

And we will post this email also for the record. Thank you very much.

From: liz krull <lizkrull@yahoo.com>
Sent: Thursday, February 1, 2018 4:34 AM
To: Maida Townsend
Subject: Re: H-684

Dear Representative Townsend,

Thank you so much for reading and forwarding my email.

I have just thought about the fact that nurse practitioners may testify that they don't need to be supervised to in order to collaborate.

My response to this is that it is only by being fully trained that you would know when you need to collaborate; hence the need for supervision. Also, "collaboration" without the oversight and accountability of supervision often simply means unnecessary and costly referrals to specialists to get information that a fully trained MD or DO primary care physician would know without the need to refer.

Please consider that the best intentioned nurse practitioners still miss many diagnoses, consideration of comorbidities, and best treatments, simply because this complete thought process and knowledge can only be learned in no less than full medical training. These NPs have nothing to lose by staying in supervised roles on a team.

The worst intentioned nurse practitioners and NP schools stand to selfishly gain monetarily at the expense of patients.

Thank you kindly,

Dr. Hatz

On Thu, Feb 1, 2018 at 4:13 AM, Maida Town
<MTownsend@leg.state.vt.us> wrote:

Dr. Krull: Thank you very much for your input. I have copied our committee assistant, Denise Diehl, on this email. Please contact her if you would like to be scheduled in on Friday afternoon to speak with the committee via speakerphone. In any case, rest assured that your input will be posted on our web page and entered into the record. Best, Maida F. Townsend, Chair, House Government Operations

From: liz krull <lizkrull@yahoo.com>

Sent: Thursday, February 1, 2018 3:31 AM

To: Maida Townsend; Rob LaClair; Warren Kitzmiller; jbrumstead@leg.state.vt.us; Dennis Devereux; John Gannon; Marcia Gardner; James Harrison; Patti Lewis; Tristan Toleno

Subject: H-684

Dear Representative,

Perhaps you have been feeling a lot of pressure from constituents urging you to support the unsupervised practice of Nurse Practitioners. Or perhaps what you are feeling is the unfettered and unregulated Nurse Practitioner supply that is flooding the market with inexperienced and undertrained Nurse Practitioners who have been told they "are just as good as doctors" by Nurse Practitioner schools and now feel compelled to urge your masse for the right to the full practice medicine unsurpervised.

These schools have gained an unregulated, unlimited amount of students from continuing to sell them on the idea that with a few short years of easily acquired information (sometimes 100% online), that they do not need physicians in order to practice - no matter what anyone would like to call it to obfuscate the issue - what is the full scope of medicine.

I'm not sure really sure who else stands to gain by giving Nurse Practitioners the right to practice without supervision. It is clear that Nurse Practitioners do not have the hours, education, the educational standard, the rigors of medical school and residency along with the many tests and checks of competency along the way, or the same type of education Medical Doctors (MDs) and doctors of Osteopathic Medicine (DOs) have. 2400 or any number of hours in an undefined colaborative NP position an a unregulated (at best) position (it could be ANY specialty with ANY number of patients per hour doing ANY kind of work with ANY kind of rigor, along with no checkpoints of regular testing, etc.) is nothing like the regulated, structured, and consistent rigors the of 2400 hours (out of the 10,000+ required residency hours) of training a DO/MD intern would go through in the first *ten months* of their 3-7 year residency AFTER completing 4 years of medical school. And yet this very vocal group of Nurse Practicioners (whom I suspect are largely the young, and inexperienced Nurse Practitioners not the seasoned ones who realize the limits of their training and their need for supervision - do you see mostly young, eager faces in this campaign?) is pushing to be given the same rights and privileges as MDs and DOs to practice medicine...

Why is it so oppressive to an NP to continue to work on a team with these Physicians who have this kind of knowledge and training? Why would they not want to be supervised if working in rural or underserved areas? And how does supervision impede their competent work in these areas? I would think a competent Nurse Practitioner would want all of the support and teamwork they could get.

The only reason I can see for this kind of legislative push is that Nurse Practitioners want to be seen as interchangeable with physicians in terms of respect and monetary reimbursement. And the schools want more glamour to market to their students.

As a physician who conscientiously supervises a Nurse Practitioner (for no monetary gain) and gives autonomy based on individual ability and accountability, I cannot think of one good reason to break up the team and compromise patient care. It certainly does not benefit the patient or the rest of the team.

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

Sincerely,

Elizabeth Hatz, D.O.
Board Certified Family Medicine