

# Public Health Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-5214

AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES  
**Title:** AND NEBULIZER TREATMENTS.

**Vote Date:** 3/19/2018

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/5/2018

**File No.:** 310

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

## **SPONSORS OF BILL:**

Public Health Committee

## **REASONS FOR BILL:**

This bill will allow medical assistants (MAs) to administer vaccines and nebulizer treatments.

This bill expands the role of medical assistants, in physician offices, by allowing them to administer vaccines or nebulizer treatments to adults (age 18 or older) if they (1) meet certain certification, education, and training requirements and (2) are acting under the direct supervision, control, and responsibility of a licensed physician or advanced practice registered nurse (APRN).

The bill also makes a corresponding change to the Department of Public Health (DPH) commissioner's duty to annually obtain and make available a list of state residents certified as medical assistants by certain national organizations.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

None submitted

## **NATURE AND SOURCES OF SUPPORT:**

**Kay Bertrand, Vice President of Exam Development, The National Center of Competency Testing:** Kay Bertrand submitted testimony in support of the bill with amendments to include National Center for Competency Testing (NCCT) and appropriately

referenced institutional or programmatic accreditations. NCCT is a nationally recognized credentialing organization that currently offers seven healthcare certifications that have been awarded accreditation by the National Commission for Certifying Agencies (NCCA), including its National Certified Medical Assistant (NCMA) certification program. NCCT believes that to ensure that CT has as many qualified Medical Assistants as possible to administer immunization and nebulizer treatments, the state needs to recognize all legitimate education and certification paths and suggests: (1) adding “The National Center for Competency Testing” to line 4, (2) making lines 5-8 more inclusive by adding “under the umbrella of institutional or programmatic accreditation recognized by the United States Department of Education” and (3) adding “The National Center for Competency Testing” to line 22.

**Mary Blankson, Chief Nursing Officer, Community Health Center, Inc:** Mary Blankson submitted testimony in support of the bill and suggested opportunities for advancing the practice of primary care in Connecticut. The Community Health Center, Inc. is CT’s largest Federally Qualified Health Center (FQHC) and employs about 80 medical assistants as well as 48 RNs and 14 LPNs. Mary explained how the role of the medical assistant in primary care has changed over the years based on research, technology, and the demands of an ever more complex environment. She believes passing this legislation will help meet the demands of today’s high performance primary care setting, by freeing up additional and vitally needed resources to engage in the work of primary care improving health outcomes for patients.

**The Connecticut Chapter of the American Academy of Pediatrics:** The Connecticut Chapter of the American Academy of Pediatrics (CT-AAP) supports the bill and believes it would be a great benefit for some pediatric offices by allowing them to provide more services, in a shorter time period, while maintaining the same high standards for care quality. CT-AAP suggests amending the bill to allow MAs the ability to deliver vaccines and nebulizer treatments to children under the age of 18 under the supervision of the physician or independent practitioner.

**The Connecticut State Medical Society:** The Connecticut State Medical Society (CSMS) submitted testimony in support of the bill in collaboration with the CT Chapter of the American College of Surgeons Professional Association, the CT Society of Eye Physicians, the CT ENT Society, the CT Urology Society and the CT of the American College of Physicians. CSMS and the above listed societies support the ability to delegate the administration of vaccinations to medical assistants who are appropriately trained and have been credentialed by a nationally accredited organization. The societies believe appropriately increased functions of the MA would afford physician practices the ability to provide services to a greater number of patients and help achieve the often-stated goal of strengthening the medical home model by allowing preventative health care services to be performed in the primary care office.

**Christopher A. Damon, J.D., Executive Director, American Medical Technologists:** American Medical Technologists (AMT) supports the bill citing that CT is presently one of only two states in the U.S. in which medical assistants may not lawfully administer any form of medication by injection or other route. AMT is a national nonprofit certification organization and professional society of which over 60,600 of its members are certified as Registered Medical Assistants (RMAs), with approximately 1,180 active in Connecticut. By fully recognizing the training and skills possessed by appropriately educated and credentialed

MAs AMT believes physicians, APRNs, and other licensed practitioners will have more time to see additional patients and focus more on assessment and clinical care.

**Leslie Miller, MD, Physician, Fairfield County Medical Association:** The Fairfield County Medical Association (FCMA) submitted testimony in support of the bill and suggested that the age restriction be removed. The Association is not aware of anything in medical literature that indicates the administration of vaccines in children or adolescents is any more dangerous than in adults and believes the restriction would severely limit the value of the legislation as pediatricians provide the clear majority of vaccines. A scope of practice committee organized by the DPH in early 2013 released a report that outlined the ways in which services by medical assistants could be safely expanded in a medical setting; including the administration of vaccine.

**Richard A. Fichman, MD, Hartford County Medical Association:** Dr. Fichman submitted testimony in favor of the bill, citing that 48 states allow MAs to administer vaccines, allowing greater public access, and also allowing physicians and nurses to use their skills and time where it will do the greatest good. He believes that administering a vaccine is a less demanding procedure than drawing blood and removing sutures which MAs can currently do in CT.

