

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-6943

Title: AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES.

Vote Date: 2/13/2019

Vote Action: Joint Favorable Substitute

PH Date: 2/4/2019

File No.:

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REASONS FOR BILL:

To allow Medical Assistants (MA) to administer vaccines to persons 18 years or older in any setting other than a hospital, provided they meet specified certification, education, and training requirements. They may only do so under direct supervision, control, and responsibility of a physician or Advanced Practice Registered Nurse (APRN). Additionally, the Commissioner of Public Health will compile a listing of certified medical assistants from various health care organizations in Connecticut and make the list available for public inspection.

RESPONSE FROM ADMINISTRATION/AGENCY:

None submitted.

NATURE AND SOURCES OF SUPPORT:

Connecticut Society of Medical Assistants, and the American Association of Medical Assistants (AAMA):

The Society and AAMA strongly support HB 6943. The administration of vaccines by Medical Assistants would only take place under direct supervision, control, and responsibility of a physician or APRN. The passage of HB 6943 would enhance the availability of health care in Connecticut without increasing costs or decreasing quality of care. The Society and AAMA urge the Public Health Committee to support this legislation.

Donna Montesi, DNP, APRN, WCC, Health Policy Committee Member, Connecticut Advanced Practice Registered Nurse Society (CTAPRNS):

Ms. Montesi and the CTAPRNS concur with the safeguards placed in the bill which allow Medical Assistants to only administer vaccinations under the direct supervision of a physician

or APRN. This may fill a gap in patient care and assist in the mission of the Department of Public Health (DPH) in minimizing vaccine preventable illnesses.

Lynn Rapsilber, DNP, ANP-BC, APRN, FAANP, Co-Chair, Connecticut Coalition of Advanced Practice Nurses:

Ms. Rapsilber supports HB 6943; however she provides recommendations to strengthen the language of the bill in order to insure patient and public safety. Ms. Rapsilber references a report of hospital medical errors that came out in 1999 which concluded that the 8th leading cause of death was medical errors in hospitals. While errors in hospitals are reported, errors in outpatient, office and other non-hospital settings are often underreported or not reported. Additionally, Ms. Rapsilber references the 2013 Scope of Practice for Medical Assistants. The final report included concerns regarding the lack of training provided to Medical Assistants when administering a vaccination. In order to insure safety, she states the additional education and training requirements that must be included in the bill:

- 1. Direct supervision is clearly defined as: the physician or advanced practice registered nurse (APRN) remain on premises at all times vaccinations are being administered by the CMA, be within reasonable proximity to the administration area and be able to observe, assess and take any action regarding effectiveness, adverse reaction or any emergency.*
- 2. Physician or APRN have a written policy for administration of vaccines by CMAs which is reviewed and signed annually*
- 3. The physician or APRN evaluate the competency of the CMA before they administer a vaccine. This will be through observation of CMA during the vaccination process.*
- 4. Physician or APRN determine appropriateness for vaccination and provide a written order for the vaccine.*
- 5. Physician or APRN directly supervise CMA by being on premises when vaccine is being administered.*
- 6. CMA reviews the physician or APRN order and insures the physician or APRN in on premises, then prepares the vaccination.*
- 7. The CMA must identify themselves as a CMA to the recipient of the vaccination, or legal guardian and is aware the CMA is administering the vaccine and has the right to refuse.*
- 8. Physician or APRN insures the vaccine is properly documented in the patient medical record.*
- 9. A method to report errors to the Department of Public Health.*

Mario Cohen, MD, President, Hartford County Medical Association:

Mr. Cohen supports HB 6943. He believes that the administering of a vaccine by an MA when performed under physician supervision is already within their scope. This affords physicians the time to provide patients the quality of care only they are trained to provide. Additionally, Mr. Cohen states that Connecticut is the only state that does not allow patients to receive their medical protections in such an efficient manner where an MA can provide protective treatments in non-hospital settings.

Sandra Carbonari, Medical Director, Connecticut Chapter of the American Academy of Pediatrics:

Ms. Carbonari and the CT Chapter support HB 6943, but also requests that *legislation be extended to Medical Assistants administering vaccines to children as well as adults*. This legislation would provide relief to pediatric offices as more services could be provided in a shorter period of time while still maintaining high standards of patient care. If the delegating physician believes that an MA is adequately trained, qualified and experienced to administer a vaccine while the physician is on the premises, then the physician should be able to direct them to do so. This ensures that pediatric offices are helping children and families by making their care more efficient while not risking the quality.

