

Public Hearing March 16, 2015

Testimony: **SB 981 An Act Concerning Medical Assistants**

Public Health Committee:

Senators Terry B. Gerratana, Joseph J. Crisco, and Joe Markley; Representatives Matthew Ritter, Emmett D. Riley, and Prasad Srinivansan, and members of the Public Health Committee

My name is Edith Ouellet. I have practiced as a Registered Nurse for twenty-eight years; I am currently the Acting Director of Nursing and Allied Health at Three Rivers Community College in Norwich and a doctoral student at Southern Connecticut State University. I am here to speak in opposition to of SB 981, an Act Concerning Medical Assistants.

The establishment of a pilot program allowing medical assistants to administer medications places the public at an increased risk for adverse drug events. Adverse drug reactions may result in permanent injury or death and cost the country \$3.5 billion annually. It is also important to note that 40% of the costs for adverse drug events in ambulatory care settings are preventable (CDC, 2012). Utilizing assistive personnel in this manner will place a larger burden on health care costs.

Medication administration is not a simple task; rather it is a complex process that requires critical knowledge and skills to avoid adverse drug events. The medical assistant does not have the clinical education or the theoretical knowledge to perform correct assessments and evaluations surrounding safe medication administration and management. Those who are licensed to administer medications must understand how the body absorbs, distributes, metabolizes, and excretes medication. They must also be cognizant of how this may be altered in different populations and in the presence of certain pathologies. They must understand why medications are prescribed, normal dosing, drug-to-drug interactions and how to recognize undesirable or serious effects.

Indirect supervision of the medical assistant by a licensed health care provider is not an adequate safety net for this process. In addition, minimizing medication administration to a task is irresponsible and unrealistic. While I recognize the challenges to meet the health care needs of the public in a cost effective and efficient way, this would be a serious mistake and significantly compromise health care.

Thank you for giving me the opportunity to speak about this very important issue. I would be glad to serve as a resource for anyone who has questions about the serious negative implications of this proposal.

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Reference

Center for Disease Control. (2012). *Medication safety program*. Washington, DC: Government Printing Office. <http://www.cdc.gov/medicationsafety/basics.html#ref>

