

# DAVE MURPHY

State Representative • 56th Assembly District

Assembly Committee on Health  
Public Hearing, November 29, 2017  
Assembly Bill 582

Testimony of State Representative Dave Murphy

Mr. Chair and members of the committee, thank you for hearing Assembly Bill 582 today.

I introduced this bill for one major reason: it will reduce patient costs and wait times, while maintaining quality of care.

Under current law, physician assistants and advanced nurse practitioners are not allowed to perform care associated with podiatry, even if they are specifically trained to do so and supervised by a podiatrist. AB 582 clears away this unnecessary roadblock to affordable, accessible, and quality care for podiatry patients.

AB 582 was requested by podiatrists from across our state, represented by the Wisconsin Podiatric Medical Association, and today you will hear their expert opinions about how this bill will improve podiatry care in Wisconsin.

To keep up with the need for specialized health care, physician assistants and nurse practitioners have begun playing an increasingly valuable role in patient care. Both professions require years of specialized education and national certifications that allow them to work alongside physicians.

I've worked closely with the Wisconsin Nurses Association and the Wisconsin Academy of Physician Assistants to discuss their role in the process and the potential for future legislation addressing the ability for highly trained medical professionals to perform certain patient care without utilizing the terms of "delegation" and "supervision," which are currently consistent throughout statutes.

Although this bill uses language that is consistent with other sections of statute regarding delegated care, it will expand the role of physician assistants and nurse practitioners and strengthen the partnership they have with physicians.

This bill will allow healthcare providers to work more efficiently while maintaining a high level of care to their patients. Patients seeking podiatric services will see decreased wait times and medical costs.

Thank you.

---

*Capitol Office:*

Post Office Box 8953 • Madison, Wisconsin 53708-8953  
(608) 266-7500 • Toll-Free: (888) 534-0056 • [Rep.Murphy@legis.wi.gov](mailto:Rep.Murphy@legis.wi.gov)

*Home:*

1777 Ivy Lane • Greenville, WI 54942  
(920) 574-2075



**WISCONSIN ACADEMY**  
*of*  
**PHYSICIAN ASSISTANTS**

---

To: Chairperson Joe Sanfelippo  
Members, Assembly Committee on Health  
From: Tara Streit, PA-C  
Date: November 29, 2017  
Subject: AB 582 – Delegation of the Practice of Podiatry  
For Information Only

---

My name is Tara Streit. I am a physician assistant and I currently practice in the Department of Emergency Medicine at University Hospital here in Madison. I serve on the board of directors of the Wisconsin Academy of Physician Assistants and am the president-elect of the chapter. On behalf of the Wisconsin Academy of Physician Assistants, I am here to testify for information only regarding Assembly Bill 582.

At the onset, I want to stress that podiatrists, such as the over 2,000 PAs like me in Wisconsin, play a crucial role in providing health care in Wisconsin, particularly in our state's rural areas. In that spirit, though we have concerns with the bill as introduced, we have been discussing these concerns with the Wisconsin Podiatric Medical Association's representative. We have already made a specific suggestion to our colleagues which would fully address our concerns yet still, we think, preserve what the authors of Assembly Bill 582 are trying to achieve. Though we understand our colleagues at the Podiatric Medical Association have some reservations about our suggestion, we are interested in continuing to discuss the bill with them.

Regarding AB 582, the intent of the bill seems to be to expand access to care and to provide new opportunities for podiatrists and PAs to work together. Generally, WAPA, too, supports increasing access to care and welcomes the potential new opportunities for PAs which would be created if AB 582 were to become law.

Our fundamental concern with AB 582 is that it would newly empower podiatrists to direct and supervise the provision of nonsurgical patient services performed by a PA. Under current law, PAs provide health care services as part of physician-PA teams with allopathic and osteopathic doctors of medicine (MDs and DOs) and under the auspices of a physician supervisor. However PAs have not been historically supervised DPMs and we don't have a good understanding of what the nature of this relationship would look like in actual practice.

