

Dr. Teleron: Thank you very much. Your letter will be shared with the full House Government Operations Committee. It will also be posted on our web page and entered into the record. Best regards, Maida F. Townsend, Chair, House Government Operations

From: Teleron, Amy Lynn <AmyLynn.Teleron@uvmhealth.org>
Sent: Thursday, February 1, 2018 11:25 PM
To: Teleron, Amy Lynn
Subject: NP Collaborative Practice with Physicians: H-684

Dear Representative:

Thank you for taking the time to read this letter in its entirety. This letter is in regards to my request of you to vote "NO" on Bill H-684.

Nurse Practitioners (NP) are no doubt an important member of the medical team. However, with the level of training they obtain, they should not be allowed to make life and death decisions for patients without additional required supervision/collaboration with physicians. NP's may be claiming they don't need to be supervised by physicians in order to "collaborate." However, how do they truly know when to collaborate if they haven't received full training? The phrase "they don't know what they don't know" can be applicable here. This is why it is so important to continue with the required NP supervision.

Physicians are uniquely qualified to lead the health care team. As you may know, there are substantial differences in the education of a physician compared to NP in both the depth of knowledge and length of training. After finishing a rigorous undergraduate academic curriculum to gain admission to medical school, physicians receive an additional four years of education in medical school, 2 years of which are clinical training in medicine. This is followed by 3-7 years of residency and 12,000-18,000 hours of patient care training in medicine. In stark contrast, NP's receive 2-4 years of education (some of which can be completed online) and minimum of 500-720 hours of patient care training. The American College of Nursing recommends that nurse practitioners have a minimum of 500 hours in direct clinical practice during their educational training, which oftentimes is bedside nursing clinical practice, NOT the practice of medicine. Training in the practice of medicine for medical students and residents includes teaching them not only to counsel

patients and prescribe medications, but also to formulate assessments, differential diagnoses, and to create and implement treatment plans. Most NPs have just 2-3 years of postgraduate training and less clinical experience than is obtained by 3rd or 4th year medical students.

By any measure, the differences in training are significant. Given the wide array of challenges that confront the independent practitioner, physicians' additional training and expertise allows them to substantially reduce the incidence of complications and to recognize and treat them appropriately when they do occur. NP "Collaboration" without oversight of physician supervision often means unnecessary and costly referrals to specialists to get information that a fully trained physician would know from their training without the need to refer. It also often translates to NP's prescribing more antibiotics and narcotics unnecessarily. (See article on antibiotic prescribing and provider factors at https://www.medscape.com/viewarticle/892016?nlid=120416_4502).

In addition, there are current NP programs that advertise 100% acceptance rates, 100% online education, and require the minimum 500 clinical hours. It is with certainty that these NP's will not be ready to practice independently after graduation, especially if they are not required to continue in a collaborative agreement of the additional 24 months or 2,400 hours (or 12 hours or 1,600 hours for new roles or population foci). Especially with the advent of these new "NP Mills" we must protect our patients by ensuring that these NPs have a minimum amount of additional learning and training under supervising physicians.

I personally believe in the physician-led, team based, patient care model. I also immensely respect and appreciate the nurse practitioners that I work with. However, I most certainly believe NP's should NOT be able to rid of the required collaborative agreement upon graduation from NP school. The seasoned NP's that I have discussed this issue with here at UVMHC are in agreement. There is no reason for NPs to rid of the additional education that will only make them better practitioners to provide the high quality care that Vermonters deserve.

Thank you so kindly for your careful consideration of this serious public health issue and its far reaching consequences.

Sincerely,

Amy Lynn Teleron, MD

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