



February 19, 2016

Senate Finance Committee

Dear Senators,

We are writing to you on behalf of the Vermont Nurse Practitioners Association (VNPA) concerning Senate Bill 243, an act relating to combating opioid abuse in Vermont.

The VNPA appreciates the work of this committee and is very supportive of the goals and purpose of this bill, particularly the important goals of increasing the number of prescribers of buprenorphine to patients with substance abuse disorders and encouraging improved coordination of care with primary care providers. This is an important step in addressing the epidemic of heroin and opioid abuse in Vermont.

The VNPA is especially appreciative of the inclusive language in the bill, which recognizes the important role that Nurse Practitioners have in ensuring access to high quality care to Vermonters. Nationally, there are 205,000 Advanced Practice Registered Nurses (APRN) with 87% practicing in Primary Care. In Vermont, there are over 460 nurse practitioners providing primary care in employed and increasingly in independent and non-hospital employed group practices. By recognizing nurse practitioners as critical providers, this bill will improve the opportunity for improved access to life-saving services as well as improve care coordination for some of our most complex patients – so thank you.

We have some recommendations we believe will strengthen this bill and will also reduce potential unintended consequences. We make the following recommendations:

1. In addition to allowing for the special circumstances that arise in the care of patients in hospice and end of life, we believe a similar exemption should be extended to permanent patients in long-term care facilities. These patients often have long-term chronic and debilitating diseases that need ongoing treatment for pain. The long-term care facility is a controlled environment and these patients pose little or no risk with regards to drug abuse, diversion and opioid addiction.
2. We note and agree with, that throughout the bill, the term “Primary Care Provider” is used and provides for the inclusion of both physicians and nurse practitioners. We ask that the bill be reviewed to ensure that this language is consistent. Most notably, the requirements for care coordination should extend to all primary care providers rather than primary care physicians.
3. The bill currently directs the University of Vermont Medical Center and the University of Vermont Medical School to collaborate on developing a curriculum to address competencies in safe prescribing practices for

VTNPA
P.O. Box 64773
Burlington, Vermont 05406
www.vtnpa.enpnetwork.com

medical students. We believe that this responsibility should be delegated instead to the professional licensing boards that approve the curriculums for all health care professional schools in Vermont. This would better ensure safe prescribing education for all prescribing practitioners, not just physicians.

4. We recommend that the priorities for community grants be extended to include rural health providers so that rural areas of our state have an equal opportunity to participate in developing innovative models for addressing patient care in the areas of pain treatment, addictions and substance abuse.

5. The bill calls for a 10-pill limitation when controlled substances are prescribed for patients following minor procedures. We have concerns about the definition of “minor” procedure and the undue burden that this limitation may place on patients living in rural areas who are unable to follow up readily for continued post surgical pain management.

6. Finally, we would urge the committee to consider provisions that would require insurance companies to cover alternative treatments and medications for pain control. For example non-steroidal gels are not currently covered by some plans, including Medicaid, and can be cost prohibitive for patients as an out of pocket expense.

Thank you again for your attention to these important issues. We would be happy to address the committee in person or answer any questions that you may have about these or other aspects of the bill.

Thank you in advance for your consideration.

Sincerely,

Amy O’Meara, DrNP, APRN
President, VNPA

Paulette Thabault, DNP, APRN, JD, FAANP
Vice President, VNPA
Co-Chair Policy Committee

Deborah Wachtel, NP, MPH, MS
Co-Chair, Policy Committee

Susan Sykas, DNP, APRN, PPCNP-BC
Policy Committee

Michelle Wade, MSN/ED, APRN, AGNP-C
Policy Committee

VTNPA
P.O. Box 64773
Burlington, Vermont 05406
www.vtnpa.enpnetwork.com