



Vermont Nurse Practitioners Association

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To: House Committee on Health Care

From:

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Re: Health Care Workforce

Thank you for inviting me to testify today on this important topic. The Vermont Nurse Practitioners Association (VNPA) appreciates the House Committee on Health Care's focus on the critical issue of workforce.

I completed my nursing education in Vermont. As someone who attended Vermont Technical College and went on to work at the bedside for many years, I am a home-grown Vermont Technical College produced nurse who worked bedside for years and saw the need to advance my education to teach upcoming nurses. I went back to school and incurred over \$90,000 in student loan debt so that I could teach - initially part-time then full-time for four years, but due to low pay returned to part time faculty and full-time direct care to be able to stay in Vermont.

Last week this committee asked if there is data showing people stay in Vermont because of loan repayment offered through AHEC. While this is anecdotal, I can testify that I am one of those people. Thanks to loan repayment programs I was able to grow my career, beginning as a dietary aide, and progressing through the field of nursing first as a Licensed Nursing Assistant, then as a Licensed Practical Nurse, and on to becoming a Registered Nurse. I decided to continue my education, earning my master's degree, which enabled me to teach future generations of nurses. Not only did I invest my time and energy into this profession, but I also invested financially; paying more today toward my

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student loans than I do toward my mortgage. I am not the only one. The 2020 Rural Health Task Force Workforce Subcommittee Report found that 94% of 233 unique awardees are still working in Vermont today.

APRN WORKFORCE/ROLE

APRNs include a variety of specialties within various realms of nursing, each with a unique set of roles and responsibilities. Nurse Practitioners (NPs) are one of these specialties and make up an increasingly important part of the primary care workforce.

Of the 192,000 APRNs credentialed to practice in the U.S., 90 percent are actively practicing. APRNs hold a major responsibility in the primary care workforce to deliver high-quality, patient-centered healthcare across a broad range of consumers. As licensed, independent providers, APRNs are uniquely qualified to provide the patient-centered care that is central to meeting the existing and future primary care needs of our state; in fact, APRNs make up the most rapidly growing component of the primary care workforce nationwide¹. According to the American Association of Nurse Practitioners, Vermont has the highest percentage of APRNs in rural areas of any state in the US; a testament to the vital role APRNs play in providing all Vermonters with accessible healthcare.

Nurse Practitioners are educated based primarily on a population of focus. This enables NPs to specialize and subspecialize, truly mastering our specific roles and responsibilities, along with the unique and evolving needs of the population of interest. In 2021 there were more than 658 NPs in Vermont with credentials in primary care, up from 629 primary care APRNs in 2019. While this increase shows some improvement, it is not enough to fulfill the need within Vermont's primary care workforce².

APRNs practice across the Vermont workforce in a variety of inpatient and outpatient settings, but primarily we are primary care providers. In some areas of the state APRNs own and operate independent practices, while in other areas we work in collaboration with other professionals as primary care providers to our own panels of patients.

Data from the 2021 Board of Nursing Licensure Survey reports that the APRN workforce in Vermont is predominantly comprised of women over the age of 49. It is essential that efforts to educate NPs should include a larger and more diverse body of individuals in Vermont to ultimately expand the primary care workforce.

¹ <https://www.aanp.org/advocacy-resource/position-statements/nurse-practitioners-in-primary-care>

² https://www.med.uvm.edu/docs/ahec_aprn2021_91521/ahec-documents/ahec_aprn2021_91521.pdf?sfvrsn=846b9fbc_2

EDUCATIONAL OPPORTUNITIES

Currently two programs exist designed to educate Nurse Practitioners in Vermont: Norwich University's Master's in Nursing Practice, and the University of Vermont's Doctor of Nursing Practice. Both programs prepare students through a combination of didactic and clinical courses designed to provide graduates with specialized knowledge, and competency across all areas of primary care clinical needs.

With limited educational programs, and a lack of clinical sites, APRN education in Vermont is costly and can be difficult to obtain. Many students seek education outside of Vermont, as you heard from both Norwich and UVM recently. The shortage of clinical preceptors in Vermont puts undue strain on the future of our primary care workforce—consistently students are asked to travel long distances to gain clinical experience, all while balancing working as Registered Nurses and contributing to the shortage of RNs Vermont faces. One current UVM student was placed in a clinical rotation in Manchester, VT, over two hours from their hometown of Winooski, while another UVM student from Burlington must travel to St. Johnsbury regularly for their clinical experience.

Why is it so challenging to recruit and retain APRNs to precept in Vermont? Nurse Practitioners providing primary care across the state are not offered compensation or financial relief for precepting NPs in training. In fact, pay often is decreased when we precept because of a payment system that compensates providers based on how many patients we see in a day. NPs who take on the extra responsibility of precepting do so as a service to the profession, recognizing that training the next generation of providers is critical to addressing the primary care gap in Vermont.

According to a 2018 report from the Advisory Committee on Interdisciplinary, Community Based Linkages (ACICBL) to the Health Resources and Services Administration (HRSA), the preparation of students in all healthcare disciplines relies heavily on clinical training in which a student works closely with a preceptor, a practicing clinician taking on the additional role of educator.

Vermont clinicians echo the finding of the report. Precepting places significant demands on the clinician, addition pressure to personal productivity and the financial performance of the clinic. The current compensation model for primary care clinicians does not include reimbursement for precepting and teaching. New methods to attract, prepare, and sustain preceptors would strengthen the training pipeline for primary care providers and bolsters our health care workforce.

BURNOUT

Burn out in the health care workforce is well documented. It is the major contributor to nurses, NPs and other health care professionals leaving their roles.

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A 2021 survey of more than 500 health care workers and first responders in published in the Journal of General Internal Medicine found that a substantial majority of respondents reported experiencing clinically significant psychiatric symptoms, including post-traumatic stress disorder (38%), depression (74%), anxiety (75%), and recent thoughts of suicide or self-harm (15%).³ This burden is compounding the health care workforce shortage and threatening quality of care. Half of the participants in the survey reported that the pandemic had reduced the likelihood of remaining in their field.

WHAT CAN THE VT LEGISLATURE DO TO HELP?

- 1)** Support transition-to-practice programs for professional roles and strengthen incentives for preceptors in all health care professions.
- 2)** Act 155 of 2020 established two programs designed to support Vermont's health care workforce - a primary care physician scholarship program and a nursing scholarship program for licensed practical nurses and RNs with associate's and bachelor's degrees in nursing. Neither program provides scholarship support to NPs. We respectfully request that the legislature include NPs as eligible recipients for the nurse scholarship program.
- 3)** Support the governor's proposal to provide tax incentives for nurses and nurse educators.
- 4)** Broaden and expand loan repayment and loan forgiveness to include Critical Access Hospitals and more practitioners by removing the primary care designation. Some programs that AHEC administers today exclude Critical Access Hospitals and many providers that do provide primary care services. Providers who hold multiple part-time jobs or are faculty are frequently excluded from these programs
- 5)** Support investments in affordable housing and childcare. These barriers are not unique to NPs or health care providers, but both are a challenge for all participants in Vermont's workforce.

³ <https://link.springer.com/article/10.1007/s11606-021-07252-z>