



April 23, 2015

Dear Senators,

Thank you for taking my testimony today. My name is Paulette Thabault. I am here as Vice President and on behalf of the Vermont Nurse Practitioners Association.

I am currently a practicing Advanced Practice Registered Nurse (APRN) in an independent provider practice in South Burlington Vermont, GoodHEALTH Associates in Adult Medicine. My educational background includes an AD/Nursing from the University of VT, Bachelors of Science in Nursing from the University of Washington, and a Masters Degree in Nursing from Simmons College where I was also prepared as an Adult Nurse Practitioner. I additionally hold a JD from New England School of Law and a Doctorate in Nursing Practice from Northeastern University. I am certified as an APRN by the American Nurses Credentialing Center and I am Fellow in the American Association of Nurse Practitioners (AANP). In addition to my APRN practice I am Associate Clinical Professor and Director of online nursing education programs for Northeastern University.

As the state's previous chief regulator and Commissioner of Banking, Insurance, Securities and Health Care, I have a strong history and knowledge of reimbursement issues in Vermont's health care system.

I am here today to speak with you about a recent change to language in S.135 - Senate Omnibus Health Care Bill, Sec 16 V.S.A. § 9418 (n). Specifically, in the current proposal, APRNs have been stricken from the bill as eligible providers for the proposed reimbursement equity provisions. This is very concerning and VNPA opposes this new language.

Nationally, there are 205,000 APRNs with 87% in Primary Care. 85% participating in Medicare and 84% participating in Medicaid. In 2012, APRNs provided over 900 million patient care visits (1). There are over 460 APRNs in VT, with a significant number providing care in independent and non-hospital employed group practices.

In Vermont, the legislature in its wisdom has already recognized the tremendous contribution, value and quality of care APRNs provide to Vermonters. Act 66 of the 2011-2012 legislative session grants full practice authority to the some 460 Vermont APRN providers in our state. Yet significant barriers to full practice capability remain. Chief among these barriers is the great disparity in reimbursement to those APRNs who practice independently or as providers in independent provider practices like GoodHEALTH.

The Institute of Medicine (IOM) has recommended in its landmark report, The Future of Nursing: Leading Change, Advancing Health (2), that that nurses practice to the full scope of their license. Additionally, the National Governor's Association, American Association of Retired Persons, the Institute of Medicine, the Robert Wood Johnson Foundation and the Federal Trade Commission have all called for the reduction of barriers to practice for APRNs. Excluding APRNs from reimbursement parity under the proposed provisions in this bill adds to the

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barriers that already exist. Reimbursement disparity is a serious concern; it reduces the opportunity for more APRNs to establish in independent practices and also threatens the survival of those in independent practices today.

In closing we urge the committee to include APRNs as eligible providers in this proposal. We further urge the committee to always consider Vermonters access to health care by APRNs and removing barriers to full scope of practice as priorities in the ongoing healthcare discussions of our state.

Sincerely,

Paulette Thabault, DNP, APRN, JD, FAANP

1. The American Association of Nurse Practitioners

<http://www.aanp.org/images/documents/publications/primarycare.pdf>

2. Institute of Medicine (2010). The future of nursing: Leading change, advancing health. Washington, DC: National Academies of Science

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