To: Senate Health & Welfare Committee
From: Jessa Barnard, Executive Director
Date: February 5, 2026
RE: S. 163 – Role of APRNs in Hospital Care

The Vermont Medical Society is the largest physician membership organization in the state, representing over 3,100 physicians, physician assistants and medical students across specialties and geographic locations. The mission of the VMS is to optimize the health of all Vermonters and the health care environment in which Vermont physicians and PAs practice medicine.

The VMS Board has discussed the concept of adding APRNs to the Patient Bill of Rights and statutes for hospital licensing over the course of two board meetings and solicited feedback from our full membership. We heard from 95 members with comments on the bill. **Last night, our Board voted to take an overall neutral position on the bill.** Our Board understands the intent behind modernizing the language of the statutes at issue and the goal of ensuring patient access to care, especially in Vermont's rural hospitals. **That said, our Board also wanted me to relay concerns with the impacts of S. 163, as follows**:

Clinical concerns:

- Our members believe that team-based care is the best approach for hospitalized patients. While we understand that should this legislation pass it does not *prevent* team-based care, but it will no longer be required in statue for all hospitalized patients to have a physician involved in their care. We received many comments from members in line with this one:

  While APRNs and PAs play an essential role in inpatient care teams, it is important that an MD/DO attending physician remain the admitting and attending provider of record for hospitalized patients. Hospitalized patients often present with complex, evolving medical conditions that require the depth and breadth of training provided by physicians, particularly for diagnostic uncertainty, clinical deterioration, and high-risk decision-making. Maintaining a physician as the attending of record supports patient safety, clear accountability, and consistency with existing hospital credentialing, liability frameworks, and interdisciplinary team models, while still allowing APRNs and PAs to practice at the top of their licenses.

  While we have heard testimony that health care employers and the credentialing process can put additional requirements in place, our members are concerned that hospitals under intense financial pressure may weaken their processes over time.

Regulatory complexity/uncertainty:

- We have heard testimony that one of the motivations behind the bill is to streamline statute and align with existing practice. However, our members have shared a number of examples of how removing the requirement currently in statute will lead to lack of alignment with regulatory requirements, adding to complexity, perhaps to the extent of making implementation nearly impossible for hospitals. For example:

- Every Medicare patient must be under the care of an MD or DO, regardless of who admitted the patient (42 CFR § 482.12(c))
- Discharge to home health requires certification from a physician or APP under physician collaboration per CMS (42 CFR § 424.22)
- Many hospital services (ED, critical care, hospitalist services, etc) employ both APRNs and PAs. Changing the statute for only APRNs but not PAs leads to a distinction that is not based on role providing patient care and would be very difficult to implement in a practical way.

In summary, our members have told us that the current system of providing team-based hospital care is working well for hospitalized patients and hospital regulatory structures and do not feel that it is necessary to change Vermont statute at this time.

Thank you for considering our comments on S. 163. Contact me at any time at jbarnard@vtmd.org.