity of patients who require vaccinations and medications. Allowing medical assistants to administer vaccines and medications will allow for continuity of care and steady flow of practices. In addition, over the last few months, 1 out of every 10 patients that I have surveyed, have gone to a mini clinic to have a flu shot done because it was faster.

Within the community: Doctors' offices are trying to stay small and private and to do so they tend to hire medical assistants. Medical assistants are cross trained within the scope of the whole office at a lesser cost to an employer. This allows offices to hire fewer nurses, more medical assistants, and save money. In addition, the small practices are losing patients to the clinics and local drug stores for vaccines with no wait times. Most offices are hiring minimal nurses to save on costs which is now causing unnecessary waiting for patients. By allowing medical assistants to administer medications and vaccines, it allows for more continuity in the patient care team, speeds up check out for the patient, and keeps patient care with the patients' provider.

In conclusion, allowing Medical Assistants to administer vaccines and medications is not to solely benefit the Medical Professional, It is truly to benefit the patients and the communities.

Thank you for your time.