

To the Most Honorable Members of the Senate Health and Welfare Committee,

As a former legislator and past lay member of the Vermont Board of Medical Practice, I am writing regarding H. 123 and H. 350, bills concerning the Board currently in your committee.

First and foremost I must rise to the defense of the Vermont Board of Medical Practice. After spending six years as a lay member on the board I can state with absolute assurance that the Board rarely brings charges against Doctors, PAs, Podiatrists or Anesthesiology and Radiologist Assistants without having received a complaint. Where warranted and very infrequently the Board may open an investigation based on public information such as legal action taken against a licensed professional under its jurisdiction.

And I can further state ALL complaints are processed according to well-established protocol. Obviously not all complaints are valid. Some are the result of bad communication, poor office protocol, just plain cussedness, etc, but complaints that merit attention receive the scrutiny of a group of dedicated, educated, intelligent, professional and lay board members. Over the years I have served on a great many boards and very few have matched the caliber of Vermont's Medical Practice Board.

I find it sad that many of the professions licensed by the Board do not realize how the Board operates and the valuable service it provides. Loss of license is rarely the outcome of the investigation of a complaint. Further education in a given area of medicine or revised office/records protocols or a course in communication skills is much more likely than a loss of license to practice. The Vermont Medical Practice Board has an outstanding record as an entity of assistance. That is good for individual practitioners, good for patients and good for the medical profession as a whole.

H-123:

First of all, let me be clear, I have two friends who are severely afflicted with Lyme Disease and are living with chronic, debilitating and life-altering conditions. My opposition to this bill is not because I do not understand the horrendous effects of Lyme Disease on some individuals. My opposition is based on the fact that it not, and should not be, the Board's role to approve or disapprove of a particular treatment and I have serious reservations about the appropriateness of what this bill proposes.

Here are my thoughts:

Section 2, 1) specifies documentation in a patient's record: This is already existing, standard medical practice for any patient who consults a licensed practitioner. Non-documentation or inadequate documentation of a medical

condition is bad record keeping and, under some circumstances, could result in a complaint to the Board.

Section 2, 2) requires signed informed consent from a patient. This is frequently required by medical institutions largely to cover their proverbial "backsides" and certainly could be required by individual MDs. Perhaps the question might be, why is this being asked for if the treatment is appropriate?

Section 2, 3) in essence requires the Board to "inform" licensees as to what standards are acceptable in the treatment of Lyme Disease. According to existing statute and based on my experience as a member of the Board this is a significant new role and, I believe, an inappropriate role for the Vermont Medical Practice Board.

The Board does not "approve" treatment for any condition and Lyme Disease, horrible as it is, should not be an exception. Furthermore, I wonder whether the Legislature is in a position to approve treatment either. "Do No Harm" is probably as apt a mantra for the Legislature as it is for the medical profession "Do No Harm" is probably as apt a mantra for the Legislature as it is for the medical profession and as I see it, this issue is a prime example.

As members of the Senate Health and Welfare Committee I urge you to carefully consider this extension of responsibility, the precedent it establishes and the appropriate statutory function of the Board of Medical Practice.

H. 350:

It strikes me this is essentially a housekeeping bill and as such an improvement of existing statute. 1) There is little reason for retaining information on the website of an investigation that has been closed without action; 2) Requiring specific training for a Board investigator is appropriate although current requirements are quite comprehensive; 3) The request for a review and report regarding current Board procedures is reasonable. All organizations need to take a good look at how they operate and make changes as appropriate. I believe the Medical Practice Board performs well at present, but that does not mean it cannot improve.

With Sincere Regards,
Thank You.

Peg Martin