

TESTIMONY OF CHRISTINE NOGIEC, RMA

ON RAISED HB 5129

An Act Concerning the Administration of Vaccines by Pharmacists and Medical Assistants and the Listing of Certified Medical Assistants

Public Health Committee – Connecticut General Assembly

February 16, 2016

My name is Christine (Crissie) Nogiec, and I appreciate the opportunity to present testimony to members of the Public Health Committee in support of Raised House Bill No. 5129. I am a Registered Medical Assistant (RMA), a certification awarded by American Medical Technologists (AMT), which I received by passing the RMA exam in 2014 after completing an accredited medical assisting education program at American Institute in West Hartford, CT. The education program included a clinical externship at a cardiology practice in New Britain, CT.

I currently work as a medical assistant for Li Zhu, M.D., a family practitioner in Burlington, Connecticut. The practice is affiliated with the Bristol Hospital Multispecialty Group. Although I believe my employer fully supports my testimony today, I am testifying on my own behalf as a practicing medical assistant, and I do not purport to speak for my employer or any other organization.

My duties at Dr. Zhu's office include both administrative and clinical tasks. On the administrative side, I answer phones and fill out paperwork for patients (insurance forms, school forms, pre-op forms, etc). I manage the medical records requests from attorneys, other physicians, and patients. I also scan and file documents into patient charts. These include consult notes from other specialists, lab results, imaging and other DI reports. I also tend to the faxes and keep track of the inventory for the exam rooms and lab room.

My clinical duties include refilling medications and preparing scripts for controlled substances that need to be signed before they can get faxed or be picked up. I get patients ready to be seen by the provider- checking vital signs, EKGs, urine dips, signing vaccine forms, recording/updating patient history and symptoms/reason for their visit. Sometimes I have to do finger sticks. This is either as a demonstration to show patients who are newly diagnosed with diabetes or prediabetes so they will know how to do it at home themselves, or if a patient comes in complaining of elevated glucose readings. The doctor's previous specialty was OB/GYN so we do Pap smears, STI/STD testing, and manage birth control. I draw blood and prepare specimens (blood, urine, and GYN specimens) for courier pick up to be brought to the main lab at the hospital. I track the refrigerator temp readings, manage our supply of samples, keep my lab room stocked with necessary supplies.

My patient contact responsibilities include providing patient education for dietary changes to help with the treatment for weight loss, diabetes, high cholesterol, and high blood pressure. Along with explaining helping the patients understand these diagnoses and treatments. I return phone calls to patients for the blood work and other test results (after having been reviewed by the doctor). I also serve as an ear for patients who may feel confused, nervous, or upset about something - not giving advice but just listening to their concerns and reminding them that they aren't alone and we're here to help them with whatever it is that they have to get through.

As a medical assistant in Connecticut, I have not been able to perform clinical tasks to the full extent of my training because state law does not allow unlicensed assistants to administer medication of any type by any route, including vaccines. While attending the AMT national convention in Hawaii last summer, I became aware that medical assistants in nearly every other state are able to administer vaccines and other forms of medication under direct supervision of a licensed physician, and in some states, under the supervision of other licensed practitioners such as APRNs and PAs. I fully support HB-5129, as it would take the important step of authorizing properly trained and certified medical assistants in this State to administer vaccinations under the direct supervision, responsibility and control of a licensed practitioner (physician, APRN, or PA).

Medical assistants who have graduated from an accredited medical assisting education program, such as the one I attended at American Institute, have received didactic education in pharmacology and medication administration. They also have received practical training in administering injections, including practicing administration of subcutaneous injections (such as PPD testing) on each other using saline solution and synthetic molds resembling body parts like an arm or a thigh. We are taught how to calculate medication dosages then repeatedly tested on our abilities to do this successfully. We are fully competent to administer vaccines to patients when the licensed practitioner is on premises and exercises responsibility and control over our actions.

Allowing certified medical assistants to administer vaccines would free-up licensed practitioners to spend more time evaluating and treating patients. It would allow doctors to see more patients in a given amount of time. This would be especially important in small-town practices like the one I work at in Burlington. We are one of only two physician offices in the entire town and there is only one doctor working out of each office. When a patient comes in for a vaccination I bring him/her to an exam room, obtain the signed consent form, check their temperature, and then they have to wait until the doctor finishes with the current patient that she is treating. This current method can back up the patient flow and set our schedule behind while increasing patient wait times for their turn with the provider. Allowing MAs to administer injections such as immunizations would be beneficial because it would eliminate the

unnecessary wait that patients have so they can spend a minute amount of time with the provider just to receive a vaccine. There are days when a patient needs a longer than expected amount of time with the provider which could cause delays for other patient appointments. Permitting MAs to give immunizations and medication injections would decrease the amount of time that my employer spends doing these routine tasks that I have been taught to competently carry out myself. If I were able to help with vaccinations, Dr. Zhu could spend less time on non-routine tasks and more time treating patients each day. I am confident that there are other small town medical offices that would benefit from the implementation of HB-5129.

In summary, I thank the Committee for raising HB-5129 and strongly urge the Committee to report the bill favorably to the General Assembly.