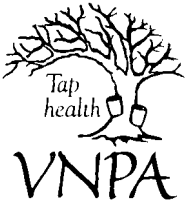


March 18, 2007



Dear Representatives Maier, Chen, McFaun, Copeland-Hanzas, Keogh, Leriche, McCormack, Milkey, O'Donnell, Ojibway, and Wheeler,

The Vermont Nurse Practitioner Association (VNPA) would like to thank you for giving us the opportunity to respond to version 1.7 of the health committee bill.

Burlington, VT 05401

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[www.vtnpa.org](http://www.vtnpa.org)

Although the inclusion of a Nurse Authority Study is a welcome addition to any healthcare legislation, the VNPA would like to opportunity to clarify a potential misunderstanding about scope of practice and regulations of the advanced practice nurse (APRN) detailed in section 11, titled: Primary Care Providers; Nurse Authority Study.

Like physicians, APRNs are board certified to ensure patient safety at entry level to practice which demonstrate competency and safety. This is evidenced through statistics showing malpractice filings of APRNs in states with full autonomous practice are very low, more than 8 times lower for APRNs versus physicians, dentist, and osteopaths.

The scope of practice for APRNs is determined through the certifying body. It is these professional standards that define our scope of practice. It is important to note, that APRNs are *not* seeking to change the scope of practice. APRNs in Vermont have full scope of practice. Our ability to practice and care for the health and well being of Vermonters is being hampered by the collaborative agreement clause in the Board of Nursing Administrative Rules and Regulations.

The collaborative clause now specifies who APRNs collaborate with, one physician. Realistically, we all collaborate (including physicians) with multiple providers in multiple disciplines. This does not need to be mandated or legislated. It is implicit in what we do as health care providers. Unfortunately, what the collaborative clause does is prohibit practice for APRNs who cannot find a physician willing to sign this document, and/or suddenly disrupts the care of patients when a collaborating physician retires, or for some reason leaves the practice. Ultimately, patients have limited access to care despite the availability of unemployed health care providers, specifically primary providers. APRNs are not asking for more than what is promulgated by the certifying body and Nurse Practice Act. APRNs are asking for the ability to practice without a mandate tying us to a single physician.

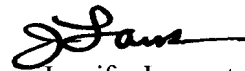
The VNPA acknowledges the tremendous effort of the Health Committee in version 1.7 of the health committee bill. Additionally, we recognize and value the effort to employ inclusive language of APRNs and other valuable health care providers. In addition to the above, we respectfully submit the following modifications for consideration in future drafts and the final submission.

- **Page 5, section 1, line 6, beginning with “The executive committee”:** The VNPA respectfully requests membership to the executive committee. Representation of an APRN provides a nursing perspective which focuses heavily on health promotion, screening, chronic care management, and education of the individual, family, and community using a holistic approach.

- **Page 9, line 1:** We recommend the addition of obesity as an explicit chronic health disease. This acknowledges the central problem of obesity as precursor to the majority of chronic diseases.
- **Page 10, line 21:** Omission of “by physicians and other health care providers” and replaced with health care provider. This language is inclusive of “physicians and other health care providers” and consistent with the language in the proposed bill.
- **Page 11, line 7:** Modification of “by physicians and other health care providers” to health care provider. This language is inclusive of “physicians and other health care providers” and consistent with the language in the proposed bill.
- **Page 19, section C, line 7:** Modification of “collaborative practice models to include physician and support-service providers” to “collaborative practice models to include health care providers and support-service providers”. This language is inclusive of all providers and acknowledges that APRNs, physicians assistants, and other health care providers are not support service providers but equal partners in the collaborative practice model.
- **Page 21, section e, #1, line 17:** Modification of “physician” to health care provider. This language is inclusive of “physicians” and consistent with the language in the proposed bill.
- **Page 24, #1, line 4:** Modification of “physician and non-physician staff” to “health care provider and staff”. This language is inclusive of “physicians and other health care providers” and consistent with the language in the proposed bill.
- **Page 24, #4, line 16:** Modification of “physician coordinated care management” to “health care provider case management”. This acknowledges that APRNs, physicians assistants, and other health care providers are central to the intricacies of case management both inpatient and outpatient. Additionally, this language is inclusive of “physicians” and consistent with the language in the proposed bill.

We, as Vermonters and advanced practice nurses, are grateful for the tremendous time and effort the committee has placed into addressing the health care crisis in Vermont. It is our hope that the suggestions submitted to the committee will increase access to vital health care services provided by APRNs and other health care disciplines. Please do not hesitate to contact us if more information is required or questions arise. It is a pleasure to work with such a committed group of leaders such as the House Committee on Health Care.

Sincerely,



Jennifer Laurent, APRN  
Family Nurse Practitioner  
President, VNPA