

April 5, 2018

Dear Chair Ayers and members of the Senate Committee on Health and Welfare,

My name is Dr. Donna Burkett, and I am a family physician and medical director of Planned Parenthood of Northern New England (PPNNE.) I would like to tell you why I support the Office of Professional Regulations' (OPR) recommendations to remove the requirements for collaborative practice agreements for newly licensed Advanced Practice Nurses (H.0684.) I know the committee and the state of VT are concerned with patient safety and quality of care, as well as access to care, and we at Planned Parenthood share these goals and concerns.

In my 22 years of clinical practice, I have been trained by, practiced alongside, collaborated with and supervised dozens if not hundreds of advanced practice clinicians of all sorts. As a medical student, some of my best training came from a Nurse Practitioner with whom I worked in a rural emergency room. As a resident, I was taught the "pearls" of patient-centered labor management by Certified Nurse Midwives. In private practice, I hired two Nurse Practitioners to "extend" the services that I provided; today, I cringe at the very word "extend" as both of these providers worked hard to assure that my patients had great access to high quality, thoughtful, empathic healthcare in a way that I could not, due to time constraints, practice preferences or professional experience. Today, I oversee a team of about 50 Advanced Practice Clinicians, primarily Advanced Practice Nurses, who provide the essential services of reproductive health care to our patients every day.

I want to be clear at the outset that Planned Parenthood takes training and orientation and standards of care and collaboration in practice as well as oversight very seriously. We have a training approach which assures that, across our 21 health centers in 3 states, our patients will receive the highest standard of care possible.

Our experience is that every person has strengths and weaknesses and that training and orientation must be tailored to the individual, based on the person's comfort level, experience and background, not simply the letters that follow their name. There are brand new providers who are signed off more quickly than expected and there are experienced providers who never quite make the mark in spite of extended efforts to bring them up to the desired level. There are new clinicians who seek the help of their superiors too often and tenured providers who don't reach out enough.

I am frequently asked by my operational partners how long before they can open up a schedule for a new provider and I am always reticent to answer this definitively. The truth is we just can't predict when a given provider, be she a nurse, a PA, an MD or a DO will be ready to fly solo in any given practice setting. Some providers excel naturally at procedures, others at history-taking. Some shine in synthesizing of information to formulate a differential diagnosis list, and others are good at empathic listening. All of these skills are essential to practicing medicine, and yet none of us has all these skills in equal measure. I find that still, 22 years in, I need to reach out to a colleague from time to time to talk through a case. As a family practitioner, I understand quite clearly the limits of my practice and when to reach out. A nurse practitioner is no different. Each of us has a professional commitment to stick within the limits of our individual scope of practice.

In addition, there is no data that supports state restrictions to Advanced Nursing Practice, like the one OPR has proposed striking. In fact, about half of all states have removed requirements for collaborative practice and allow independent practice. In 2010, the Institute of Medicine recommended eliminating outdated regulations such as these across the country<sup>1</sup>. Doing so

prepares us for the future of medicine and continued improved access to care for all. Even in this state where we have worked so hard to create primary care access, there are pockets where patients are waiting 9 months to get an appointment with a primary care provider.

Please support the OPR's very practical recommendation to remove the unnecessary requirement for a collaborative agreement for new advanced practice nurses and allow that important office to focus more directly on evidenced-based protection of patient safety in Vermont.

I am very sorry that I cannot be there to discuss the importance of this bill with you in person. I would be happy to speak to any of you to answer further questions about my point of view, and that of PPNNE. Lucy Leriche, [Lucy.Leriche@ppnne.org](mailto:Lucy.Leriche@ppnne.org), VP of VT Public Affairs, can easily reach me. Many thanks for your consideration of this bill.

Sincerely,



**Donna Burkett, MD**  
Preferred pronouns (she/her/hers)  
Medical Director

<sup>1</sup> <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Scope-of-Practice.aspx> . Accessed 2/2018