

January 15, 2018

Rep. Maida Townsend (mtownsend@leg.state.vt.us)
Denise Diehl, House Gov't Operations Committee Clerk (ddiehl@leg.state.vt.us)

Sent via email to expedite delivery

Dear Chairwoman Representative Townsend and other Members of the Vermont House Government Operations Committee,

We are writing in relation to current Bill H.496, relating to the professional regulation of medical assistants. Collectively, we run Retina Center of Vermont (RCV), a two-doctor subspecialty Ophthalmology practice in South Burlington. We have, between us, over three decades of experience serving the retinal needs of Vermonters. We provide approximately half of the retinal care in the region. At any given time, RCV employs between six and eight 'paraprofessional' assistants.

We apologize if we have missed how H.496 addresses the following: What defines a 'Medical Assistant'? If the definition is very broad it is hard for us to conceive of reasonable, meaningful regulatory requirements that could be broadly applied to achieve anything particularly helpful to Vermonters. At RCV, assistants – see below – obtain medical, surgical and ophthalmic histories from patients, record medication lists, check visual acuities, check intraocular pressures, perform ancillary (mostly image-based) testing, place peripheral venous catheters for intravenous imaging dye and/or therapeutic medication infusion, instill dilating eye drops, assist patients with in-office ambulation and transfer, and aide in triaging incoming phone calls from patients, their family members, and other health care offices. All of that occurs under the direct, immediate supervision of RCV's physicians. We can only imagine what the variety of work done by assistants must be in Primary Care, Pediatrics, OB-GYN, Orthopedics, Cardiology, Urology, Rheumatology, etc. practices. In all of these instances, though, the doctors who are responsible for their patients' care are, by extension, directly responsible for the support services rendered by their assistants. Indeed, it is our understanding that that even extends to the realm of the Law, as RCV has to tell our medical liability insurer, Ophthalmic Mutual Insurance Company (OMIC), who our assistants are so that their work is covered under the 'umbrella' of the per-MD and business-wide policies we buy.

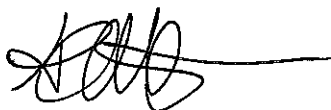
Ophthalmology practices rely very heavily on Ophthalmic Assistants, certified (by the Joint Commission on Allied Health Personnel in Ophthalmology [JCAHPO]) or not, Certified (by JCAHPO) Ophthalmic Technicians, and Certified (by JCAHPO) Ophthalmic Medical Technologists. JCAHPO is a very 'serious' organization that has been in existence for decades. For applicants of various certification levels to be eligible to even sit for their rigorous written examinations, those applicants are required to provide proof of preceding experiential employment that involves direct patient care and direct supervision by the licensed doctor/s under whom they work. Region-wide – nationally, in fact – practices spend enormous amounts of time and resources training up-and-coming staff for these roles. What, specifically, would the State of Vermont add to this, both by way of requirements and by way of 'added value' to Vermonters?

At present, small medical practices across Vermont are folding and/or being absorbed by the region's medical centers. The pressures are withering, and many have found such community-based, small, lower-cost, value-driven practice models to be unsustainable. As things stand now – with no further regulation – no regional small practices find it easy to recruit and retain assistant staff. 'Turnover' in many offices is high. Owing to massive pay differentials for identical care by identically-trained providers at the region's largest medical centers versus at our small practices we cannot compete for staff hirings when it comes to important 'bread and butter' needs, such as salary, employee health insurance, retirement savings plans, and other employment benefits. However, those of us who remain in such work settings know how much our patients and their families – your neighbors and constituents – appreciate that we are here, and that they have some remaining care options.

Please think very hard before you consider 'regulating' Medical Assistants. Ask yourselves: Why are we looking at this? From where stems the need? Says who? What other states have done this? What reports are available, from those states, to show us whether such regulation has helped and/or hindered, so that we do not try to re-invent this wheel – especially if this has not been productive elsewhere – and so that we don't simply 'pile on' with respect to Vermont's already-deep stack of to-be-reported-on matters under consideration? Who would this apply to? And, for those assistants who have certifying bodies in place already, what 'added value' would the State of Vermont contribute besides another hurdle to clear?

Thank you for considering our concerns regarding Bill H.496. Please contact us if you have questions and/or of we can provide additional information.

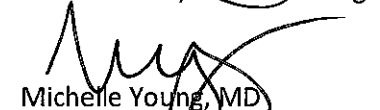
Sincerely,



Aaron Mitton, Practice Administrator



Tasha Mitton, Clinical Manager



Michelle Young, MD



David Weissgold, MD