

To: Senate Committee on Health and Welfare

From: Deborah Wachtel, DNP, MPH, APRN

Date: February 7, 2018

Re: S.53 – An act relating to a universal, publicly financed primary care system

Good Morning Chair Ayer and members of the committee. Thank you for giving me the opportunity to speak to you today about S.53. My name is Deborah Wachtel and I am here today speaking on behalf of the Vermont Nurse Practitioner Association (VNPA). I am a nurse practitioner specializing in the primary care of adults. I practice at Appletree Bay Primary Care, the University of Vermont College of Nursing faculty practice. We care for over 4,000 patients. I am also an associate professor in the nurse practitioner program.

By way of background, nurse practitioners are advance practice nurses who complete a minimum of 6 years of academic and clinical preparation, earn either a masters or doctoral degree, and are board certified through national certification exams specific to their patient population. This includes: Adult/ Gerontology (AGNP), Family (FNP), Adult (ANP), Psych-Mental Health (PMHNP), Pediatric (PNP), Women Health (WHNP). Acute Care (ACNP). The NP scope of practice includes blending nursing and medical services for individuals, families and groups. NPs diagnose and manage acute and chronic conditions and emphasize health promotion and disease prevention. Their services include, but are not limited to: ordering, conducting and interpreting diagnostic and laboratory tests; prescribing pharmacologic agents and non-pharmacologic therapies; and teaching and counseling. They practice autonomously and in collaboration with other health care professionals to manage patients' health needs.

There are some obstacles in my view to providing primary care as an APRN in Vermont but there are also some opportunities for APRN's in Vermont as well.

In terms of obstacles, the current administrative burden of providing primary health care is causing a disturbing trend toward patient's inability to afford seeing their provider when a medical need arises. This results in countless stories of patients whose medical conditions deteriorate causing disability, costly hospitalizations, and even premature deaths. We live in a country where care is available according to the patient ability to pay instead of the patients' need for health care. Working Vermonters who have health insurance are unable to afford the costly co-pays and deductibles forced on them by our current system. We must juggle ever-changing drug formularies and multiple sets of imaging protocols established by the various insurance carriers throughout the day which result in delayed studies, delayed treatment, and often in worse and costly health outcomes for the patient, including missed work and loss of jobs due to prolonged illness.

According to the Vermont Department of Health 2016 Physician Census Report, the number of physicians practicing in primary care decreases while the number of APRNs practicing in primary care increases every year. There are currently 671 APRNs practicing in Vermont. The UVM NP program is providing the needed NP workforce to fulfill the increase in Vermonters that will be able to afford health care visits for their primary care needs with passage of this publicly funded universal health care bill. However, if we do not correct the current administrative burden and disturbing barriers to helping people when they are the most vulnerable, we will see more physicians, PAs, and NPs leaving primary care practice, creating an even bigger gap in care.

There is good news for NPs in Vermont as well. University of Vermont's Nurse Practitioner (NP) Program is poised to meet the needs of rural/underserved Vermonters: The University of Vermont (UVM) delivers the state's only graduate nurse practitioner program. UVM admitted the first cohort of students in 1996, graduating in 1998. As of October 2016, 256 students have graduated from the program in the population focus areas of FNP, ANP, AGNP, and PMHNP. Over the past five years, nearly 70% of graduates have gone on to practice in Vermont with 64% of those practicing in rural Vermont. UVM graduates have made a significant impact on health care delivery in Vermont, and this is especially evident in the rural reaches of the state where the majority of the UVM graduates practice in Primary Care settings.

UVM NP Graduation details 2012-2016: (includes 2 graduates 10/2016 in 2016 data)

Grad Year	#Practice in VT	#Practice Rural VT	#Practice Rural VT PrimCare	#Practice w/ underserved population. **	Practice Out of State	Not in NP practice
2016	14 (70%)	9 (64%)	9 (100%)	2 FQHC	6	3
2015	19 (76%)	11 (58%)	10 (91%)	2 PMH 1 FQHC 1 NHSC*	5	1
2014	12 (67%)	7 (58%)	7 (100%)	2 PMH 1 NHSC* 1 OOS FQHC	5 *	0
2013	12 (67%)	10 (83%)	9 (90%)	2 PMH	5	1
2012	14 (66%)	8 (57%)	7 (88%)	6 PMH	8	1
Avg%	69%	64%	94%			

* National Health Service Corp= Required placement at HSPA (no HSPA designated in VT)

** Underserved populations include Psych-Mental Health and FQHCs in urban settings (FQHC in rural settings not included in this column).

The UVM NP program is currently generating a robust primary care work force and has transitioned to a Doctor of Nursing Practice (DNP) program. There are 59 students currently in the DNP program who will be graduating over the next 2 years, all with a primary health care focus of study. Vermont NPs are licensed independent practitioners that are currently meeting the primary health care needs for Vermonters.

Thank you for considering my testimony.

