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Agency of Human Services

January 15, 2008

Representative Steven Maier, Chair
House Committee on Health Care
State House
115 State Street
Montpelier, VT 05633

Senator Douglas Racine, Chair
Senate Committee on Health and Welfare
State House
115 State Street
Montpelier, VT 05633

Senator M. Jane Kitchel, Co-Chair
Representative Steven Maier, Co-Chair
Commission on Health Care Reform
State House
Montpelier, VT 05633

Re: Work Group Report on Advance Practice Nurses

Dear Representative Maier, Senator Racine, and Senator Kitchel:

Section 8(b) of Act 71 (2007-08) requires the Commissioner of Health, the Director of the Office of Professional Regulation, and the Board of Nursing to establish a work group to study and make recommendations on the advisability of eliminating the requirement for an advance practice nurse to work in a collaborative practice with a licensed physician.

The Department of Health was pleased to coordinate the establishment and functioning of the work group.

26 VSA § 1572(4) defines an "advanced practice registered nurse" as a "licensed registered nurse authorized to practice in [Vermont] who, because of specialized education and experience is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under administrative rules adopted



by the [Board of Nursing].” The collaborative practice requirement is in the administrative rules adopted by the Board of Nursing.

The stated goal of Section 8(b) of Act 71 is to evaluate whether advance practice nurses might serve a greater role as primary care providers who provide essential chronic care management.

Section 8(b) requires the work group to make its recommendations in a report delivered to the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Commission on Health Care Reform by January 15, 2008.

The work group’s majority report includes the opinion of 10 members of the 13 member group. Attached to the majority report is a minority opinion of 3 work group members (Appendix C) and a letter from Dr. David W. Clauss, Chair of the Vermont Board of Medical Practice (Appendix D).

If you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,



Sharon Moffatt
Commissioner

Enclosure



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Agency of Human Services

January 9, 2008

Dear APRN Work Group Members,

The Vermont Board of Medical Practice has reviewed your 12/3/07 draft report to the Legislature and the 12/12/07 alternative report drafted by three of your physician members. After considerable discussion, the Board has directed me to write this letter to summarize and express the Board's interests and concerns.

First of all, the Board would like to note its appreciation of the valuable and necessary service that APRNs provide to the people of Vermont. Most of us know and have worked with highly competent APRNs with whom we would trust our own health and well being. It is the opinion of the Board that Advanced Practice RNs possess a unique and valuable skill set. It must be noted, however, that this skill set does not represent the same set of skills or knowledge base obtained through the training, supervision, and testing required of a physician licensed to provide medical care in an independent setting. As such, the Board feels that the skills and knowledge exemplified by APRNs are best utilized in a collaborative health care setting where, as stated in the State of Vermont Board of Nursing Administrative Rules "The APRN acts independently in dealing with the nursing needs of the individual, and independently consistent with practice guidelines with a collaborating physician in the appropriate specialty area for all related medical functions..."

Your 12/13/07 draft report asserts that collaboration should be the professional norm, and refers to a "general consensus" that collaboration will take place regardless of the presence of a signed collaborative agreement. While we acknowledge that the majority of APRNs would likely maintain effective informal collaborative relationships with physicians regardless of whether the legal requirement remained, we do not feel this assertion sufficiently protects the citizens of Vermont from a regulatory standpoint. Regulatory standards should not be based on the likely behavior of the well-intentioned majority. They must be designed to prevent the possibility that inadequately trained clinicians practice in a setting with inadequate (or absent) supervision.

To maximize the access of Vermonters to high-quality medical care by APRNs and to minimize the public safety risk of any statutory change that removes the collaborative agreement requirement, the Board urges your consideration of the following:

- 1) If APRNs are to be licensed to provide primary care independently, their scope of practice must be limited to primary care and they must have had significant specialized training in this field. This should include supervised clinical rotations undertaken through accredited training programs as well as standardized testing of

Appendix D



both knowledge base and clinical skills. The minimum acceptable duration of training should approximate that required for physician licensure.

2) Before APRNs are licensed to provide primary care independently, they must first practice for a considerable period, perhaps four years, under a formal collaborative agreement that has been reviewed by their licensing Board and found to be appropriate to maximize their preparation for independent practice. No APRN should be permitted to practice independently, without showing evidence of successfully completing this extended period of monitored and supervised clinical experience. In the case of APRNs who have practiced in other states, a demonstration of clinical experience should be required that is deemed equivalent by the licensing Board.

3) A formulary should be established by a multidisciplinary group to govern the prescribing authority of independent APRNs.

4) Medical professionals who are fully licensed to provide primary medical care without supervision should be regulated by the Medical Practice Board or, in the alternative, by a Board made up primarily of medical professionals with at least the same level of training as the professionals being regulated. All statutory definitions of unprofessional conduct for physicians should apply to APRNs practicing in an independent setting. If APRNs are to be regulated by the Board of Medical Practice, they should be numbered in the Board's membership. If Vermont is going to address the shortage of primary care providers by placing APRNs in the role of independent provider, then it must do so in a manner that does not create a double standard of care and of professional regulation.

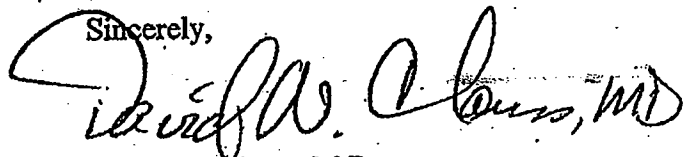
5) If independent APRNs are to be regulated by the Board of Nursing, at least one APRN should be involved in investigating any complaint of unprofessional conduct involving medical care that is filed against an independent APRN, and at least one other APRN should be involved in adjudicating any resulting charges.

6) If an independent APRN has a non-medical doctorate, that person should be prohibited under the terms of his or her license from using the title "Doctor" or "Dr." in a clinical setting, or to in any way represent to patients or other members of the public that he or she is a medical doctor.

We acknowledge the arguments being made in favor of removing the collaborative agreement requirement. We also are aware of the very real risks to the public health and safety if regulatory laxity allows well-meaning clinicians to practice in a role for which they were not trained, or less well-intentioned clinicians to evade regulatory requirements. If the model of collaboration being currently practiced in Vermont does not allow the public to fully reap the benefits of what APRNs have to contribute in our state, then we must work to improve and facilitate professional collaboration rather than abandon it.

On behalf of the Board I thank you for allowing us to be involved in this important matter. We urge you to proceed with caution. The unintended consequences of a well-meant revision to the status quo could be significant.

Sincerely,

A handwritten signature in black ink, appearing to read "David W. Claus, M.D.", written in a cursive style.

David W. Claus, M.D.
Chair, Vermont Board of Medical Practice