Good afternoon. Thank you Madam Chair and members of the Committee for this opportunity to offer testimony in support of the 2018 Office of Professional Regulation bill.

First, I'd like to introduce myself and tell you why I'm here. My name is Ellen Watson and I am a Family Nurse Practitioner. I have been a Board-certified Family Nurse Practitioner since 2005 and I have been a nurse for 25 years. I am also the Chair of the Vermont Board of Nursing and have been on the Board for 6 years. In my paid professional role, half of my work week is spent seeing patients at Appletree Bay Primary Care and the other half teaching undergraduate and graduate students at the University of Vermont. Appletree Bay is a unique practice, in that it is a nurse practitioner led practice and we all teach at UVM. We usually have students with us in clinic, as well. We employ one Integrative Health physician. Appletree Bay is the only primary care practice in the New North End of Burlington and we serve the people of that community, including the elderly, young and older families and have many patients who live in Thayer House and some of the Cathedral Square facilities, as well as Franklin Square and the Old North End. Our practice accepts Medicare, Medicaid and commercial insurances. Many of my patients have been with me since I worked at the Community Health Center of Burlington and many of them are complex, both in their physical and psychosocial healthcare needs.

Madam Chair, I also serve on the Primary Care Advisory Group for the Green Mountain Care Board. This group was established by the Vermont legislature in section 10 of Act 113 of the Acts of 2016 to provide input to the Green Mountain Care Board on issues related to administrative burdens facing primary care providers… things like prior authorizations for medications and imaging. Today, I'd like to focus on two things, first, the required APRN Practice Guidelines and second, the Collaborative Practice Agreements that are currently necessary during the Transition to Practice period. The Vermont Board of Nursing has been reviewing these two requirements for approximately one year. In December of 2017, the Board took a formal and unanimous vote to request that the Office of Professional Regulation remove the requirement for individual practice guidelines for the life of an APRN license and the requirement for new APRN graduates to have a collaborative practice agreement for the first two years or 2040 hours of practice. Neither one of these

remnants from the days before APRNs were granted full practice authority is necessary for public protection. Based on a recent literature review conducted for a fellowship I am doing, there is absolutely no evidence about what a collaborative practice agreement should be or should contain or that it offers a way to enhance public protection.

I would like to offer some context for you with a brief explanation of the role of the Advanced Practice Registered Nurse in the fabric of modern healthcare. Vermont licenses APRNs in four distinct roles:

1) Certified Nurse Practitioner

2) Clinical Nurse Specialist in Psych and Mental Health

3) Certified Registered Nurse Anesthetist and

4) Certified Nurse-Midwife

Every APRN in the State of Vermont is required to become Board Certified and maintain this certification on the national level. The same is true in all but four states and most certainly provides for more consistency in ensuring competence with APRNs. Recent trends in the United States show a tendency to pursue "right touch regulation", meaning that we work to protect the public with the least burdensome regulatory restrictions possible. This has moved more and more states closer to full practice authority for APRNs. It is well known that APRNs are competent and effective providers of high quality and cost-effective healthcare with excellent outcomes. And in 2010, the Institute of Medicine produced the Future of Nursing report that stated, in the first recommendation that nurses and APRNs should be allowed to work at the top level of their education and abilities. Further, they advised that barriers (like collaborative practice requirements) to full practice authority be removed on the state level in every state. The Federal Trade Commission has written a policy brief and multiple letters to states asking that barriers to full practice authority and to competition be removed. Both of these organizations recognize that APRNs must be an important part of the solution to achieve an effective and affordable system of healthcare. I am happy to provide that literature to the committee if you are interested.

Today's Advanced Practice Registered Nurse has a targeted masters or doctoral level education that includes didactic and clinical training in addition to his or her pre-licensure education as an RN. The graduate programs that prepare RNs to become APRNs are based on guidelines and essential competencies that emphasize the need to use evidence-based guidelines when they exist. APRNs must pass a rigorous national certification examination and need to recertify periodically. This process necessitates continuing education units in a variety of topics. Consequently, from start to finish, APRNs are taught the importance of using up-to-date evidence to guide patient care. This is part of who we are… our professional identity. The additional obligation to produce "individual practice guidelines" is redundant and unnecessary. Think about this idea for a minute or two. Healthcare is a dynamic field. We are always seeking evidence to support our efforts to provide cost-effective high quality care. With the current statutes, both at initial licensure and with renewals, an APRN needs to choose some set of guidelines that he or she finds useful. In the two years between renewal periods, one or more elements of the chosen guidelines may very well become out-of-date. Do we ask any other profession to do this? Does it even make sense? It ends up being administrative busywork for APRNs who are already strapped for time in their clinical roles. Additionally, as part of my duties for the Vermont Board of Nursing, I review complaints about APRNs, of which there are very few, but on those occasions when I do need to review a complaint, I have never had the thought to look at the practice guidelines. They do not define care or standards of practice. The Nurse Practice Act, Scope of Practice and National Standards define practice. The practice guidelines that APRNs submit ever two years are irrelevant. The real guidelines are drawn from national standards and not from what is dictated on a form, kept in a filing cabinet, at the Office of Professional Regulation.

The second proposed change that I would like to address is the requirement for a transition period when a collaborative practice agreement is required. The nature of healthcare requires that APRNs collaborate. The model of a solo practitioner opening a solo practice is a dying model. It is not financially viable any longer. Approximately 89% of all Nurse Practitioners are educated to provide primary care and 75% will end up working in a primary care setting. I cannot imagine any primary care provider, new to the field or with

years of experience, who does not collaborate on a daily basis. The vast majority of APRNs in Vermont are part of practices, like my own, with several other providers or they are employed by even larger facilities. It is also rare for any patient to see only one provider for all of their healthcare needs. More typically, patients have their care coordinated by the PCP and are referred to specialty providers. Primary Care Providers and Specialists are required to communicate and collaborate to provide optimal healthcare and ensure the best outcomes. This transition to practice rule does provide obstacles to a new APRN in his or her goal to start working. Small offices may not be able to offer a collaborating provider. New APRNs may have delays in entering the workforce. It is unnecessary to mandate a formal agreement with a specific provider which is filed in a government office. The new APRN, just like more experienced APRNs will collaborate on an ongoing basis throughout their careers. These collaborative agreements are another example of unnecessary government intrusion into a space that is more than adequately covered.

The Institute of Medicine, The Veteran's Administration, the Federal Trade Commission, the American Association for Retired People, the Hospital Association, the Council of State Governments and many other respected organizations have all called for APRNs to have the ability to do what they do best: provide competent and compassionate care driven by research based national standards and collaborate with other healthcare professionals to care for the people of Vermont. Vermonters deserve uninhibited access to the high quality, affordable care that APRNs provide. Artificial restrictions that can often delay care and can drive these valuable primary care professionals to less restrictive jurisdictions make no sense. The nursing profession has long been the most trusted profession in the United States. Advanced Practice Registered Nurses are safe and effective providers for the people of Vermont and must be allowed to do the job that they do so well… because our patients are counting on us.

Thank you.