



Vermont Nurse Practitioners Association

P.O. Box 64773

Burlington, VT 05406

April 14, 2021

To: House Committee on Government Operations

From: Michelle Wade MSN/Ed, APRN, NP-C, ACNPC-AG

Vermont Nurse Practitioner Association President

Gifford Medical Center - Hospitalist

Norwich University faculty

Date: April 14, 2021

Re: S.48 An act relating to Vermont's adoption of the interstate Nurse Licensure Compact

Chair Copeland-Hanzas and Members of the House Government Operations Committee,

I appreciate the opportunity to weigh in on the Committee's consideration of S.48. I am the President of the Vermont Nurse Practitioners Association (VNPA) and a dual-certified Acute and Primary Care Nurse Practitioner. I work full time as a Hospitalist at Gifford Medical Center.

Because Vermont is not currently a Compact state, at times, nurses are faced with a decision to treat a patient in a state which they are not licensed, or decline to provide care to the patient, often after a nurse/patient relationship has been established. This raises potential questions of patient abandonment and puts the nurse, patient and organization at risk. This can occur when providing telehealth services, home health services, long-distance monitoring, hospital follow-up care and when the nurse moves to a different state.

The enhanced Nurse Licensure Compact (eNLC) allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license in the primary state of residence (the home state) and practice in other Compact states (remote states), while subject to

each state's practice laws and discipline. This eliminates the fear of crossing state lines in a rural area where patients often cross state lines to receive care at the nearest facility.

Participation in the eNLC facilitates safe and effective delivery of health care by nurses, while reducing risks of practicing in states where they do not hold a state license. Further, in catastrophic situations, the ability to quickly mobilize emergency nursing staff is imperative. Some examples are Hurricane Harvey in Texas in 2017, the 2019 mass casualties shooting incident in Dayton and presently, the COVID-19 pandemic. Having expedited access to licensed, qualified and competent nurses that are guaranteed through the eNLC is imperative in these times of crisis.

Because the eNLC provides for more robust governance, state boards of nurses retain jurisdiction over important licensing and disciplinary matters, while at the same time experiencing a reduction in administrative burden. State boards of nursing are therefore able to focus their attention where it matters most: supporting nurses in their profession and protecting patient safety.

The Vermont Nurse Practitioner Association supports S.48 for all of the reasons cited above. Advanced Practice Registered Nurses (APRN) in Vermont are required to hold both an RN license and an APRN license. To be clear, if Vermont becomes a Compact state, Vermont APRNs would not be able to practice as APRNs in other Compact states but could practice as RNs if they hold a Compact license.

An adequately staffed workforce is essential to Vermont and by adopting S.48, the process of licensure will be expedited and allow nurses to begin work immediately in Vermont, allowing them to better serve our patient population.

Please feel free to contact me with any questions Mwadenp@gmail.com or 802-236-0683

Respectfully,

Michelle