

February 2, 2018

The Honorable Maida Townsend  
Chair  
Committee on Government Operations  
Vermont House of Representatives  
232 Patchen Road  
South Burlington, VT 05403

Dear Chair Townsend:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our **opposition to House Bill 684**, which would remove current requirements that Advanced Practice Registered Nurses (APRNs)—nurse practitioners, nurse anesthetists, and nurse midwives—practice with a collaborative agreement with a physician for the first 24 months and 2,400 hours of practice, or for the first 12 months and 1,600 hours of practice in a new role or population focus. We are concerned that the changes proposed may undermine the quality of care in Vermont.

Because APRN education and training simply does not prepare new APRN graduates for independent practice, nor is it sufficient for APRNs to change specialty without the essential mentorship and clinical guidance that comes from physician collaboration.

A brief overview of physician education and training may be instructive, as even physicians do not practice independently following graduation from baccalaureate programs and four years of medical school. Physicians enhance their medical training in residency education, a three- to seven-year period during which they provide care in a select medical specialty under the supervision of experienced physician faculty in a field such as family medicine.

During residency, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. In the first year of residency, physicians are supervised either directly or indirectly with direct supervision immediately available.

As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of graduate medical education.

Throughout their three-year residency training alone, family physicians obtain at least 10,000 hours of clinical training hours; estimates of clinical training hours obtained through the seven-year anesthesiology residency are even higher. In short, residency prepares physicians for the independent practice of medicine.

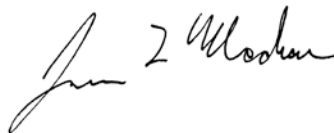
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In comparison, following graduation from nursing school and one year of clinical practice, an APRN candidate must complete two-three years of masters or doctoral-level education, during which the nurse practitioner candidates complete between 500-750 clinical training hours and nurse anesthetist candidates complete approximately 2,500 hours of clinical training.

This education and training simply does not prepare APRNs to practice without physician collaboration, especially for new APRNs or those changing areas of practice. Early-career APRNs in particular need to work closely with physicians to gain the clinical expertise that is critical to success. In the case of nurse anesthetists, where seconds can make the difference between life and death, a collaborative anesthesia care team is of the utmost importance. This collaboration is essential to ensuring quality patient care, and deserves the legislature's measured consideration before any collaboration requirements are removed.

The AMA thanks you for the opportunity to submit these comments. Based on all of the above, we strongly urge you to **oppose House Bill 684**. If you have any questions, please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center at [kristin.schleiter@ama-assn.org](mailto:kristin.schleiter@ama-assn.org) or (312) 464-4783.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD

cc: Vermont Medical Society