

Testimony FTR on HB 5129

Senator Gerratana, Representative Ritter, Senator Markley, and Representative Srinivasan, and distinguished members of the Public Health Committee. My name is Joanne Rodrigues, CMA/AAMA. I am here to speak as a Medical Assisting educator.

I have taught the pharmacology class for over 6 years, and can attest that the students graduating from an accredited school are well trained to very high standards that are set by the national accreditation boards - CAAHEB and ABHES, as well as the AAMA and AMT associations.

A minimum of 45 hours of classroom time is dedicated to this one class. In some schools, it goes up to 60 hours. A copy of several different schools' curriculum are attached.

There are also very strict competencies that must be met to pass this class, which are again set by national standards. These include dosage calculations, and administration by various methods, including IM, SubQ; ID, and oral and topical applications.

There are various "fake" body parts where the students actually do practice giving many injections. An average of about 15 hours is spent just doing practice injections to the various acceptable sites. The MA must choose the proper "fake" drug, calculate the proper dosage, and using aseptic techniques, administer this needle and then properly document the injection.

I also serve on the national taskforce for test construction and I know firsthand that the students are tested to the knowledge they have received, including classes of drugs, the 6 rights of administration and dosage calculations, the proper sites for injections and so much more.

I have attached a copy of the content of the CMA/AAMA exam as well as the content for the RMA exam. You can see how very extensive it is and the detail to which the student is tested.

In recent years we have seen a large increase in many roles, such as PA's and APRN's in many medical offices. This increase has benefitted the patients, who are our main concern here. This small change we are asking for will only benefit the patients even further, as it will free up time for the providers to be able to spend more quality time with each patient and decrease the amount of time a patient has to sit and wait in an exam room.

A problem in many small offices is that the doctor himself must administer the flu shot, for example. Since this is so time consuming, many doctors' offices no longer offer it to their patients. The patients must go elsewhere to get their shots. This is not only an inconvenience, but it also leads to another major concern, the lack of continuity of care. These immunizations are being given, and the doctor is most often NOT notified when immunizations are received elsewhere. Should the patient forget what they got or when they got it, it will never appear in or become a permanent part of their medical record.

To summarize- we are trained well, and this change will benefit the doctor but most, the patients. We are not taking away anyone's job or responsibilities, everyone has a very unique role and place in an office setting, and each is trained in unique and different aspects of care that mostly do NOT cross over - BUT, we are a very important link in that medical team and can add more value to the offices where we work. Let's not be the last state to make this change. Consider the benefit to patients and providers as well - with no cost of liability to the state of Connecticut.

THANK YOU