

VERMONT MEDICAL SOCIETY

Date: January 10, 2018

To: House Government Operations Committee

From: Jessa Barnard, VMS Executive Director

Re: H. 496, An Act Relating to the Professional Regulation of Medical Assistants

The Vermont Medical Society appreciates the opportunity to testify before you today regarding H. 496. The VMS is the state's largest physician membership organization, representing approximately 2000 physicians and medical students and 100 physician assistants across specialties and geographic and practice location.

VMS has concerns that additional regulation of medical assistants will increase costs (educational and in provision of health care) and decrease the flexibility available to medical practices without addressing a recognized patient safety concern.

Medical assistants are used in a variety of settings and ways. Typical tasks include:

- Assisting with patient care (rooming patients, conducting patient histories, taking and recording vital signs, preparing a patient for an examination, setting up/cleaning rooms)
- Assisting with documentation (entering/transcribing providers' findings in chart)
- Assisting with testing/procedures (based on a provider order: perform blood draws, collect and prepare laboratory specimens, change dressings, draw up and administer medications, administer non-intravenous injections)
- Administrative/support (complete prescription orders, clean/sterilize equipment, inventory and restock supplies)

Our members are concerned with the increased administrative burden and decreased flexibility to the MA role should additional regulation be pursued in Vermont. Under the All Payer Model and payment reform goals both moving forward in Vermont and nationwide, practices are being encouraged to use staff in new and innovative ways, freeing up physicians to lead a "team" of staff in managing patient care and preventing chronic conditions or more expensive care. For example, the American Medical Association's practice management module on Expanded Rooming and Discharge Protocols gives examples of how to use MAs to "empower staff to make patient visits more meaningful and efficient."¹

Small and independent practices in Vermont are already facing enormous administrative hurdles to providing health care. A Green Mountain Care Board study completed this fall reports that in

¹ https://www.stepsforward.org/Static/images/modules/2/downloadable/Rooming_Discharge.pdf. The module provides anecdotes of how these changes have improved patient care: "The MA role was transformed from someone who generally answers phones, escorts patients and obtains vitals to a partner capable of team-based care. Each day, the MAs review all health monitoring reminders, give immunizations and proactively book appointments for mammograms and bone density scans. The goal is to meet all of the patient needs while in the exam room, rather than leaving time-consuming loose ends to be addressed after the patient leaves.

2017, only 31 percent of Vermont physicians are practicing independently, down from 47 percent in 2011.² The same report finds that administrative and regulatory burdens are the top threat to both independent and employed practice in Vermont. Adding complexity to the process of hiring, training or requiring licensure/certification of medical assistants will only exacerbate the problem and put more time and financial pressure on our health care system.

Steps short of regulation and licensure are available to address the issues raised in this bill.

Of the latest survey of state laws on medical assistants available from the American Medical Association, no states required licensure and only a small number required certification.³ The legal framework governing the delegation of clinical tasks to unlicensed personnel varies greatly from state to state ranging from expressly recognizing the profession and specific clinical functions to preserving the right of licensed practitioners to delegate basic clinical tasks.

VMS is not aware of patient safety concerns arising from the activities of medical assistants. That said, patients facing concerns have existing avenues to file complaints with the licensing board of the supervising/delegating medical professional. For example, the unprofessional conduct statute for medical doctors in Vermont, defines as unprofessional conduct the:

delegation of professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them. 26 V.S.A. § 1354

To address the provider concern regarding liability, VMS is unaware of a high risk of liability facing licensed professionals who delegate clinical tasks. Liability risk can be address through appropriate policies addressing hiring, training and ongoing review/training. Examples include Medical Mutual Insurance Company of Maine's practice tip on Competency Assessment⁴ and New Hampshire's Toolkit regarding Licensed Nurses, Medical Assistants and Delegation.^{5 6}

VMS recommends that if the Committee decides to pursue further action related to medical assistants, the medical professional licensing boards be asked to work with stakeholders to provide guidance/toolkits/policies regarding delegating tasks to medical assistants, rather than pursue licensing or direct regulation of medical assistants.

Thank you for considering the views of the VMS and please let us know if we can be of further assistance as you move forward.

² Green Mountain Care Board Payment Differential and Provider Reimbursement Report, Act 85 (2017) § E.345.1, October 1, 2017, <https://legislature.vermont.gov/assets/Legislative-Reports/GMCB-Fair-Reimbursement-Report-Oct-1-2017.pdf>

³ American Medical Association, Medical Assistants' Scope of Practice, 2005; available from VMS by email.

⁴ <https://www.medicalmutual.com/risk/practice-tips/tip/competency-assessment-physician-office-practice/47>

⁵ <http://www.nhnurses.org/DelegationToolkit>

⁶ Further, both for medical boards and in a liability context any negligence on the part of a medical assistant, licensed or unlicensed, would ultimately be the responsibility of the supervising professional, meaning that licensing M.A.s would be unlikely to remove any liability for the supervising professional or employer.