

Dear Representative Townsend and members of the House Government Operations Committee,

My name is Dr. Kym Boyman, and I own and practice at a small independent medical practice, Vermont Gynecology, in South Burlington. I write regarding H. 496, which would unnecessarily burden medical practices like mine.

Vermont Gynecology employs five clinicians, a registered nurse, four medical assistants (MAs), and four additional staff members. Our medical assistants work under the direct supervision of our clinicians (three MDs and two Advanced Practice Providers [APPs]) and perform basic tasks like taking patients to their exam rooms; obtaining height and weight; measuring blood pressure; reviewing medications, allergies, and basic elements of patients' history; rounding up relevant medical records; drawing blood; dipping urine; processing specimens to send to the lab; cleaning rooms; sterilizing instruments; managing logistics of referrals; and the like.

We extensively train our MAs to perform these duties, typically over several weeks, and we closely supervise them — because we care deeply about excellent patient care, and because we are liable and our reputations are at stake. Our MAs do a terrific job, and they enhance patient care and efficiency in our office. I am not aware of any harm due to MA involvement in patient care over my 18 years of practice. I fear that H. 496 is trying to solve a problem that does not exist and that it will drive up medical costs and further burden independent medical practices which are already struggling to survive.

Our medical assistants are often recent college graduates who are exploring and/or planning careers in medicine, with plans to go on — after a year or two — to further training as nurses, APPs, or physicians. A requirement to undergo a standard training or certification process would be unduly burdensome to them and to us in terms of cost and time, and is just not necessary for the tasks they perform. Also, given the wide variety of clinical environments in which MAs work, it is hard to imagine a standard curriculum that would be universally relevant across all specialties. In our own office, we have found that even when we have hired an MA from a different practice setting, they have required just as much training as those without any prior MA training. The current system, in which we rigorously train MAs for the scope of care provided in each of our unique clinical practices, works very well.

Thanks for considering the adverse impact H. 496 would have on my and other small practices, and please don't hesitate to contact me with any questions.

Sincerely,

Kym Boyman, MD, FACOG
Vermont Gynecology
1775 Williston Rd., Ste. 110

South Burlington, VT 05403
kboyman@VTGyn.com
(w) 802/735-1252
(c) 802/777-8550

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