



128 State Street, Montpelier, VT 05633  
802-828-2363 | [sos.vermont.gov](http://sos.vermont.gov)

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**State of Vermont**  
**Office of the Secretary of State**  
**Office of Professional Regulation**  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier, VT 05633-3402

**Sarah Copeland Hanzas, Secretary of State**  
**S. Lauren Hibbert, Deputy Secretary**  
**Jennifer B. Colin, Director**

**January 22, 2026**

**To:** **Hon. Virginia Lyons, Chair**  
**Senate Committee on Health and Welfare**

**From:** **Jennifer Colin, Director, Office of Professional Regulation**  
**Shiela Boni, Nursing Executive Officer, Office of Professional Regulation**

**Re:** **S.163, An act relating to the role of Advanced Practice Registered Nurses in hospital care**

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Dear Committee Members:

Thank you for the opportunity to provide supplemental written testimony regarding S.163, which includes advanced practice registered nurses (APRNs) in the hospital patients' rights set forth in 18 V.S.A. § 1851. OPR supports this effort and recommends minor revisions to the bill to ensure consistency with APRN scope of practice.

#### **APRN Scope of Practice**

As stated in our previous testimony, an APRN licensed in Vermont has full practice authority as a medical provider under current Vermont law. Vermont is one of 27 states where APRNs have full practice authority. 26 V.S.A. § 1572(4) defines an APRN as:

A licensed registered nurse authorized to practice in this State who, because of specialized education and experience, is *licensed and authorized to perform acts of medical diagnosis and to prescribe medical, therapeutic, or corrective measures under administrative rules adopted by the Board*.

An APRN has extensive training that stacks on top of the registered nursing training. This training means an APRN can diagnose and treat patients, order and interpret diagnostic

testing, prescribe medications, give verbal or written orders to other health care providers, manage/evaluate care, and order therapeutic treatment. APRNs are autonomous medical providers in Vermont across settings, whether in primary care medical offices, hospitals, nursing homes, or other facilities. APRNs' scope of practice is not limited by any supervision requirement.

### Required Education

To become licensed as an APRN, a nurse must have:

- a graduate degree from an accredited U.S. graduate degree program that meets educational standards set by the national accrediting board and certifying board;
- a supervised clinical rotation; and
- successfully completed graduate courses in advanced pharmacotherapeutics; advanced patient assessment; and advanced pathophysiology.

See 26 V.S.A. § 1611.

### Certification/Specialization for Roles

APRNs may specialize to practice in certain roles or specialties, including:

- Certified Nurse Practitioner;
- Certified Nurse Midwife;
- Certified Registered Nurse Anesthetists;
- Clinical Nurse Specialist;
- Psychiatric Mental Health Nurse Practitioner;
- Pediatric Nurse Practitioner;
- Adult Gerontology Nurse Practitioner; and
- Family Nurse Practitioner.

These roles also give APRNs areas of practice. These are national certifications that APRNs must maintain to use these titles. It is most similar to the board certifications that physicians maintain.

### Defined Individual Scope of Practice

The scope of practice for an APRN is established by their own specialized knowledge, education, training, experience, role, population focus, and national certification. See Rule 9-17 of the Administrative Rules of the Board of Nursing. An APRN is required to practice prudently within their own scope and may not exceed their scope by performing an activity that is not recognized by the nursing profession as appropriate for their level of licensure.

An APRN's relationship with their patient is the same as a physician - a provider-patient relationship. An APRN who is a Certified Nurse Practitioner providing primary care may be the primary care provider of record for a patient.

### **Recommendation**

As indicated in our previous testimony on January 23, 2026, OPR respectfully requests the committee's consideration of striking the proposed sentence on page 2, lines 13 – 15:

*~~Physician consultation and support shall be available to an attending APRN at all times in accordance with applicable standards of practice and regulatory requirements.~~*

APRNs have full, autonomous practice authority in the State. Removing this language will keep S.163 consistent with APRN scope of practice as established in Vermont law.