

January 16, 2018

Dear Representative Townsend and Members of the House Operations Committee:

My name is Dr. Greta Hanson. I am a full-time obstetrician/gynecologist and co-owner of Affiliates in OB/Gyn Care, an independent practice in Burlington.

I am testifying on this issue because I feel strongly that in an already incredibly expensive health care delivery system that we have here in Vermont, any additional regulatory requirements must be based on evidence that the new regulation will protect our patients or provide a higher quality of care or reduce the cost of healthcare. From the point of view of my small independent practice, I do not believe pursuing H.496 achieves any of these goals.

My office of five physicians and one nurse practitioner currently employs one RN and two LPNs. To support clinical care while controlling our costs, we also employ three MAs. We spend a considerable amount of time to train each one to assist in the day to day clinical responsibilities of our particular office. MAs perform a variety of clinical and clerical tasks. At our office, they take vital signs, room patients, draw blood, and perform point of care lab tests such as urine pregnancy or protein dip tests. They clean and wrap instruments for sterilization, stock and clean exam rooms, set up for procedures, and process laboratory samples to be sent out. MAs work under my medical license and the general liability of the practice. They are supervised by the MDs or NP with whom they are working and we structure our scheduling so the licensed RN or LPNs are working alongside a MA. Further we clearly identify our staff to our patients with nametags that include their job title or degree if applicable. If you came to my office, you would see how closely we work together every day.

In my experience, many individuals who apply for this role are young people considering a career in a medical field but who want some experience or exposure before applying for more school. I myself was a MA at Planned Parenthood Boston before attending medical school. Since I began practicing in 2008, two of our MAs have been accepted to medical school: one is now an OB/Gyn in New Hampshire and the other has just completed her first semester. Also in this time, at least three of our MAs have gone to nursing school: one returned to work with us and one is a nurse on L&D at UVMHC. Just as importantly, many have decided clinical care is not for them.

This is a role with tremendous turnover. All three of our MAs we currently employ have been in our office less than a year. MAs are hard to find and when hired, they must be trained for the unique work of a particular practice. I feel global training or certification requirements would be meaningless given the variety and types of tasks MAs perform and if there was such a requirement, I am certain we would have more of a problem recruiting

employees for the role. Most do not stay in this job for more a year or two. We already cannot compete with hospitals in attracting such employees as we do not have the resources to pay higher salaries or training certification costs.

Licensure and registration is a costly and unnecessary step for the type of tasks our MAs are performing. It would be an additional burden in an already extremely burdensome healthcare system. Finally it would be a regulation without proven benefit to patients or their medical providers.

Thank you for considering my thoughts on this issue.

Respectfully,

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