



SF 318 / HF 464

Dear Senator Abeler and Representative Zerwas,

2/6/2017

Thank you for taking time to consider the qualifications of CMA (AAMA), as competent members of the health care profession, to be able to assist home-bound patients with their basic care needs. We understand the importance of patient safety, privacy and scope of practice. It would never be our intention to downplay the importance of nurses or their license. As a CMA (AAMA), we would continue to collaborate with RNs and LPNs as members of a patient care team.

CMA(AAMA) professionals perform many direct patient care functions, on a daily basis, in a clinical setting. If a patient is able to leave their home and come in to the clinic, a CMA (AAMA) would likely perform many of the same or similar duties that a home-bound patient would require.

During our skills training we focus on the technicalities, but we also incorporate professionalism, cultural considerations and critical thinking in order to manage many different patient scenarios as well as emergency type situations. Our education requires us to learn and know a great deal of information and we are continually learning, as we are required as a CMA (AAMA) to maintain certification by obtaining 60 CEUs every 5 years. We are also required, just as LPNs and RNs, to maintain our BLS/CPR certificate and are trained in first aid.

According to the proposed bill, under the Minnesota Statute, in order to be trained for Home Care, a CMA (AAMA) would be required to receive an additional 40 hours of training. As far as the list shows, the *only* parts that are not covered in CMA training are the following:

- Home care bill of rights (we are familiar with the Patient Bill of Rights)
- Ventilator operations and maintenance and care of ventilator dependent clients
- Care of clients with tracheotomies
- ADL techniques (we are trained in clinical settings, for techniques for assisting patients onto exam tables, etc.)

Everything else listed is incorporated in the training for Medical Assisting. For more information and details of the CMA (AAMA) training and requirements, please visit the AAMA website at www.aama-ntl.org. Also, see attachment of the certification exam outline, which provides an overview of the entire content of medical assistant training.

The Minnesota Society of Medical Assistants is supportive of legislative efforts to permit *appropriately educated* and credentialed medical assistants (such as those who have graduated from a medical assisting program accredited by CAAHEP or ABHES and who hold the CMA (AAMA) credential) with additional training in home health care to provide appropriate services in the home health environment. The MNSMA would like to work with all stakeholders to craft legislation that will protect patients from substandard care and that will increase the availability of quality home health care to the citizens of this state. The MNSMA is confident that CMA (AAMA) professionals would safely and successfully provide Regular Home Care Nursing services upon receiving the required 40 additional hours of training.

Sincerely,

Charlene Metzger, CMA (AAMA), President – Minnesota Society of Medical Assistants

Danielle Perron CMA (AAMA), Legislation Chair – Minnesota Society of Medical Assistants, President – Great Lakes Chapter