

Dear Members of the House Government Operations Committee:

Thank you for hearing testimony from the Vermont Medical Society over the past week on Section 13 of H. 684 regarding collaborative practice for APRNs.

I would like to emphasize that **VMS remains open to working on compromise approaches with OPR, the Board of Nursing and others, as the Committee discussed on Tuesday afternoon.** I would also like to follow up in reference to several points you heard during past testimony.

There is variation among the states with respect to the authority of nurse practitioners to diagnose, treat, and prescribe. However, **a strong majority of states require, at a minimum, that an APRN complete a certain number of hours or years of collaborative practice before practicing independently. The average requirement is for approximately 2 years or 3000 hours of collaborative practice.** Just last month, the FTC [commented in favor](#) of a state legislative proposal in Pennsylvania that would allow APRNs in that state to practice independently after 3 years of collaboration.

- 25 states require ongoing physician involvement for APRNs to diagnose, treat, and/or prescribe
 - 17 states require physician involvement for APRNs to diagnose, treat, and prescribe (AL, CA, FL, GA, IN, KS, LA, MO, MS, NC, NY, OH, PA, SC, TN, VA, WI)
 - 8 states require physician involvement for APRNs to prescribe, but not to diagnose and treat (AR, KY, MA, MI, NJ, OK, TX, and UT)
- 10 states (CT, DE, IL, MD, MN, NE, ME, SD, VT, WV) require an APRN to complete a certain number of hours or years of collaborative practice before practicing independently
- 15 states and D.C. do not require initial or ongoing collaboration

Nearly* all bills that have granted independent practice in the last 4 years have included a transition to practice.

2014

Connecticut (3 years)

Kentucky allowed independent Rx of noncontrolled substances (4 years)

Minnesota (2,080 hours)

Nevada* (no transition)

2015

Delaware (2 years and 4,000 full time hours)

Nebraska (2,000 hours w/physician or 10,000 w/supervising NP)

Colorado lowered hours for independent Rx authority to 1,000 from 1,800

Maryland (18 months)

2016

West Virginia (2 years)

2017

Illinois (4,000 hours)

Recent data also indicate that patient care does vary between APRNs and physicians. For example, the attached studies found that compared to physicians, advanced practice professionals are more likely to prescribe antibiotics, order more imaging services for similar patients and are more likely to refer inappropriately to specialists/academic medical centers.

APRNs are an essential, valuable members of the health care team. However, this last article concludes that this difference in practices “suggest[s] the potential **need for more universal guidelines regarding best practices for collaboration between NPs, PAs, and physicians.**” **Collaboration should not just be an aspiration but a requirement for new trainees entering the workforce – as it already is for physicians and physician assistants.**

Thank you and please let me know if I can answer any further questions.

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