To: Senate Committee on Health and Welfare

From: Deborah Wachtel, DNP, MPH, APRN

Date: April 6, 2018

Re: Office of Professional Regulation (OPR)H. 684 - An act relating to professions and occupations regulated by the Office of Professional Regulation, Section 15: Advanced Practice Registered Nurses

Good Morning Chair Ayer and members of the Senate Health and Welfare Committee. Thank you for giving me the opportunity to speak with you about H.684. For the record, my name is Deborah Wachtel and am here speaking on behalf of the Vermont Nurse Practitioners Association (VNPA). I am an adult nurse practitioner specializing in the primary care of adults. I practice at Appletree Bay Primary Care, which is the University of Vermont CNHS faculty practice. I am also an Assistant Professor of Nursing at the University of Vermont where I teach nurse practitioner students through to their graduation. This provides a distinct opportunity to see how novice nurse practitioners transition into practice. It is clear to me that new NPs seek collaborative environments and mentors who they trust, respect, and will learn from. This is often distinctly different than who they "list" as a collaborative provider to gain a license to practice in VT. A mandated agreement like the current collaborative agreement for transition to practice is redundant and there is no evidence to suggest it should be a requirement to practice. As professionals, we seek resources and collaborate with multiple practitioners to provide safe, effective, and evidenced-based care.

VNPA testified before the House Committee on Government Operations in support of H.684 as it was introduced, which removed the practice guidelines and transition to practice requirements imposed on recent graduates and APRNs who are changing practices. We do not support the language as it passed the House.

I have handed out a copy of a collaborative practice agreement to give the committee a true sense of what we are talking about here today. This is a collaborative practice agreement submitted by Amy O'Meara, who is the president of the VNPA. You will see that it references her basic contact information and that Section D requires that she:

1) Follow the quality assurance plan as required by her employer, Appletree Bay Primary Care

2) Maintain her national certification

If the requirement to submit a collaborative practice agreement were removed, Amy would still be required to do both of these things. Failure to do either could result in the termination of her employment. It would not result in a lower quality of patient care.

Collaboration is a natural part of our practice, and our education is based on passing competency exams in clinical practice, which include the principals of collaboration. This is the backbone of NP education and the focus of our practice. Communication, collaboration and referrals occur between clinicians based on clinical judgement, and because all health care professionals are bound by professional codes of conduct to serve our patients' needs, not because of transition to practice agreements.

Vermont is one of 23 states that has granted full practice authority to APRNs, which allows for improved access to evidence-proven high-quality care. Thirteen of those states do not require any form of transition to practice requirement. Since the Vermont legislature granted full practice authority to APRNs seven years ago, Vermont nurse practitioners have been providing quality care to Vermonters, not because we are required to submit transition to practice agreements but because nurse practitioners are graduates of nationally accredited programs, have successfully passed national certification exams, and met state licensure requirements and standards. These licensure requirements, expectations, and standards apply to all licensees regardless of setting or time since licensure.

A growing body of research indicates that the quality of APRN care in states that do not have transition to practice agreement requirements is comparable to the care delivered in states that do. These agreements simply act as a barrier to care. Susanne Phillips, DNP, APRN, FNP-BC, clinical professor at the University of California, Irvine, tracks state legislation related to APRN practice and publishes an annual update in The Nurse Practitioner. She notes that states granting full practice authority with no transition to practice to newly licensed and certified APRNS do not experience quality and safety problems or inferior patient outcomes.

A 2010 report from the Institute of Medicine titled "The Future of Nursing: Leading Change, Advancing Health" called for the removal of practice barriers – non-evidence-based laws, regulations, and policies – that prevent advance practice registered nurses from providing the full scope of health care and services they are educated and certified to provide.

Eliminating the collaborative practice agreement requirement aligns with this recommendation and is another step our state could take to encourage the work of APRNs, while continuing to provide access to high quality affordable care.

Every inpatient and outpatient practice collects quality and outcome data, which is submitted under our federal regulatory requirements. This data is utilized by commercial and public

insurance entities and consistently shows that there is no evidence of concerning trends regarding APRN practice in states without transition to practice regulation.

The House-passed language in Section 15 suggests that APRNs require supervision. Specifically, it suggests that if an APRN is employed at a clinic, hospital, or practice group that employs two or more additional individuals who have been licensed for four or more years that those individuals shall primarily be located on site when the APRN is providing clinical health care services and accessible by phone or other means when not on site. This is a step backwards for a profession that has consistently demonstrated its high-quality of care and critical role in today's health care system and adds a barrier to providing low-cost effective care.

Comment [DZ1]: Deborah – I think you may do a better job of explaining precisely why this language is problematic as you can speak from the heart and from your experience in the field.

It also raises a number of questions for me – what happens to the patients when the collaborating provider quits, retires, dies, or is fired? How long will it take to contract a replacement? The NP would be required to contract a TTP with another provider, but what happens in the mean-time? Where will those patients go for care? Will the APRN be required to pay for the services of the collaborating provider which has been the case in the past? The language creates confusion in the system and is unnecessary.

I urge you to support the language as introduced in the House, which removes the transition to practice agreement for Nurse Practitioners in the state of Vermont. Thank you for your time and I would be happy to answer any questions you may have.

References

(2017) The case for removing barriers to APRN practice. Robert Wood Johnson Foundation Charting Nursing's Future policy brief, 30.

https://campaignforaction.org/wp-content/uploads/2017/03/CNF30-online-brief.pdf

AANP Position Papers on quality and cost effective APRN practice as evidenced in published research

https://www.aanp.org/images/documents/publications/qualityofpractice.pdf

https://www.aanp.org/images/documents/publications/primarycare.pdf

https://www.aanp.org/images/documents/publications/costeffectiveness.pdf