As such, as part of these physician-PA teams, PAs provide a full range of medical care to patients including: taking histories, ordering and interpreting tests, diagnosing, performing procedures, establishing treatment plans, making referrals and writing prescriptions. In fact, PAs practice in every medical setting, including specialty care and



## WISCONSIN ACADEMY *of* PHYSICIAN ASSISTANTS

---

surgery. Regarding podiatrists, we have great respect for them and, like other medical professionals, PAs generally enjoy working alongside them.

As a profession, we anticipate we will come before you in the *next* legislative session to request a much-needed update how our profession is regulated to expand access to care. PAs were first allowed to practice in Wisconsin fifty years ago and the regulatory framework within which we practice has been largely unchanged. We have been working on draft bill language to modernize this regulatory framework and have been actively seeking feedback on our draft language from other stakeholders, such as the Wisconsin Hospital Association, the Wisconsin Medical Society, both chiropractor associations, as well as the Wisconsin Podiatric Medical Association. Our goal with our anticipated legislation is to modernize how PAs are regulated in Wisconsin, such that we would continue to practice *with* physicians, but in a collaborative framework, as opposed to the supervisory relationship as required by current law. This would eliminate some of the administrative burden that is shackling the profession from helping to answer Wisconsin's healthcare shortage. Ideally, any future partners with PAs would work in a collaborative partnership, rather than supervisory, to avoid some of the pitfalls we are currently facing. As noted, we are in the midst of discussions with physician groups and others in Wisconsin and are actively seeing their, and others', feedback and, to be clear, these other groups have not signed off on our proposal. We have asked for their feedback on our draft and our plan is to work with stakeholders on whatever issues arise so that when we are ready to introduce our bill, we have addressed whatever concerns others may have.

Because we are on this path to modernize how we are regulated, we have some reservations about adding a new group of health care professionals, podiatrists, to who may supervise and direct the care we provide and how we would provide that care. The fundamental concern raises a number of specific issues which we suggest need to be considered.

In the spirit of attempting to expand access to care, as noted, we have a specific suggestion to help advance access to care in the short-term, yet without disrupting the current physician-PA relationship. California allows podiatrists and PAs to work together as suggested by the bill, but requires a physician-PA relationship be maintained. WAPA suggested to the Podiatric Medical Association amending AB 582 to continue to require a PA to perform medical services under the supervision of a physician, yet also expressly allow a PA to assist a podiatrist who is a partner, shareholder, or employee in the same medical group as the supervising physician. As under current law, the supervising physician must be available to the PA for consultation as needed, but need not be physically present when the services are rendered, unless circumstances require his or her physical presence. Under the administrative code which governs PAs, though a supervising physician must be available to the PA at all times for consultation either in



## WISCONSIN ACADEMY *of* PHYSICIAN ASSISTANTS

---

person or within 15 minutes of contact by telecommunications or other means, we don't know what would be required with a supervising podiatrist. Our suggested approach would address a concern like this and though the Podiatric Medical Association did not embrace it, we understand they are willing to continue discussing with us our concerns as well as our shared interest in PAs and podiatrists finding new ways to work together and to expand care.

In addition, we are wary of potentially confusing the scope of practice of a PA. Section 448.21 of the Wisconsin statutes prohibits a PA from providing medical care, except routine screening, in the practice of podiatry. Podiatry has a specific scope of practice including the foot and ankle. PAs, like the MDs and DOs who currently supervise PAs, receive a more general medical education and, as a result, have a much broader scope of practice. Our goal is to also avoid any scope of practice issues that could arise should a patient present with a problem that extends beyond the foot and ankle. In fact, we believe that by requiring a physician-PA relationship be maintained, the range of services a PA may offer when working with a podiatrist would be *broader* than if a PA is working under the supervision of a podiatrist, as provided in the bill as introduced. For example, turning again to the administrative code which governs PAs, an individual PA's practice may not exceed his or her educational training or experience, it may also not exceed the scope of practice of the PA's supervising physician. We aren't clear how such scope of practice issues would be addressed by AB 582. And to be clear, we are not seeking a change of scope with the legislation we are working on.

