

**United States Senate  
Committee on Health, Education, Labor & Pensions  
Hearing on Addressing Healthcare Workforce Issues for the Future  
Feb 12, 2008**

**Summary Testimony of  
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Thank you for inviting me to participate in this hearing on healthcare workforce issues, its impact on access to primary care services for the United States, and the role of the nurse practitioner in meeting this need.

Nurse practitioners are primary care and specialty clinicians who practice in ambulatory, acute and long-term care settings. According to their practice specialty they provide nursing and medical services to individuals, families and groups. In addition to diagnosis and management of acute episodic and chronic illness, NPs emphasize health promotion and disease prevention. Services include but are not limited to ordering and interpreting diagnostic tests, prescribing therapeutic medications and non-medication therapies. Teaching and counseling are a major part of nurse practitioner care.

Nurse practitioners *currently* practice autonomously and collaboratively with other health care professionals, under their own license and with their own provider number. They serve as healthcare researchers, interdisciplinary consultants and patient advocates.

Research indicates that when nurse practitioners (NPs) practice within their areas of expertise, there are no important differences between NPs and primary care physicians regarding quality of care, number of visits per patient, use of the emergency room, and prescribing practices. Furthermore it is well documented in the literature through randomized clinical trials and meta-analyses that there is no major difference in patient outcomes and some research indicates higher patient satisfaction with NP over physician (MD) care.

Outcome studies consistently demonstrate increased satisfaction, comparable outcomes to physician provided care, and both direct and indirect cost savings. National databases demonstrate patient safety with NP directed and managed care in all states including those currently practicing autonomously.

In my home state of Vermont available and accessible primary care services are inadequate. Eight of Vermont's 14 counties fall below federal standards for the ratio of primary care physicians to area residents. Nineteen percent of family physicians and 27% of internists are not accepting new patients. In Washington County this percentage rises to 54%. As fewer medical students seek primary care residencies and the population of

the elderly grows disproportionately, accessible healthcare services will decline. Vermont NPs are a stable workforce, providing care for a primarily rural population.

The obvious need for accessible quality healthcare, healthcare cost control, and provisions for health promotion presents an optimal opportunity for nurse practitioners meet the critical demand. The following recommendations are made:

1. Reauthorization and increased funding of Title VIII to encourage an increase in the number of faculty that will be required to support the demand for nurse practitioners in primary care. This is the only federal funding source for these programs since they have no access to graduate medical (GME) funds.
2. Support S 1795 To Improve Access to Workers Compensation Programs for Injured Federal Employees by adding nurse practitioners to the list of providers authorized to provide services under this statute.
3. Federal support at State levels to increase access and reimbursement to nurse practitioner services for all individuals.

I welcome the opportunity to provide further information should you have questions. Please do not hesitate to contact me if the need arises.

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