



H.684 Section 13 - Advanced Practice Registered Nurses

Background: The Vermont Board of Nursing is proposing changes to the Advanced Practice Registered Nurse's (APRN) licensure requirements in [H.684](#), a bill that would make amendments to statutes governing professions and occupations regulated by the Vermont Office of Professional Regulation. This bill would eliminate the APRN licensee requirement to:

1. File Practice Guidelines - Under existing law, APRN licensees are required to file practice guidelines that reflect current standards of advanced nursing practice specific to the APRN's role, population focus, and specialty with the Vermont State Board of Nursing. The Board is required to review and approve these practice guidelines before the licensee's initial employment or a change in the licensee's employment. *This bill would eliminate the need for APRN licensees to file practice guidelines.*
2. Collaborative Provider Agreements - Under existing law, APRN licensees are required to engage in a collaborative provider agreement for the first 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus. *This bill would eliminate the need for the collaborative provider agreement.*

Talking Points:

- Collaboration is the preferred model of health care practice and clinical autonomy has been identified as a barrier to improving the quality of medical care.¹ Our members reported appreciating the collaborative, team approach taken with the APRNs with which they work. (See attached comments.)
- Newly graduated APRNs do not have the same clinical preparation as a physician. Physicians are required to participate in a minimum two year accredited postgraduate training (residency) before being eligible to become a licensed healthcare provider in Vermont.² In order to obtain specialty board certification, including primary care specialties, physicians need to complete

¹ Amalberti R, Auroy Y, Berwick D, Barach P. Five System Barriers to Achieving Ultrasafe Health Care. *Ann Intern Med.* 2005;142:756–764, available at: <http://annals.org/aim/fullarticle/718374>. The article finds that: "Given the interdisciplinary nature of health care and the need for cooperation among those who deliver it, teamwork is critical to ensuring patient safety and recovery from and mitigation of error."

²http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP_Board%20Rules%20Effective%202017.pdf (Section 18)

three or more years of supervised residency training.³ Postgraduate training for a physician is subject to intense control and review of all provided care by an experienced attending physician. Physicians typically have provided 12,000-16,000 hours of total patient care through training. According to the Institute of Medicine Future of Nursing report, APRNs are required to have 500-700 hours of total patient care hours through their training. Models of training APRNs are developing and include pathways to becoming a nurse practitioner without prior clinical experience.⁴

- Vermont physicians report that newly-hired APRNs, especially new graduates, seek more guidance and collaboration, not less. (See attached comments).
- VMS has received no direct evidence that collaboration will take place without such a regulatory requirement.
- The model in Vermont is already flexible, with APRNs new to practice being able to seek collaboration with a physician or another APRN.
- This change would increase the divergence in regulatory oversight between APRNs and physician assistants (PAs). PAs are required to work under physician supervision and with written delegation agreements for their entire professional career⁵ while having two year training with 2,000 hours of clinical care.

The Vermont Medical Society would welcome the opportunity to meet with the Board of Nursing to discuss alternative approaches that maintain an initial relationship with a more experienced provider but minimize the regulatory burden.

- Alternative approaches that include less regulatory oversight are available. For example, Maine Board of Nursing Rules require that a nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or be employed by a clinic or hospital that has a medical director who is a licensed physician.⁶
- VMS is engaged in a collaborative dialogue with our PA colleagues to identify ways to reduce the administrative burdens involved in PA licensure. We would welcome a similar conversation with APRNs.

³ <http://www.uwmedicine.org/education/Pages/specialties-subspecialties.aspx>

⁴ <https://www.nursepractitionerschools.com/faq/can-a-non-nurse-become-an-np>

⁵ http://www.healthvermont.gov/sites/default/files/documents/pdf/BMP_Board%20Rules%20Effective%202017.pdf (Section 23.0 & 27.0)

⁶ http://www.maine.gov/boardofnursing/docs/Chapter_8.pdf