

I am an APRN in private practice (psychiatry) as well as the APRN for the UVM Transplant team and have over 20 years' experience as an NP, including in states other than Vermont with varying state mandated versions of practice agreements/guidelines. It has been my experience that nurse practitioners seek collaboration routinely when it is appropriate whether or not there is a legal mandate. I would expect this to be true of physicians as well. Sometimes we forget that physicians should be collaborating when a more experienced provider's input would be helpful for the patient. I don't doubt that they do that – even without a legal mandate (although, of course, there is no “direct evidence,” as Ms. Barnard puts it, that they do this). Numerous studies have shown that care provided by APRNs in primary care and other areas is comparable to that provided by physicians in terms of patient outcomes. There are no studies that suggest newly graduated APRNs provide lesser care.

The collaborative practice agreement is one more barrier to patients' access to care. It suggests to patients that the care provided by their APRN is not good enough without physician oversight. It also allows many practices to bill the patient “incident to” the collaborating physician's services which increases the cost of care. Perhaps, you are not aware also that collaborators often charge APRNs for this service, and that cost can be significant.

The Vermont legislature has indicated its belief in the professionalism and quality of nurse practitioners by establishing independent practice. I urge you to eliminate the collaborative agreement/practice guideline requirement.

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