Dear Chair and Members of the Committee:

My name is Jillian Belmont, and I serve as the Director of Advanced Practice at the University of Vermont Medical Center, overseeing the professional practice of more than 200 Advance Practice Registered Nurses (APRNs). I am also a practicing Nurse Practitioner who has dedicated my career to caring for constituents across inpatient and outpatient settings. I appreciate the opportunity to offer testimony in strong support of S.163.

Purpose of S.163

S.163 updates outdated physician-only terminology in the Vermont Patient Bill of Rights that has been interpreted to restrict APRN hospital admitting privileges. This language was never intended to limit APRN practice, yet it has created confusion and unnecessary administrative barriers in some institutions.

The bill does not expand APRN scope of practice. Under current licensure and certification, APRNs are already authorized to admit and attend patients. This legislation simply reaffirms that hospitals retain the authority to determine admitting and attending privileges through their own bylaws and credentialing processes. Maintaining local decision-making will strengthen clinician recruitment and retention, improve timely access to care, keep Vermont competitive with surrounding states, and support workforce mobility. In short, S.163 preserves existing scope of practice while restoring appropriate local control.

Reducing Administrative Burden and Eliminating Duplicative Workflows

At Vermont's largest medical center, I see daily how outdated administrative requirements create inefficiencies without improving patient safety. When APRNs cannot admit patients, even when fully trained and credentialed, hospitals must create parallel workflows or rely on additional staff to complete tasks APRNs are qualified to perform. This leads to unnecessary administrative burden, duplicated effort in an already strained workforce, and avoidable delays and handoffs for patients.

Alignment With National Standards and Neighboring States

Most states either explicitly authorize APRN admitting privileges or allow hospitals to determine privileges through their bylaws. Vermont is an outlier only because of outdated statutory wording, not because of safety concerns or evidence-based practice. Aligning Vermont with national norms will strengthen clinician recruitment and retention, ensure competitiveness with neighboring states, and reduce barriers for clinicians relocating to Vermont.

Liability and Demonstrated Safety of NP-Provided Care

Concerns about liability are understandable, but national data provide clear reassurance. The AANP Research Snapshot on Malpractice Claims (2019–2023) shows that Nurse Practitioners account for a very small proportion of malpractice claims, with stable and comparatively low claim severity and payout amounts. There is no upward trend in NP malpractice risk, even as NPs increasingly serve in primary care, acute care, and hospital medicine. NPs carry their own malpractice insurance and remain fully accountable for the care they provide. These findings reflect what Vermont patients and health systems already know: NPs deliver safe, high-quality, reliable care.

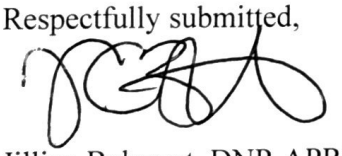
Local Control, Not Expanded Scope
S.163 does not change APRN scope of practice, supervision requirements, or federal CMS regulations. It simply allows hospitals, large and small, rural and urban, to determine privileging structures that best meet their community's needs. Hospitals will continue to rely on rigorous credentialing and privileging processes to ensure safety and quality.

Benefits for Vermont Patients
Ultimately, S.163 supports better patient care. When APRNs can admit and manage patients within their training and credentialed privileges, care becomes more efficient, delays and unnecessary handoffs are reduced, and patients experience improved continuity and smoother transitions.

Conclusion
S.163 is a modest but meaningful modernization of Vermont statute. It reduces unnecessary administrative burdens, aligns Vermont with national standards, supports workforce recruitment and retention, and preserves local control—all while maintaining existing safety and credentialing requirements. The bill strengthens team-based care, improves system efficiency, and helps patients access care earlier, without making any changes to APRN scope of practice.

Thank you for your consideration and for your commitment to improving access to high-quality care for all Vermonters.

Respectfully submitted,



Jillian Belmont, DNP, APRN
Director of Advanced Practice
University of Vermont Medical Center
Practicing Nurse Practitioner

Appendix A.

State	APRN/NP Admitting Allowed?	Notes
AK	Yes	Nothing in law precludes admitting privileges.
AZ	Yes	Explicit authorization to admit, manage, and discharge.
CA	No (statutory)	Not legally authorized; hospitals may grant privileges.
CO	Yes	Allowed; APRNs considered LIPs; facility credentialing applies.
DC	Yes	Allowed per hospital bylaws.

FL	Yes	Authorized; dependent on institution and supervising physician.
ID	Yes	Explicit statutory authority to admit.
KS	Yes	Determined by hospital policy.
KY	Yes	Authorized; medical staff may set conditions.
MI	Yes (practical)	Not explicit in statute; hospitals generally grant privileges.
MN	Yes	Not prohibited; determined by institutional bylaws.
MS	Yes	Explicit authorization.
MO	No	APRNs not legally authorized to admit.
MT	Yes	Authorized; subject to facility bylaws.
ND	Yes	Allowed with credentialing/privileging.
NE	Yes	Statute explicitly authorizes NPs to admit.
NV	Yes	APRNs may admit based on bylaws and credentialing.
NH	Yes	APRNs included as "licensed practitioners."
NJ	Yes	Authorized through credentialing/privileging.
NM	Yes	CNPs, CNSs, CNMs have admitting/discharging privileges.
NY	Yes	NPs legally authorized to hold admitting privileges.
NC	Yes	Not prohibited; facility-based decision.
OH	Yes	Allowed with collaborating physician on medical staff.
OR	Yes	Explicit authorization; facility bylaws apply.
RI	Yes	No law prohibits granting privileges.
SC	Yes	Authorized at discretion of individual agency.
SD	Yes	Explicitly permitted.
TN	Partial	CNMs/CRNAs may admit with physician concurrence; NPs may admit in CAHs.
UT	Yes	Not prohibited; institutional policy governs.
VT	Yes	APRNs authorized to admit and hold privileges.
VA	Yes	No law prevents admitting privileges.
WA	Yes	Authorized; hospitals decide credentialing.
WY	Yes	APRNs defined as PCPs; may admit per hospital policy.