Additional sources of support include:

Doreen Rackliffe, PA-C
Fairfield County Medical Association
Gabiella Smith, PA-C
Jeanne Marconi, MD
Jennifer Boyd, PA
Joanne Rodrigues, AS, CMA/AAMA
Jordan Silidker, PA
Kaitlyn Grzyb, CMA/AAMA
Khuram Ghumman, MD, MPH, CPE, FAAFP
Leslie Miller, President, Fairfield County Medical Association
Lynette White, PA-C
Mary Blankson, DNP, APRN, FNP-C
Melissa Bettigole, EMT-P, CMA, M.ED.
Michael McCarty, Legal Counsel, American Medical Technologists
Randy Trowbridge, MD, MA
Tabitha Opie, CMA, RMA, CPT
Wendy Carros, CMA/AAMA

NATURE AND SOURCES OF OPPOSITION:

Edith Ouellet, EdDc, MSN, RN, Director of Nursing and Allied Health, Three Rivers Community College:

Ms. Ouellet opposes HB 6943. The training received by Medical Assistants does not teach the skills necessary to administer vaccines. Medical Assistants are critical members of a team, however, we must recognize that as part of a medical team, they are trained to perform support and administrative functions. This does not include administration of medications.

James Martone, MD, President, Connecticut Society of Eye Physicians:

Mr. Martone supports the concept but not the bill. He notes that Connecticut has one of the highest vaccination rates in the country because its statutes already allow a variety of health professionals to administer vaccines. Mr. Martone believes that MAs should only be allowed to administer vaccines under director supervision of a physician only if the physician deems that the MA has adequate training. He strongly believes that patient care should continue in

the approach of physician led teams. In order to strengthen the bill, Mr. Martone states that there are requirements that need to be defined:

- *The administration of vaccines by Medical Assistants should be carried out under the director supervision, control, and responsibility of a Physician or APRN.*
- *The Physician or APRN should be required to verify the appropriate training or certification of the Medical Assistant (or other Allied health Personnel) on the health care team.*
- *Verification records should be part of the employment file of the Medical Assistant and available for review upon request.*

Kurt Heitman, MD, Secretary for State Affairs, American Academy of Ophthalmology:

Mr. Heitman does not support HB 6943. He states that physicians have the highest level of medical education and clinical training, and acquire the expertise of delegating tasks to non-physician providers, such as Medical Assistants. Mr. Heitman believes that *absolute authority of physicians to delegate appropriate patient care services to those practitioners under which the physician supervises should be codified into statute.*

Mary Jane Williams, Ph.D., RN, Chairperson, Government Relations Committee, Connecticut Nurses Association:

Ms. Williams and the Association support the concept but have serious concerns with the bill. As a result of limited training, Medical Assistants are not adequately trained to recognize the potential side effects associated with the administration of vaccines such as patient history, proper dosage and potential interaction with other medications. These potential side effects could result in harm to the patient and possibly additional costs to the healthcare system.

Ms. Williams notes that considering Medical Assistants are unlicensed individuals with limited education in medication administration, enhancing their role places an underappreciated risk to provider practices. It is unrealistic to expect Physicians or APRNs to directly supervise MAs anytime they administer vaccines as primary providers have to see other patients every 15 minutes and already are hardly able to complete their work expectations.

Raymond Ward, BGS, AHS, AHI, PBT, CCMA, Allied Health Coordinator, Three Rivers Community College:

Mr. Ward does not support HB 6943. As coordinator of the Medical Assistant Associate Degree program at Three Rivers College, Mr. Ward is intimately familiar with the educational courses taken by Medical Assistants. As such, he does not believe the courses taken by MAs adequately prepare them to administer vaccines. The administration of vaccines would require courses in pathophysiology and patient-disease relationships and these courses are not part of the degree program. Within the healthcare team, the responsibility of the Medical Assistant is in a supporting role performing clinical and administrative functions. The training of the Medical Assistant does not provide for the administration of vaccines.

Reported by: Valentina Mehmeti

Date: 2/20/19