

Senate Health and Welfare Committee
Testimony on Tobacco Litigation Settlement Fund
March 21, 2019

Good Morning,

My name is Deborah Wachtel and I am a nurse practitioner at Appletree Bay Primary Care in Burlington. I am here today on behalf of the Vermont Nurse Practitioner Association to speak in support of the proposal to reopen the Psych Mental Health NP program at UVM. While I am speaking this morning on behalf of VNPA, my affiliation with the MAT Learning Collaborative and the Primary Care Advisory Group at the Green Mountain Care Board has provided me with the opportunity to speak with primary care and MAT providers from all across the state, and those conversations inform my perspective on this proposal.

I know that this committee is aware of the immense pressures that our mental health and substance misuse system faces today but let me take a brief moment now to tell you what I see on a day-to-day basis.

Immediately following the passage of the CARA act, the federal law allowing NPs and PAs to prescribe buprenorphine for opioid use disorder, I completed the required education and obtained my DEA waiver and created a spoke at Appletree Bay. I now have a thriving MAT program which continues to grow as I take referrals from the Chittenden Clinic, the Addiction Treatment Program, and from the low barrier buprenorphine program at Safe Recovery. Many of these patients also needed a primary care provider having been discharged from primary care practices for disruptive behaviors stemming from their addictions and untreated co-occurring mental health issues. Treating the addiction has been the easy part of this equation. The most challenging aspect from a primary care perspective has been addressing the more serious mental and behavior health issues. For many, finding counseling services within their community or job radius has been challenging. For all of my MAT patients it has been impossible to get them into a higher level of psychiatric care with wait times up to 9 months for a PMHNP or psychiatrist. These are the patients that I stay up at night worrying about.

There is broad recognition that the state must take steps to increase the number of substance use and mental health care providers and to provide care that is accessible to patients - especially in our rural communities. I was incredibly pleased last year when the legislature committed \$5 million from the Tobacco Litigation Settlement Fund to efforts that would increase the substance use and mental health workforce in Vermont.

A psychiatric mental health nurse practitioner (PMHNP) is an advanced practice registered nurse (APRN) who has advanced education and board certification to assess the mental health needs of communities, individuals and groups. PMHNPs diagnose, treat, formulate healthcare plans, and evaluate effectiveness of short- and long-term progress. PMHNPs prescribe

medications and provide counseling services directed toward mental health diseases including substance use disorders. Significantly, because PMHNPs are advanced practice registered nurses, they can prescribe medication assisted treatment for opioid use disorder.

The benefits of having a PMHNP co-located in the primary care setting are many. Patients do not have to travel outside the community making it much more likely that they will receive the treatment they need. This is especially true in rural areas as everyone on this committee is already aware. Other benefits include the ability for this provider to incorporate psychiatric care into the full spectrum of health care needs of the patient, reducing the stigma of seeking care in a sole psychiatric setting. The other providers in the practice will have the opportunity to consult with patients or refer within the practice if the need requires.

According to the CDC, 31 percent of primary care visits are attributable to mental health related issues. We know that the Primary Care Medical Home with the Blueprint for Health wrap-around services, which allow patients to receive care in their primary care office has increased access resulting in decreased number of hospitalizations. When patients are able to receive treatment for substance use and mental health issues in their primary care office, it eliminates barriers to care including the need for referrals, and the chance that a patient does not receive the care they desperately need, reducing the burden on designated mental health agencies.

We know that there is a shortage in the number of psychiatric providers currently practicing in Vermont. Data published by the Department of Health in 2016 indicates that there are 189 psychiatrists or 121 total FTE psychiatrists practicing in Vermont; of the 189 individuals 88 were 60 years old or older. This signals an impending crisis in mental health and mental health providers with prescriptive privileges.

Reopening the PMHNP program at UVM will address the current shortage of psychiatric providers who can provide counseling and medication for patients in need of behavioral and mental health care as well as provide medication assisted treatment to patients in recovery for opioid use disorder. Nurse practitioners currently working in primary care practices in rural and underserved areas of Vermont and with a desire to remain in those practices are the primary targets for enrollment. The program would be offered part time in a distance learning/hybrid format to make education accessible to nurse practitioners without requiring them to take significant time away from their primary care practice. There are already 20 NPs practicing in Vermont who have expressed an interest in taking advantage of the PMHNP program.

Many of the APRNs enrolling in the UVM PMHNP program would be taking some time away from their current practice to acquire this additional level of training and qualification. Many hold debts from their initial certification and would not otherwise be able to afford to enroll in the program without the financial assistance proposed by the working group established by the legislature last year. The funding would enable these interested providers to continue in their current practice location, likely in regions with limited access to mental and behavioral health services. Graduates would be required to provide at least three years of practice in Vermont.

I strongly support the use of the tobacco litigation settlement funds for this purpose. Thank you for your consideration and I would be happy to answer any questions you may have.

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