**Crissie Nogiec, Registered Medical Assistant:** Crissie Nogiec submitted testimony in support of the bill and discussed the differences between work as a MA in Massachusetts and Connecticut. As a MA in Connecticut, Crisse was unable to perform clinical tasks clearly within the scope of her training because unlike most other states, CT law does not allow unlicensed assistants to administer medication of any type by any route, including vaccines, even if under the direct supervision of a licensed practitioner. She explained how MAs who graduate from an accredited medical assisting education program are fully competent to administer vaccines and other non-intravenous injections to patients when the licensed practitioner is on premises and exercises responsibility and control over the MAs actions. Crissie believes allowing credentialed medical assistants to administer vaccines and other non-intravenous injections would free-up time for licensed practitioners to evaluate and treat patients.

**Christine O'Connor, Senior Counsel, The National Healthcareer Association:** The National Healthcareer Association (NHA) submitted testimony in support of the bill and requests that the proposed legislation be amended either to (a) remove Section 1(2) from the bill or (b) expand the training requirement so as not to create an unnecessarily restrictive barrier or (c) replace Section 1(2) to instead require certified medical assistants to first attain clinical work hours before performing the skills set forth in Section 2. Amendments are outlined in the testimony.

**Lynn Rapsilber, DNP, ANP-BC, APRN, FAANP, Chair, Coalition of Advanced Practice Nurses:** Dr. Rapsilber submitted testimony in favor of the bill with recommendations to strengthen the requirements to insure public safety is protected. The recommendations, as outlined in the testimony, suggest further language regarding certification, supervision, policies, disclosure, documentation and reporting.

**Ludwig Spinelli, CEO, Optimus Health Care, Inc:** Ludwig Spinelli submitted testimony in support of the bill. It is his belief that, with the reduction of resources, it is a common sense

approach to allow trained medical assistants administer vaccines. He feels that this practice will be done effectively and have no increased risk to the patients or health care provider. With the recent spike in flu cases, Ludwig finds that having medical assistants participate in dispensing immunizations is good public health policy and in the best interest of the community.

**Michele Howard Swan, Coordinator of Allied Health, Asnuntuck Community College:**

Michelle Swan submitted testimony in support of the bill and explained the three types of injection training MAs receive. Students must adhere to sterile techniques in the drawing up and administration of medications and are trained to recognize dangerous side effects of medication and charting.

**NATURE AND SOURCES OF OPPOSITION:**

**Bill Garrity, RN, President University Health Professional, Local 3837:** Bill Garrity submitted testimony in opposition to the bill, believing medication administration is a duty and skill that should be done by a licensed professional, a nurse or a respiratory therapist. He also expressed concern for assessment, suggesting that just looking at medication administration as a simple task is a mistake.

**Joan Graham, DNP, RN, CNE, Professor of Nursing, Three Rivers Community College:**

Joan Graham submitted testimony in opposition to the bill, explaining that the medical assistant curriculum does not focus on the knowledge and skills necessary to administer medication.

Effective and appropriate medication administration requires assessment, planning, implementation, and evaluation, which is not included in the curriculum for Medical Assistants. Additionally, the curriculum for Medical Assistants does not include: pathophysiology (disease) and drug relationships, social and environmental influences on medication therapy, drug-drug interactions, the human condition surrounding medication administration, compliance and evaluation of outcomes, and patient and family education about medications prescribed.

Medical assistants are medical office secretaries and the customer service representative of the office. They are not licensed and their practice is not regulated. Also, requiring a Physician or an APRN to supervise medical assistants is not a realistic expectation due to workflow and workload of that provider.

Passage of this bill will not result in cost Savings, it will most definitely add to the already massive costs that result from ADE's - \$3.5 Billion annually as reported in 2012 by the Center for Disease Control.

Joan believes the curriculum and practice of Licensed Practical Nurses (LPN) is specific to direct patient care needs and the knowledge of physiology and pathophysiology required to safely administer medications in a variety of health care settings.

**Donna Montesi, DNP, APRN, WCC, Co-chair, CT Coalition of Advanced Practice**

**Nurses:** Donna Montesi submitted testimony in opposition to the bill, explaining that medication administration requires proper assessment skills not specified in the language of the on what medications or vaccinations will be administered. She provided recommendations in order to safeguard healthcare consumers.

**Heidi Morse MSN, RN-BC, Clinical Educator, Hartford Healthcare East Region:** Heidi Morse submitted testimony in opposition to the bill, believing medication administration requires the processes included in a nursing curriculum, not a medical assistants curriculum. Nursing curriculums include pathophysiology (disease) and drug relationships, social and environmental influences on medication therapy, drug-drug interactions, and the human condition surrounding medication administration, compliance, and evaluation of outcomes and patient and family education about medications prescribed. The curriculum for medical assistants does not.

**Edith Ouellet, MSN, RN, Director of Nursing and Allied Health, Three Rivers Community**

**College:** Edith Ouellett submitted testimony in opposition to the bill, explaining that the medical assistant curriculum does not focus on the knowledge and skills necessary to administer medication.

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**Mary Jane Williams PhD., RN, Chair, Government Relation Committee, Connecticut**

**Nurses Association:** Mary Jane Williams submitted testimony in opposition to the bill and expressed concerns around adequate education, licensure and regulation. The MA would be administering medication without the depth of knowledge related to a potential diagnosis and treatment and may be uninformed about the information and processes essential to the administration of the medication and follow up. Potential issues include allergic reactions and/or contraindications, education of the patient and any course of actions to follow if a reaction occurs with the medication. Mary believes the State needs to look at what it will cost

the patient, the health care system and the state, when patients end up in emergency rooms with untoward reactions.

**Reported by: Richard Eighme**

**Date: 4/10/2018**