



Senator Virginia “Ginny” Lyons, Chair, Health and Welfare Committee  
115 State Street, Montpelier, Vermont  
January 6, 2022

Honored Chair, Health and Welfare Committee Senator Lyons,

I so appreciate your forward thinking, and attention to the workforce crisis.

The Health Care Workforce Development Strategy Group minimally included the nurse perspective, the largest component of the health care workforce. Nurses are a huge stakeholder and the charge to increase the supply of nurses and primary care providers in Vermont directly affects us. I have only recently learned of the Health Care Workforce Strategic Plan Advisory Group, and no one on my Board was aware of it, which includes the President of the VT Nurse Practitioner Association. Please ensure any future work group or committee includes practicing nurses. Having the nurse practitioner perspective is essential.

The complexity of the problem regarding nursing began long ago, and will not be resolved by just financial incentives alone, though it may help temporarily. Scholarships will encourage people to enter the workforce, but not to remain in the workforce if change does not occur. As Senate President pro tempore Balint and you are aware, travel nurses have more benefits and higher salaries, and nurse employees working with many travelers can become so resentful that they quit and become in-state travel nurses. This aggravates the problem of high cost and affordability for hospitals to recruit adequate nurses. The problem of adding more nurses is complex. There are not bonuses to sign on nurse faculty and colleges are struggling financially. Nurse faculty at the Vermont State Colleges get paid a salary equal to that of a new nurse, so they see their students often make more than they do within a year or two. That does not encourage retention, especially when tuition reimbursement incentives for faculty have been reduced. Recruiting faculty from a hospital is difficult when educators and masters prepared nurses at hospitals make 30-\$60,000 more. There is a shortage of nurse preceptors, who are not commonly paid. You made an excellent point about tax incentives; however, there may be other possibilities, such as tax credits for nurse preceptors

Starting at the elementary school level to encourage nursing as a leadership profession, and potentially independent practitioners for all genders, rather than the perspective of being less than doctors, or their “handmaidens” is a strategy nurses have recommended. Student counselors can also recommend the profession, and nurse leaders can be invited to present or visit at schools. As Senator Cummings mentioned – the use of media should be considered, both television and social media, and yes ARPA funds being utilized initially is a great investment idea. A registered nurse teaching at each school is a wise investment.

Simulation is being actively used at the State Colleges and UVM. I have an excellent nurse resource who could inform you on this topic if needed. In the past, the Board of Nursing has limited the amount of hours used for simulation to 25% of clinical hours, but there is an



upcoming meeting of administrative rules coming up. Tech schools, such as the Center for Technology Essex have programs such as “Health Professions” <https://www.ewsd.org/domain/1664> and students can take courses at Vermont Technical College and the Community College of Vermont. I have had VAST students in my East/West Holistic Healing class

I encourage the idea of a strategy to recruit veterans, who may have firsthand experience with nurses, or medic training. Vermont Guard medics and paramedics might be able to be offered hours for experience, or a streamlined pathway developed.

Greater respect for nurses, with them perceived as a leader with highly developed critical thinking skills may take a cultural change. Initially the pandemic helped, but now nurses are often verbally abused when they have to make a quarantine call. Perhaps the new standard required by the Joint Commission for the Accreditation of Hospitals (<https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/>) will help to reduce workplace violence in hospitals. Some states are drafting legislation

Missouri legislation:

<https://house.mo.gov/billtracking/bills211/hlrbillspdf/1200H.01I.pdf> and <https://house.mo.gov/BillContent.aspx?bill=HB398&year=2021&code=R>

[https://www.senate.mo.gov/20info/BTS\\_Web/Bill.aspx?SessionType=R&BillID=26837996](https://www.senate.mo.gov/20info/BTS_Web/Bill.aspx?SessionType=R&BillID=26837996)

Tennessee legislation:

<https://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=HB0864&GA=112>),

but violence needs to be reduced in community settings as well. We need to build statewide nursing workforce capacity, promoting regional collaboration increasing our workforce diversity, and to envision future models of care that reflect a shift to more community based health delivery.

Looking forward to our future collaboration.

Respectfully,

Meredith Roberts  
Executive Director ANA-VT