As noted, because we have been discussing with our physician colleagues how we are regulated, our preference is we preserve and not disrupt the current physician-PA relationship and not change how or who may supervise us outside of this larger discussion we are having. That being said, in the spirit of "let's see what we can fix now," we are happy to continue to discuss these concerns with our podiatrist colleagues.

With that, thank you for your time and I'd be happy to attempt to answer any questions.



TO: Chairperson Joe Sanfelippo and Members of the Assembly Health Committee  
FROM: Gina Dennik-Champion, RN, MSN, MSHA  
Executive Director, Wisconsin Nurses Association  
DATE: November 29, 2017  
RE: AB 582/SB477 - Relating to Delegation of the Practice of Podiatry -  
Information Only

---

The Wisconsin Nurses Association (WNA) would like to thank you Chairperson Sanfelippo for holding a hearing on AB 582/SB 477 which allows for the delegation of the practice of podiatry to other health care providers. WNA is the professional association for registered nurses in Wisconsin. We would like to provide information regarding the possible implications of AB582/SB477 on the practice of Advanced Practice Nurse Prescribers (APNP).

Advanced Practice Nurse Prescribers are a subset of other Advanced Practice Nurses who have authority to issue a prescription order under the Wisconsin Nurse Practice Act, 441.16. For an APNP to issue a prescription order the following criteria must be met:

1. The RN must have a Master's Degree in Nursing or higher.
2. The RN must graduate from an accredited nursing educational program.
3. The RN must have National Board Certification in one of four roles: Certified Nurse-Midwife, Certified Nurse Anesthetist, Clinical Nurse Specialist or Nurse Practitioner.
4. Passed a state-issued jurisprudence exam.
5. Have medical malpractice liability insurance at the same level as a physician.
6. Documents the collaborative relationship they must have with a physician.

AB582/SB477 amends 441.16(6) to allow an APNP to issue a podiatry practice act related prescription order that is delegated and supervised by the podiatrist. WNA would like to describe how this amendment will be operationalized in every day practice.

The APNP has a scope of practice as described in 441.16 and the Nursing Administrative Code N8 that includes a working relationship with a physician that is documented. In most health systems you will find the APNP having multiple physician collaborator signed agreements as it relates to issuing a prescription order. AB582/SB 477 adds another dimension to the APNP's scope of practice by having the authority to issue a prescription order that is podiatry practice related which is under the delegation and supervision of a podiatrist. In the event of a conflict that arises for an APNP in issuing a podiatrist practice prescription order, does the APNP respond to the multiple collaborating physicians or is it the podiatrist? WNA would like clarification on the liability related to this issue.

WNA would also like you to know that most APNPs have coverage through the Injured Patient Compensation Fund as an employee of a health system. APNPs that work with an independent podiatrist outside of the walls of a health system will need to obtain medical malpractice insurance coverage through an independent carrier. In addition, the APNP is also required to have a collaborating physician. Obtaining a collaborating physician outside the walls of a health system is problematic. Most physicians are employees of health systems with employment agreements. APNPs are finding that these physicians cannot enter into a collaborative relationship as it is viewed as a conflict of interest by the system. Non-employed health system physicians that are willing to collaborate with an APNP have developed contractual agreements that involve payment for services. If the podiatrist wants to hire an APNP these are the conditions that they will need to address.

WNA believes that APNPs can support quality, timely and accessible services to a podiatry practice. WNA believes that there may be better solutions as to how this care can be delivered in a more cost effective way. WNA is very interested in discussing other options with all stakeholders.

Thank you, Chairperson Sanfelippo and members of the Assembly Health Committee for reviewing our testimony. We appreciate the Senator Petrowski and Representative Murphy's interest in supporting access to more timely and efficient podiatry services.