To: Senate Committee on Healthcare

From: Michelle Wade MSN/Ed, APRN, AGNP -C, ACNPC-AG, FAANP
**   Vermont Nurse Practitioner Association President**
**   Jade Kaplan MN, MPH, APRN, CNM**
**   Member, Vermont Affiliate of the American College of Nurse-Midwives**
Date: January, 26 2026
Re: S.163 – The role of Advanced Practice Registered Nurses

Thank you for the opportunity to testify on S.163.

I want to begin by emphasizing an important point: **Advanced Practice Registered Nurses (APRNs) in Vermont already have the education, training, and legal authority within their scope of practice to admit and attend to patients in the hospital setting.** S.163 does not expand that scope or create new authority; it simply clarifies existing law to ensure that Vermont's statutes accurately reflect current clinical practice.

Under Vermont's full-practice authority framework, APRNs independently evaluate patients, diagnose conditions, develop and manage treatment plans, and prescribe medications without physician supervision or collaborative agreements. These established responsibilities naturally encompass the roles of admitting and attending providers.

An admitting provider is the clinician who accepts responsibility for a patient's hospital admission, while an attending provider is the clinician who manages the patient's care throughout the hospital stay. At many hospitals, this is the same person. These functions are integral to continuity of care and align directly with the independent practice authority already granted to APRNs in Vermont.

Across our state, APRNs are already serving in these roles every day, in academic, community, and rural hospitals where they are vital to maintaining access to high-quality care. S.163 simply brings the statutory language into alignment with what is already permitted and occurring safely in practice.

Clarifying this language also has an important secondary benefit: data reliability. As Vermont advances its Rural Health Transformation initiatives, accurate data about who is providing care across the state is essential. When APRNs are not appropriately identified or listed as admitting or attending providers, the data underrepresent their true contribution to Vermont's health care workforce. Updating this statute helps ensure that future workforce and outcomes data accurately capture the care being delivered by APRNs throughout the state.

An example of how S.163 would improve data collection is found in prenatal care and births. We know that over 30% of all babies born in Vermont are delivered by Certified Nurse-Midwives from birth certificate data. Statistics currently do not capture accurate information. We do not know how many women received prenatal care from Nurse-Midwives but were delivered ultimately by physicians. We can extrapolate from existing data that there may be at least another 50% or more of all women in Vermont receiving care at one time or another from Nurse-Midwives. The cost-effective impact of care from this group of APRN's cannot be determined. Without accurate data it is difficult to plan funding priorities and create good policy.

Clarification also supports recruitment, retention, and administrative efficiency. Aligning statutory language helps Vermont remain competitive with surrounding states, reduces unnecessary administrative burden, and allows hospitals to streamline care processes. When credentialed APRNs can function fully within their scope, workflows are simplified, patient handoffs are minimized, and care is delivered more efficiently without changing safety or credentialing standards.

It is also important to note that hospitals will continue to determine their own privileging and credentialing processes to ensure safety and quality, tailored to local needs. This bill preserves local control while removing outdated language that has at times caused confusion or unnecessary barriers.

Finally, national data consistently demonstrate that nurse practitioners deliver safe, high-quality, and reliable care. The American Association of Nurse Practitioners' Research Snapshot on Malpractice Claims (2019–2023) shows that NPs account for a very small proportion of malpractice claims nationally and claim severity and payout amounts remain stable and comparatively low, further reinforcing that this clarification supports both safety and access.

S.163 is a straightforward, technical update that modernizes Vermont statute, aligns with current law and practice, supports workforce sustainability, and improves the accuracy of our statewide health data. It reflects Vermont's continued leadership in advancing a modern, collaborative, and accessible health care system.

We do concur with OPR's request to strike 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." Removing this language will keep S.163 consistent with APRN scope of practice as established in Vermont law.

Thank you for your time and for your continued support of Vermont's health care workforce and the patients we serve.