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State of Vermont
Department of Health
Board of Medical Practice
108 Cherry Street–PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-657-4220
[fax] 802-657-4227

Agency of Human Services

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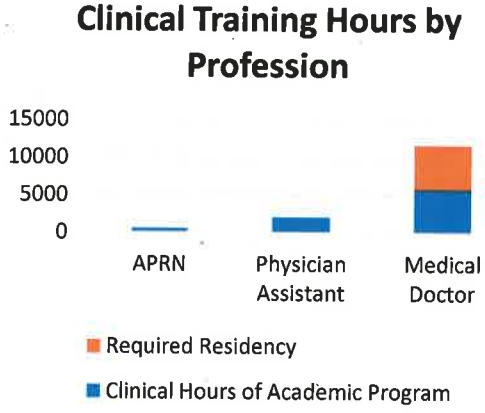
H.684, Sec. 15 – Why Elimination of APRN Practice Guidelines and Transition to Practice is a Bad Idea

What is the issue?

H.684, Sec. 15 would lessen public protection in Vermont by allowing APRN practice in clinical areas for which they are not trained. Now law requires APRNs to have written practice guidelines that document their role, population focus, and specialty. 26 V.S.A. § 1612. Guidelines must be approved by the Nursing Board before an APRN changes employment, clinical role, population focus, or specialty. It is unprofessional conduct for an APRN to practice beyond those acts and situations in approved guidelines. 26 V.S.A. § 1615(a)(4). That is how Vermont oversees the nature of an APRN's practice. H.684 eliminates guidelines.

H.684 also (as amended in the House) eliminates the statutory "transition to practice" for some APRNs. Law now requires APRNs with less than two years/2400 hours of practice to have a collaboration agreement with a physician or experienced APRN. 26 V.S.A. § 1613. H.684 would eliminate that for APRNs employed in a practice with two or more physicians or APRNs who have at least four years of practice.

Why are practice guidelines important?



- Vermont law requires APRNs to have clinical training "in the role and population focus of the applicant's certification." 26 V.S.A. § 1611(1).
- The standard for APRN training is 500 hours of clinical training. For Physician Assistants the standard is 2,000 hours. To be licensed, MDs have 12,000 to 14,000 hours.
- What is the justification for such disparity in clinical training hours required to practice medicine? The best explanation likely is that those limited hours are "in the role and population focus of the applicant's training." 26 V.S.A. § 1611.
- As changed by H.684, the limits of APRN practice would be defined only by "the limits of the knowledge and experience of the APRN." 26 V.S.A. § 1615(a)(4).
- Who would determine when an APRN's knowledge and experience are sufficient to practice in new areas? It's unclear – it would not be stated in the law.
- What is the standard for knowledge and experience? None identified in the bill.

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Why is Transition to Practice for new APRNs and APRNs changing practice important?

- Again, APRNs have a limited number of clinical training hours – 500 -- and that training is targeted just at the "role and population focus of" the certification. 26 V.S.A. § 1611(1).
- PAs have 2,000 hours of clinical training in their academic training. PAs must have a documented supervising physician available whenever practicing.
- MDs have over 5,000 hours of clinical training during medical school but cannot obtain a license to practice independently until they've successfully completed at least two years of graduate medical education (residency), during which practice is supervised.
- Research shows a direct correlation between the amount of clinical training an MD has and the likelihood that an MD will be disciplined for unprofessional conduct. Training matters.
- No one should be allowed to practice medicine independently with just 500 hours of clinical training.

Why is the House amendment an inadequate substitute for Transition to Practice?

- The collaborative provider agreement requirement created by statute and Board of Nursing rule requires that the collaborative provider practice in the same role and population focus or specialty as the APRN. That promotes patient safety by calling for a mentor who has training, knowledge, and experience in the field for which they will provide mentoring.
- The amendment requires nothing more than the employment in the same practice of two health care providers who each have been licensed for at least four years. There is no mention of role, population focus, or specialty. The two providers used to meet that requirement could practice in a completely unrelated field, have no experience in the APRN's practice area, and decline to provide any mentoring. Patients deserve more from the state – there should be more to assure that an inexperienced provider will receive mentoring from a professional qualified to do so.