

Dear Senator Ayer,

I am writing to you in regard to the bill that was introduced by the Office of Professional Regulation (H.684). This bill has taken on a new dimension from the original intention. Originally it had been decided, with the blessing of the Vermont State Board of Nursing, to eliminate the collaborative practice agreement for new APRN grads. Removing the agreement would have no impact on safety for Vermonters. The OPR and BON would have never proposed its removal if safety were a concern. APRNs are a highly professional group who collaborate daily in their practice. MDs as well collaborate with other providers, to include these highly skilled APRNs. The current collaboration agreement requires the graduate to name providers (APRN or MDs in the speciality) who would serve as collaborators for the two year transition. The new language as proposed by the Vermont Medical Society, would be restrictive in that it requires a collaborator to be present on site. I am the Chief CRNA (Certified Registered Nurse Anesthetist) in St. Johnsbury, and two members of my anesthesia team are new graduates. After a period of department transition, including buddy call, we require them to take independent call. They have contact information for concerns that might arise, but they are taking call independently. The proposed change in language mandates that a collaborator be on site. This becomes more of a supervision than a collaboration. The impact on our hospital would be tremendous, in that these new grads would not be eligible to take independent call for two years.

We are a clinical site for the University of New England Nurse Anesthesia program, and the two months of senior clinical rotation with us gives us an excellent opportunity to assess clinical competency and all professional qualities we would be looking for in a new employee. Thus we hired two of our former students to fill positions. Our job requires 24 hours a day emergency call and each member of the department shares this call equally. As stated above, we carefully transition our new grads into call, and have 24/7 contact ability with a peer. The proposed change in language, would prevent us from hiring newly graduated CRNA's.

Due to lobbying by the Vermont Medical Society and Vermont Society of Anesthesiologists (VMS/VSA), amendments were placed in the bill which is now up for consideration. I have concerns that the amendment language (which did not have input from APRNs) may cause Vermonters to have decreased access to health care services, specifically high quality anesthesia services provided by CRNAs at small rural hospitals. I would like the Senate Committee on Health and Welfare to recommend removal of the amendments and have the bill return as introduced. I thank you for your attention to this matter. Please feel free to contact me with questions.

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