

**Maureen Boardman, Family Nurse Practitioner**  
**Testimony in Support of S.163**  
**January 27, 2026**

My name is Maureen Boardman, and I have been a Family Nurse Practitioner since 1991. I started my career as an NP in Scott County located in rural Appalachia Tennessee. When I started my career in Tennessee, in addition to my outpatient clinic practice, my position also entailed taking after hour call one night a week for hospitalized patients and making hospital rounds one weekend a month

I was one of the first if not the first Nurse Practitioner to have hospital privileges at the hospital. The weekend hospital rounds entailed seeing and writing hospital orders, labs, x-rays, medications etc. on all patients that were admitted to the practice that I worked for, discharging patients from the hospital that were ready for discharge and admitting patients from my practice who were seen in the Emergency Department. It also entailed transferring patients to tertiary medical centers in more urban Knoxville if they became beyond the scope of care that our small community hospital could provide.

In 2004 I joined a small primary care practice in Orange County VT. Initially known as Bradford Health Services, in 2006, the practice became Little Rivers Health Care, an FQHC, where I am still employed today. My physician colleagues at the practice after learning of my hospital experience, encouraged me to apply for hospital privileges at Cottage hospital in Woodsville, NH, a small critical access hospital. I was granted hospital privileges at Cottage and once again was the first NP to have these hospital privileges.

Several years after joining Cottages Medical Staff one of the Internal Medicine physicians unexpectedly left the hospital. This sudden and unexpected departure decreased the internal medicine call pool from 4 physicians to 3 physicians, which required the weekend call schedule to increase to a weekend on call every 3 weeks instead of every 4 weeks. There were concerns on the part of the hospital administration that this increase in weekend call requirements would trigger the loss of more physicians.

The hospital, looking for a solution, approached me to join the call pool until a new physician could be hired. Once again I found myself making weekend rounds on patients and doing all the work I described above from my previous experience in Tennessee, writing daily inpatient notes and hospital orders, labs, x-rays, medications, discharging patients from the hospital that were ready for discharge, and admitting patients. It also entailed transferring patients to tertiary medical center if needed. This temporary solution lasted several years until Cottage Hospital hired two hospitalists that now rotate 7 days on and 7 days off schedule. One of the hospitalists is an APRN and the other a physician.

I support S.163, as this bill reflects the work that I, and many of my APRN colleagues, have been doing my entire career. Thank you for your consideration of the bill.