

Testimony

To: House Human Services Committee
From: Vermont Nurse Practitioner Association
Date: April 19, 2016
Re: S.243 – Advanced Practice Registered Nurses

The Vermont Nurse Practitioner Association is supportive of S.243. We are pleased that Advanced Practice Registered Nurses (APRNs) are recognized providers in the bill and thank this committee for the extraordinary hard work that has gone into protecting Vermonters from opioid addiction.

With 89% of the nurse practitioner (NP) population prepared in primary care and over 75% of practicing NPs providing primary care, NPs are a vital part of the Vermont primary care workforce. Evidence supports the high quality and cost-effectiveness of NP care. The NP scope of practice includes blending nursing and medical services for individuals and families. Our practice setting and our scope of practice places us in the front lines and well situated to play a major role in addressing opioid addiction in Vermont.

2016 Vermont NP Suboxone Prescribing Survey Results: The VNPA recently conducted a survey to its 600 members. The survey responses from 105 NPs demonstrates that a large number of NPs are ready and willing to participate in education and provide treatment to patients in their community and practice.

78% of NPs said yes to wanting to prescribe suboxone in order to keep their patients in the community and in their practice.

74% stated that attending a multi-day training on suboxone prescribing would not create a barrier.

63% are not currently in a practice with a physician who prescribes suboxone for their patients.

87% are currently caring for patients who are going to a different provider to receive their suboxone

83% are currently caring for patients who want and would benefit from suboxone treatment but are unable to find a provider who would provide this care.

We are respectfully asking the committee to make the following changes in language to better reflect the reality that many patients in Vermont see nurse practitioners and physician assistants as well as physicians for their primary care needs:

4771. Care Coordination Section 2(B) The qualified physician shall see the patient for addiction-related treatment other than the prescription of buprenorphine or a drug containing buprenorphine and shall advise the patient's *primary care physician*. This statement should read *primary care provider*.

4771. Care Coordination Section 3(B) (B) The qualified nurse practitioner shall see the patient for addiction related treatment other than the prescription of buprenorphine or a drug containing buprenorphine and shall advise the patient's *primary care physician*. This statement should read *primary care provider*.

VNPA in coalition with the Vermont Association of Nurse Anesthetists (VANA) is supporting the inclusion of 2 APRN members on the Controlled Substances and Pain Management Advisory Council, specifically the 2 positions related to APRNs in Section 14 of the bill - 18 V.S.A. § 4255(U) and (Z). We believe that the APRNs appointed under both of these sections are critical to both the education of our future primary care workforce, regulatory compliance, and have clinical experience with patients who are dealing with acute or chronic pain, an important component of primary care. It is for this reason that we propose the following amendments:

Proposed Amendment

18 V.S.A. § 4255 Controlled Substances and Pain Management Advisory Council

(b)(1) The Controlled Substances and Pain Management Advisory Council shall consist of the following members:

(U) a member of the Vermont Board of Nursing Subcommittee on APRN Practice, who shall be an advanced practice registered nurse who has clinical experience that includes caring for patients with acute or chronic pain.

(Z) an advanced practice registered nurse full-time faculty member from the University of Vermont's College of Nursing and Health Sciences with current clinical practice that includes caring for patients with acute or chronic pain.