



P.O. Box 854, Litchfield, CT 06759 Tel- 860-567-3787 Fax 860-567-3591

Testimony of James Martone, M.D.
on

H.B. No. 6943 (RAISED) AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES.

Senators Abrams and Lesser, Representatives Steinberg and Young, and distinguished members of the Public Health Committee. On behalf of over 1000 physicians in the above-mentioned medical specialties. I am here to share my concerns over Raised Bill 6943: Senate Bill 29 AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER VACCINES. I am a board-certified ophthalmologist who has practiced medicine and performed surgery for over 25 years both in the U.S. and in an international team environment with ORBIS. I currently practice at the VA hospital in North Haven and I am the current president of the Connecticut Society of Eye Physicians. I also seek to shed notable light on other issues surrounding medicine and medical decision making, including the ability to evaluate competency of staff and the delegation of responsibilities under direct supervision.

From ancient times, the scourge of infectious disease has haunted the people of the world. The use of inoculations and vaccines to prevent serious diseases has played an integral role in transforming healthcare and improving the health and well-being of mankind. Happily, Connecticut has one of the highest vaccination rates in the country.

This bill seeks to allow medical assistants to give vaccinations, and while we support the general concept, we have concerns.

It is always useful to consider the primary motivation for the introduction of a particular piece of legislation. Seemingly innocuous requests are often the opening gambit for attempts at scope expansion. As mentioned earlier, we have one of the highest vaccination rates in the country, and Connecticut statutes already allow independent administration of vaccines by a variety of health care professionals, including Physicians, Advanced Practice Registered Nurses (APRNs), and Pharmacists (to patients over 18 years of age).

Connecticut is a small state, and it is unlikely that anyone in the states is more than a short drive from appropriate care. There is no shortage of providers and allowing Medical Assistants to give vaccinations should only occur under the direct supervision of medical physicians in their role as coordinators of care, and within their safety net of experience and judgement.

We believe that certain safeguards need to be delineated when tasks are delegated to Allied Health Personnel, including Medical Assistants. We also believe that the bill could be strengthened by taking a broader view of the delegation of tasks within the medical team. Within this context, we believe the following requirements should be defined:

- The administration of vaccines by Medical Assistants should be carried out under the direct supervision, control, and responsibility of a physician or APRN



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- 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.

The current outbreaks of measles in various parts of the country has created fear and may be cited as a reason to increase the availability of vaccination services. The failure to have children vaccinated is, in most cases, an unfortunate choice made by individuals (i.e. parents, grandparents, caregivers, etc) who believe vaccination is risky; not a shortage of vaccine or providers.

In the larger view of primary health care, physicians historically have successfully delegated tasks to team members at their discretion and at their risk. The model of the physician-led health care team is a traditional approach to health care that has been supported and updated in the concept of the “Medical Home”. The Medical Home is a model or philosophy of comprehensive primary care that is patient-centered, team-based, and physician-supervised. It is focused on providing access to high-quality care that is both safe and efficient. It is a widely accepted model for modern primary care.

The proliferation of alternate care venues – from walk-in urgent care centers, minute-clinics, and administration of vaccinations at pharmacies -- can be convenient, but these scattered offerings also fragment patients’ care, weakening the concept of the Medical Home. Fragmentation of care delivery often leads to increased costs through duplication of services, miscommunication, and multiple visits. Safe, effective care is best delivered by a coordinated, physician-led team, with continuity of care and the opportunity to form a true relationship between the patient and the provider.

In conclusion, patient safety should be the guiding force when any request of this nature is made. Incrementalism is a time-tested and often effective strategy employed by allied health personnel seeking to gradually expand their scope of practice.

The best strategy to ensure patient safety is to strengthen the Physician-led team and to support well-developed integrative strategies like the Medical Home. Fragmentation of care, delivered in a piecemeal fashion, serves neither of these goals.

Thank you for your attention.