

Dr. Giordano: 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: Christin Giordano <giordano.christin@gmail.com>

Sent: Wednesday, January 31, 2018 8:21 PM

To: Maida Townsend

Subject: No on H684

Dear Representative Townsend,

I am writing as a concerned physician and prior physician assistant about H684 which is now in the your committee in the hopes that you will oppose this bill. As a prior midlevel provider myself, I am in the very unique position to definitely say that the training and knowledge base differences between that of a physician and nurse practitioner cannot be compared. Many doctorate of nurse practitioner programs are completely online with 100 hours or less of clinical time! That is the equivalent to 1.5 weeks of intern year- and there is no one who believes an intern who has 2 to 4 more years of base education compared to a nurse practitioner is ready to practice independently! In fact, I am in my 2nd year of internal medicine residency. I had worked as an MRT for 2 years, then EMT-Basic for 2 years and then EMT-intermediate (RI) for 2 years, completed my Bachelor's degree and then went on to get my Masters in PA Studies (2 years), worked as a PA for 2 years, attended medical school (4 years) and have now completed just over a year of residency (at an average of 72 hours a week of training). I still require my attending over half the time to help make decision in my primary care clinic! The thought of a nurse, with significantly less training, is the definition of insanity to me. By removing the required hours currently in place, you are subjecting the people of Vermont to inferior care.

This is simply dangerous for patients. The studies that I'm sure being presented to you will demonstrate "equivalency" but none of these studies have been published in well respected journals as the research methods are poor- having looked at at least 10 of these myself. Further, I have personally seen NPs make mistakes a physician even early in training would not- things like giving morphine to an end stage renal disease patient (morphine is cleared by the kidneys- and this can kill an ESRD patient!). Other, better designed studies have demonstrated that NPs and PAs over-order labs and imaging studies and over-refer to subspecialties due to their lack of

knowledge. (<http://www.medscape.com/viewarticle/835785>) This study did NOT specifically include or exclude independent midlevels and thus we can assume it will only be worse as physicians likely stepped in and prevented more ordering and referrals. This costs the healthcare system MORE, not less (like it seems at face value). NPs have a valuable role on the healthcare team but physicians should continue to lead this team. I hope that you will oppose H684 and protect patients! Please feel free to contact me with any questions.

Sincerely,
Christin Giordano McAuliffe, MD